The Future of Who Uses Telecare

James Lloyd

September 2012

www.strategicsociety.org.uk

About the Strategic Society Centre

The Strategic Society Centre is a London-based public policy think-tank. We apply evidence-based strategic policy analysis to complex societal problems. Our vision is a strategic society identifying and responding to the challenges it confronts. Our work is independent, objective and free of partisan association.

About the Author

James Lloyd was appointed Director of the Strategic Society Centre in September 2010. He read Philosophy at University College London, and has Masters degrees in Comparative Politics and in Public Policy. James has worked at a number of Westminster and academic think-tanks, and at the Prime Minister's Strategy Unit. He has a particular interest in social care, assets and wealth, pensions and ageing. His previous publications include 'A National Care for Long-term Care', 'Asset Accumulation in Focus: The Challenges Ahead' and 'The Roadmap: England's Choices for the Care Crisis'. James is an Advisor to the ESRC Research Centre on Micro-Social Change at the University of Essex.

james.lloyd@strategicsociety.org.uk

Contents

Acknowledgements

Executive Summary

This discussion paper provides accompanying policy analysis to the publication of 'Who Uses Telecare?' by the Strategic Society Centre.

Policymakers have shown increasing interest in telecare over the last decade. The fundamental issues for policymakers have been targeting (what are the best ways to connect telecare with potential users?) and funding (what is the best way for telecare to be paid for?).

Telecare policy over the last decade has been built around a mixed economy: telecare services commissioned and overseen by local authorities, with services either fully funded by the NHS or councils, individuals paying the full cost or paying subsidized charges; and, privately purchased telecare services obtained via the private market for care and support services in the home.

However, the evidence base for policymakers has been narrow, typically focusing on evaluations of cost-effectiveness, research into barriers to usage and ongoing research to improve the design and implementation of products and support systems. To address the absence of any social science evidence on telecare users, the Strategic Society Centre undertook a major quantitative research project – entitled 'Who Uses Telecare?' - to explore the usage of telecare

among older people in England, and identify potential users of telecare.

'Who Uses Telecare?' found that 375,000 people used personal alarms and 715,000 used alerting devices in England in 2007-08 among the 50+ age group – although these are likely to be conservative estimates. However, based on careful analysis of the functional impairments of telecare users and non-users, 'Who Uses Telecare?' was able to estimate that there were around 4.172 million potential telecare users in England aged 50 and over at that time.

The estimate of 4.172 million potential users includes many individuals who live with a partner or other family member, and who may therefore be considered 'low-risk'. Nevertheless, within this group of 4.172 million, around 59% of this group – which is around 2.46 million people – lived alone, and could therefore be considered higher-risk, 'core' targets for telecare usage. A conservative estimate would be that there is potential for take-up of telecare among older people to at least double in prevalence.

Around half of personal alarm users pay for their alarms themselves or with the help of a family member, and the equivalent figure for alerting devices users is around 31%. It would appear that telecare policy in England is achieving a reasonable level of effectiveness, and that the private market in

telecare support is achieving a significant level of take-up, even if local authorities continue to dominate.

Recommendations for policymakers therefore include: aim to boost the usage of telecare to at least double current prevalence, focusing on individuals living alone; and, since certain groups appear to under-use telecare, investigate further whether and how social care policy and delivery is resulting in a bias in who uses telecare.

Targeting

What are the characteristics of potential telecare users and what are the best ways to target them? 'Who Uses Telecare?' found that there were around 4.172 million potential telecare users in England aged 60+ in 2008, of whom around 1,860,000 received no care and support, and around 1,855,000 received informal care.

As well as care users, this suggests at least 1.855 million informal carers could potentially also benefit from the greater use of telecare among those they care for, and should also be a focus for policymakers. However, it appears local authorities typically have regular contact with no more than one-third of informal carers who support potential telecare users.

Around 115,000 potential telecare users received support from their council in 2008 (around one-fifth of all those receiving support), and around 225,000 paid for home care privately (representing around two-thirds of the private home care market).

Among potential telecare users aged 60+, around 985,000 received disability benefits. This suggests that the disability benefits system could be a very effective route for identifying and targeting potential telecare users with information about telecare support.

Fully 55% of potential telecare users identified in 'Who Uses Telecare?' owned a mobile phone – around 2.294 million people, but only 20% have access to the Internet and/or email.

Overall, it appears that mobile phones, informal carers and the disability benefits system may be the most effective mechanism for reaching potential telecare users, in addition to traditional routes. Policymakers should investigate how these mechanisms can be deployed to promote awareness of telecare and trigger assessments for telecare among potential users.

Funding

Applying a conservative estimate of savings to the state per telecare user of £1,000 per person – and given 'Who Uses Telecare?'

identified around 115,000 potential telecare users in receipt of council-funded home care - this suggests that potential savings to the state of these individuals using telecare would be upwards of £1 billion each year.

Among private and non-privately funded telecare users, it appears there is little difference in incomes. It also appears that relatively low incomes appear to be no barrier to the private funding of telecare. It is therefore reasonable for policy measures directed at growing the use of telecare to assume that most users can contribute to the cost of telecare support.

In conclusion, a number of recommendations can be made to policymakers looking at the future of who uses telecare:

▸ **Go for scale** - aim for the take-up of telecare to be two to three times what it is currently, and build policy on commissioning funding of telecare on this basis. Most importantly, scale up the 'triggers' for the usage of telecare.

▸ **Do not let the costs of telecare be a barrier to policy -** income is not a barrier to individuals and their families funding telecare themselves, and the cost of scaling up the use of telecare can to a large extent be met privately. In addition, deploying a conservative estimate of £1,000 per person savings among individuals receiving council-funded care at

home – it appears potential savings to the state of increased telecare usage could be upwards of £1 billion.

▸ **Reframe the use of telecare among families and professionals** - in the minds of policymakers, social care professionals, and – most importantly – care users, telecare needs to be reframed, and no longer thought of as something for poor, elderly women who live alone. Unlocking the benefits of telecare for society in future will mean extending its use far beyond those who are normally thought of as 'typical users'.

▸ **Refocus on informal carers** - the number of potential telecare users relying on informal care is far greater than those receiving council-funded or privately-funded home care. Policymakers and the telecare industry should focus on targeting informal carers, including both cohabiting and non-cohabiting family carers.

▸ **Deploy the disability benefits system** - one million potential telecare users receive disability benefits – far more than recipients of council-funded and private-purchased home care combined. No other single body has more information on, and contact with, potential telecare users in the UK than the Department for Work and Pensions.

▸ **Build mobile phones into telecare policy** - there is significant potential for telecare to integrate with mobile phones, particularly given the growing use of

'smartphones', and the high usage of mobile phones among potential telecare users – far more than use the Internet or email - suggests that mobile phone companies could provide a new route into targeting potential telecare users, as well as providing services.

▸ **Use the NHS** – in future the NHS will likely have to take a greater role in leading commissioning and funding of telecare services.

1. Introduction

Policymakers have lacked a social science evidence base on telecare, with which to develop policy...

Telecare has risen up the social care policy agenda during the last decade.

In part, this reflects interest in new ways of enabling individuals with support needs to live independently in their own home for as long as possible. Policymakers have also identified telecare as an important way in which the cost to the public finances of supporting an ageing population can be reduced.

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 can comprise personal alarms, or 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. Telecare enables earlier interventions in the event of complications for users, whilst also assisting them in their re-ablement following an incident.

How can telecare reduce the cost of care and support?

Telecare can prevent both the onset of need for care, as well as deterioration in need:

▸ 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 a cost effective option for meeting care needs by reducing the labour costs of 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, such as stress or reduced participation in the labour market.

What are the aims of telecare policy?

Given the potential cost and quality of life benefits of telecare to service users, families and the state, policymakers in Westminster, the devolved governments and local authorities have sought to boost usage of telecare over the last decade through multiple strategies, grants and pilots.

More recently, in 2011 the Department of Health launched the Three Million Lives campaign, to accelerate the roll out of both telehealth and telecare in the NHS and social care over five years.

In practical terms, policymakers have confronted two fundamental questions relating to telecare:

▸ Targeting – what are the best ways to connect telecare with potential users? For example, should the use of telecare be driven by local authorities or by the private market?
▸ Funding – what is the best way for telecare to be paid for? Should the state fund or subsidise the use of all telecare given the potential downstream benefits for reduced use of residential care or the NHS? Alternatively, should telecare be paid for by private households, particularly given many of the benefits and savings accrue to households?

Who Uses Telecare?

Although social care policy over the last decade has witnessed multiple schemes and strategies to boost telecare usage, the underlying evidence base for policy development has largely focused on a narrow set of issues:

This discussion paper provides accompanying policy analysis to the publication of 'Who Uses Telecare?'...

- Evaluations of the cost-effectiveness of individual, specific telecare schemes or services, particularly for local authorities and the NHS, such as the Whole-System Demonstrator pilots;
- Research into the barriers to telecare usage, such as resistance among social care professionals into the adoption of 'disruptive' technologies;
- Ongoing research to improve the design and delivery of telecare products and services.

As such, a key feature of telecare policy has been the absence of any social science evidence base regarding current and potential users. For example, policy development has occurred in the absence of evidence regarding the average age of telecare users and whether or not they pay for their support privately.

To address this gap in the evidence base, the Strategic Society Centre undertook a major quantitative research project – entitled 'Who Uses Telecare?' - supported by Age UK, to explore the usage of telecare among older people in England.[1] 'Who Uses Telecare?' used a large-scale, detailed household survey that is representative of the older population in England in 2008 – the English Longitudinal Study of Ageing (ELSA) - to map and explore the characteristics of telecare users, as well as the wider group of non-users.

The purpose of this report is to provide accompanying policy analysis to 'Who Uses Telecare?' by exploring what the research reveals about the effectiveness of current telecare policy and how policy should develop in the future.

The next chapter reviews the current telecare policy framework in England, and explores what 'Who Uses Telecare?' reveals about the effectiveness of this policy framework.

Chapter 3 reviews the number and characteristics of potential telecare users in England, and mechanisms for connecting them with telecare.

The fourth chapter considers the issue of funding, and the extent to which income and wealth determine the use of telecare.

Chapter 5 concludes with key messages for policymakers.

Key points:

- Policymakers have shown increasing interest in telecare over the last decade.
- The fundamental issues for policymakers have been targeting (what are the best ways to connect telecare with potential users?) and funding (what is the best way for telecare to be paid for?).
- However, the evidence base for policymakers has typically focused on evaluations of cost-effectiveness, research into barriers to usage and ongoing research to improve the design and implementation of products and support systems.
- To address the absence of social science evidence on telecare users, the Strategic Society Centre undertook a major quantitative research project – entitled 'Who Uses Telecare?' - to explore the usage of telecare among older people in England, and identify potential users of telecare.

2. Where are We Now? Evaluating current telecare policy

Telecare policy over the last decade has been built around a mixed economy...

This chapter reviews the current policy framework for telecare in England, and evaluates how effective this framework has been.

How does current policy facilitate the use of telecare?

In order to secure the maximum benefit from telecare for society, telecare policy over the last decade has been built around a mixed economy:

▸ Telecare services commissioned and overseen by local authorities, with services either fully funded by the NHS or councils, individuals paying the full cost or paying subsidized charges;
▸ Privately purchased telecare services obtained via the private market for care and support services in the home.

What is the role of local authorities in telecare?

The key 'agents' within telecare policy are local authorities, who have the most significant role in the delivery and funding of telecare services in England. Specifically, local authorities:

▸ Administer public funding on telecare;
▸ Commission or directly provide telecare services;
▸ Oversee local care markets, including telecare services;
▸ Assist individuals in the procurement of telecare services.

In England, local authority support for care costs is means tested. However, in the context of a localised, means tested system, there is variation in how different councils treat telecare, and whether or not it is offered to those who do not meet the council's threshold of need. Some councils, such as Kent, will not charge for telecare services in any circumstances. Others will not charge for services costing less than

£1,000 per year to those eligible for council support, while others may charge for telecare services at a low-rate.

In recent years, the use of 'Joint Strategic Needs Assessments' has seen joint commissioning of telecare services by local authorities in the NHS. Following the passing of the 2012 Health and Social Care Act, the establishment of statutory Health and Wellbeing Boards – which will seek to encourage local authorities to take a more strategic approach to providing joined-up health and local care services - may see such boards take a lead in commissioning telecare and telehealth services.

What impact do local authorities have on the use of telecare?

Although local authorities in England are responsible for commissioning or providing a large proportion of telecare services, the fundamental role given to local authorities in social care policy has had important implications for telecare policy:

▸ Availability of telecare through local authorities can depend on local political and policy decisions to invest in the provision of telecare services;
▸ Local decisions on the needs threshold applied for eligibility to services may determine the availability of telecare. For example, someone with 'Critical' needs would normally be expected to require more intensive services than telecare alone – however some councils now only provide support to those with Critical needs and above;
▸ As a means tested system, the local authority social care system actually has regular contact with only a minority of pensioners with care needs. For example, around 532,000 people receive local authority funded care services in England,[2] but across the UK, there are around 1.6 million older people in receipt of Attendance Allowance, the

Very little has previously been known about the private market in telecare support...

disability benefit for older people, paid by the Department for Work and Pensions.

What is known about the private market in telecare?

Outside of care services commissioned, funded or overseen by local authorities, a private economy of telecare exists, in which telecare services are purchased and used by households without the involvement of statutory agencies. However, previously, very little has been known about the private economy in telecare, how many individuals privately purchase telecare services, and what needs they have.

What are the challenges for telecare policy?

Comprising both a central role for public bodies and the private market, the 'mixed economy' strategy underpinning telecare policy in England confronts a number of issues impeding the usage and take-up of telecare, most of which relate to issues for local authorities:

▸ Cost – in particular, the 'sunk costs' for councils of investment to develop services;
▸ Availability – the availability of telecare services varies across the country, for example, dependent on local political decisions;
▸ Knowledge – key stakeholders, such as councillors, local authority social services departments, as well as care users and their families, have frequently been unaware of telecare products or services;
▸ Resistance to change – care users, social workers and paid carers can all be resistant to the use of new technology in supporting people;
▸ Developments in technology – as an evolving technology, telecare take-up can be limited by ongoing changes in its design and form.

How has the government sought to advance the use of telecare?

Various policies and strategies have been deployed over the last decade to promote the use of telecare.[3] These include:

▸ Evidence – the government has promoted evidence on 'what works' and disseminated this evidence to local authorities to encourage local investment in telecare;
▸ Grants – the government has funded periodic grant schemes for the cost of investing in setting up telecare services, such as the £80 million Preventative Technology Grant;
▸ National leadership – policy documents from central government have regularly given emphasis to the potential of telecare;
▸ Partnerships and integration – given telecare is closely aligned to telehealth, and the savings realized through the use of telecare can accrue to local authorities, partnerships and integration between health and social care have been seen as a vehicle for securing investment in and take-up of telecare;
▸ Market development – central government has sought to encourage the development of the telecare sector, for example, through regulation and the development of interoperability and common industry standards.

As described in the previous chapter, the Department of Health (DH) has more recently convened the Three Million Lives campaign, which was launched in December 2011 to accelerate the roll-out of telehealth and telecare in the NHS and social care during a five-year programme to develop the market. The full objectives of Three Million Lives are:

▸ "For DH and industry to work together over the next 5 years to develop the market and remove barriers to delivery;

Over a million older people in England were using personal alarms or alerting devices in 2008...

For DH to create the right environment to support the uptake of telehealth and telecare including rewarding organisations for adopting and integrating these technologies in services by developing a tariff;
- For industry to work with the NHS, social care and other stakeholders to simplify procurement and commissioning processes for telehealth and telecare services at scale;
- To put the NHS and UK industry at the forefront of telehealth and telecare globally, developing significant opportunities for UK plc.;
- To promote the benefits that telehealth and telecare services can provide people in managing their health and care."

Source: Three Million Lives, 2012

HOW EFFECTIVE IS CURRENT POLICY ON TELECARE?

As an established technology that has been shown to enable individuals to maintain their independence, and reduce the need for paid care and deterioration in conditions, what does 'Who Uses Telecare?' reveal about the effectiveness of current policy on telecare?

Is telecare reaching those who could benefit?

Around 17 million people aged over 50 lived in England in 2008. Within this group, 'Who Uses Telecare?' found that 375,000 people used personal alarms and 715,000 used alerting devices in England – although these are likely to be conservative estimates.

However, based on careful analysis of the functional impairments of telecare users and non-users, 'Who Uses Telecare?' was able to estimate that there were around 4.172 million potential telecare users in England. As such, it appears that only around one in five of those who could benefit from telecare use this form of support.

The estimate of 4.172 million potential users includes many individuals whod live with a partner or other family member, and who may therefore be considered low-risk' and having less recourse to telecare – although the potential for telecare to support those who do not live alone is explored in subsequent chapters. Nevertheless, within this group of 4.172 million, around 59% of this group – which is around 2.46 million people – lived alone, and could therefore be considered higher-risk, 'core' targets for telecare usage.

As such, a conservative estimate would be that there is potential for take-up of telecare among the older people in England to at least double in prevalence.

What sort of people use telecare?

The most common characteristics associated with being a telecare user are being: female, White, aged 80-89, and living alone.

Does current telecare policy in England result in some types of people using telecare but not others? Put another way, does public policy and social care delivery result in a 'bias' in who uses telecare? Several observations can be made:

- Age – compared to potential users, telecare users are significantly older on average;
- Gender – take-up appears biased toward women over men. Interestingly, analysis of potential users shows that a much greater proportion of potential users are white males;
- Ethnicity – take-up of telecare appears to be lower among minority ethnic groups;
- Wealth – net non-pension wealth is significantly lower among telecare users than non-users. In large part, this appears to reflect tenure, with a particularly low-rate of owner-occupation among alerting device users.

Around a half of personal alarm users and one third of alerting devices users pay for this support privately...

Overall, it appears that the use of telecare is biased toward poorer, single, elderly females in rented accommodation. For alerting device users in particular, it appears that take-up is largely influenced by local authorities; in fact, we can surmise that take-up is being led by provision to single, poorer women living in socially rented accommodation.

Although such an outcome may to some extent be considered predictable, it nevertheless demonstrates that current telecare policy may not be wholly effective at the population level in terms of fulfilling the potential of telecare.

Is the private market or local authorities more effective at pushing the use of telecare?

For policymakers, an important strategic choice around telecare policy is whether to leave it to companies and charities in the private market for home support services to drive take-up among those outside the local authority care system, or to make local authorities responsible for increasing take-up among all groups, given some of the barriers to take-up identified above.

'Who Uses Telecare?' was able to provide information for the first time on the mix of private and non-private funding of telecare. Using ELSA data, private funded telecare users in 'Who Uses Telecare?' were defined as those whose telecare is paid for by the recipient or other family members, including children. Non-private funded telecare users are those whose telecare is funded by social services (local authorities), the NHS, a landlord, a housing authority, or a charity or voluntary organisation. In practice, the majority of non-private funded telecare users have this support paid for by local authorities.

The research found that around half of personal alarm users pay for their alarms themselves or with the help of a family member, and the equivalent figure for

alerting devices users is around 31%. However, it is difficult to draw solid conclusions as:

▸ Some households who report paying for telecare privately may be being charged for this support by local authorities;
▸ The data cannot show how many self-funders were directed to use telecare by local authority advice services, as opposed to marketing from providers of home support.

Nevertheless, given the substantial percentage of private-funded telecare users, it would appear that the private market for telecare services is playing a significant role in the take-up of telecare. In fact, the principal difference between private and non-private funders of telecare is tenure, with the former significantly more likely to own their own home. Interestingly, across multiple measures of health and disability, private and non-private funders of telecare appear to have similar levels of impairment.

Is telecare reducing the use of other forms of support?

Telecare can complement the provision of more traditional forms of support, and 'Who Uses Telecare?' suggests this is frequently the case. Indeed, among personal alarm users, only around one quarter received no other form of support compared to around 45% of non-users. Among alerting device users, the equivalent proportions were 35% and 50%. In short, it appears that telecare users were more likely to receive other forms of support than non-users of telecare.

In terms of alternative forms of support to telecare users, informal care provision outstrips formal (paid) care. Indeed, around 45% of personal alarm users receive support from their children and 10% from their partner; for alerting device users, the equivalent proportions are around 25% and 20%.

Telecare users are more likely to receive paid formal care than non-users...

Nevertheless, significant minorities of telecare users do make use of formal care services. Among alerting device users, around 15% receive paid home care and 15% receive council-funded home care. Among personal alarm users, around 23% receive council support and 23% pay for home care privately.

Is telecare reducing the use of paid home care?

A key benefit of telecare is its potential to reduce the need for paid care workers to make home visits, thereby potentially reducing expenditure for households and councils.

Among personal alarm users in receipt of council-funded home care, nearly 80% received daily visits compared to around 65% of non-users receiving council support. For alerting device users receiving council support, 70% of users received daily visits compared to 80% of non-users receiving council care.

This suggests that alerting devices may be reducing the intensive use of council-funded formal services, but this effect is not found among personal alarm users. Since alerting devices are monitoring devices, but personal alarms are 'crisis' alarm triggers, such findings do appear consistent. However, it is important not to over-interpret these figures as such differences may also reflect differences in acuity across groups.

Is telecare reducing private expenditure on home care? Among those paying for home care privately, usage appears to be lower overall among alerting device users than non-users who pay for home care themselves. Similarly, among individuals who pay for home care privately, personal alarm users appear to receive visits less frequently than non-users.

However, in evaluating the use of telecare, the most important outcome is adequacy of support. In this context, it is worthwhile noting that among both personal alarm and alerting device users receiving formal care, both were moderately less likely to feel that their needs were being met by the support available than non-users.

Conclusion: How effective is telecare policy in England?

Among the over-50s in England, it appears that there are well over 1 million telecare users. However, by mapping individuals with similar conditions, 'Who Uses Telecare?' was able to identify over two million more individuals living alone who may be able to benefit from telecare, and potentially as many as 4 million with conditions that could merit the use of telecare.

It also appears that the current policy framework is resulting in some 'bias' among the characteristics of current users as a group. As a group, women of white ethnicity in late old age in rented accommodation comprise the largest group of care users in society, but it appears that this group is over-represented among telecare users. This may indicate a number of issues in the current policy framework for telecare; for example, it may be that telecare is thought of among those in the care industry as something for "elderly single women", and this bias affects who is assessed for telecare. Or, as noted, it could be that take-up is being led by council provision to single, poorer women living in socially rented accommodation.

Nevertheless, it would appear that telecare policy in England is achieving a reasonable level of effectiveness, and that the private market in support is achieving a significant level of take-up, even if local authorities continue to dominate.

On the basis of this analysis, recommendations for policymakers would include:

▸ Aim to boost the usage of telecare to at least double current prevalence, focusing on individuals living alone;

Certain groups do appear to be 'over-represented' among telecare users, suggest current policy may result in a bias in take-up...

▸ Investigate further whether and how social care policy and delivery is resulting in a bias in who uses telecare.

current prevalence, focusing on individuals living alone; investigate further whether and how social care policy and delivery is resulting in a bias in who uses telecare.

Key points:

▸ Telecare policy over the last decade has been built around a mixed economy: telecare services commissioned and overseen by local authorities, with services either fully funded by the NHS or councils, individuals paying the full cost or paying subsidized charges; and, privately purchased telecare services obtained via the private market for care and support services in the home.

▸ 'Who Uses Telecare?' found that 375,000 people used personal alarms and 715,000 used alerting devices in England in 2007-08 – although these are likely to be conservative estimates.

▸ However, based on careful analysis of the functional impairments of telecare users and non-users, 'Who Uses Telecare?' was able to estimate that there are around 4.172 million potential telecare users in England.

▸ The estimate of 4.172 million potential users includes many individuals who live with a partner or other family member, and who may therefore be considered 'low-risk'. Nevertheless, within this group of 4.172 million, around 59% of this group – which is around 2.46 million people – live alone, and could therefore be considered higher-risk, 'core' targets for telecare usage. A conservative estimate would be that there is potential for take-up of telecare among the older population to at least double in prevalence.

▸ It would appear that telecare policy in England is achieving a reasonable level of effectiveness, and that the private market in support is achieving a significant level of take-up, even if local authorities continue to dominate.

▸ Recommendations for policymakers would include: aim to boost the usage of telecare to at least double

3. Targeting: How can telecare reach potential users?

Given estimates there may be more than four million potential telecare users in England, what is the best way to target them?...

This chapter explores evidence on potential telecare users in England, and mechanisms to reach them.

Through careful analysis of current users, 'Who Uses Telecare?' was able to build a picture of potential telecare users in England.

On the basis of this analysis, the research found that there were around 4.172 million potential telecare users in England aged 60+ in 2008.

To interpret these figures, it is important to understand that the analysis used the disability characteristics of current users to map how many individuals in England have similar disabilities, and on that basis, to infer that these individuals could be potential users of telecare. This approach has various limitations, not least that it relies on the effective and appropriate targeting and usage of telecare among current users in the population. A full discussion can be found in 'Who Uses Telecare?'

Within the group of 4.172 million potential telecare users, the analysis found that:

▸ Around 1,860,000 received no care and support;
▸ Around 1,855,000 received informal care;
▸ Around 115,000 received home care from their council, and around 225,000 paid for home care privately.

Exploring the characteristics of this group further, the analysis found that:

▸ Around 2,460,000 potential telecare users live alone;
▸ Around 2,860,000 potential users own their own home.

At 4.172 million, the number of potential telecare users in the older population is high. For policymakers, of

particular interest will be the fact that around 2.460 million live alone, and could therefore represent a 'core' target group of potential telecare users.

Having identified a large number of potential users in the 60+ population in England, the rest of this chapter explores how they can be connected to telecare, focusing on:

▸ Local authorities
▸ Private funder care services
▸ Informal carers
▸ Disability benefits
▸ Other housing modifications and support
▸ Mobile phones
▸ Internet
▸ Telehealth

The NHS is not considered here as the analysis in 'Who Uses Telecare?' was not able to provide findings on contact with the NHS.

Targeting Potential Telecare Users: The care system

Given the high number of potential users of telecare identified, what does 'Who Uses Telecare?' tell us about how telecare could be targeted at potential users?

▸ Local authorities

In exploring the characteristics of potential users of telecare in England, one of the most striking findings is that out of 4.172 million potential users in 2008 identified, only around 115,000 were in receipt of local authority funded home care.

The figure of 115,000 potential telecare users among recipients of council-funded home care appears low on first reading. Is this finding likely to be accurate?

Nearly two million potential telecare users receive informal care – far more than receive paid home care...

Previous analysis of Wave 4 of ELSA found that around 3.1% of the sample received formal care paid for by their council.[4] Since the ELSA sample covers private residential households only, and does not include institutional settings (e.g. hospitals, residential care), the base sample is 17,066,773. As such, the ELSA Wave 4 data suggest that around 530,000 people aged 50+ received council funded paid care in England in 2008. This figure from ELSA is broadly in line with recent figures from the Department of Health, which suggested there were around 532,000 local authority supported older people receiving domiciliary care in England.[5]

As such, although the figure of 115,000 potential users among current council-supported users of home care appears low, it is reasonable to think this is accurate.

In part, the low figure may reflect the fact that in recent years, councils have been tightening eligibility criteria – the level of disability someone must have before they are entitled to local authority support – and as such, local authority home care is restricted to individuals with levels of need above levels for which telecare might be appropriate. Indeed, as has been noted elsewhere, at the time of the ELSA Wave 4 survey fieldwork, which occurred during 2007-08, local authorities were mostly setting eligibility thresholds at the level of Substantial - using the so-called 'FACS' criteria - which is defined as requiring significant help with four activities of daily living (ADL).[6] However, 'Who Uses Telecare?' found that nearly half of personal alarm users had 1-2 ADLs, and less than 5% of alerting devices users reported four or more ADLs.

Indeed, among those local authorities in England that have sought to make telecare available more widely, it has sometimes been seen as a way of extending some form of support to individuals with lower-level needs who would not qualify for care in the home paid for by the council.

As such, it appears that around one-fifth of those who received council-funded home in care in 2008 could also have been using telecare.

However, 115,000 represents only 2.7% of potential telecare users receiving council support in 2008, and it appears that policymakers may need to think carefully about whether local authorities are best placed to reach potential telecare users.

▸ Privately-funded care

Around 225,000 potential telecare users identified in 'Who Uses Telecare?' paid for home care privately in 2008. According to figures from DH, there are around 325,000 older people funding their own domiciliary care in England.[7] This suggests that around two-thirds of self-funders of home care could be using telecare.

As such, it appears that home care providers across the charitable and private sector could be a significant vehicle for reaching telecare users, and the government may wish to explore how independent providers can be prompted to do this.

However, private purchasers of home care still only represent around 5.4% of potential telecare users, so as with local authorities, the private care market may be of limited use for reaching potential telecare users.

▸ Informal care

Previous analysis of Wave 4 of ELSA found that 31.6% of respondents received informal care.[8] With a base sample of 17,066,773, this suggests around 5.393 million people aged 50+ in England in 2008 received informal care.

Among potential telecare users who received any form of support in 2008, by far the largest group – around 1.855 million - received informal care. Indeed, it would appear that around one third of those aged 50+ in

England who were receiving informal care in 2008 could have benefitted from telecare.

When considered in the context of informal care, telecare can be also viewed as potentially benefitting both the person with care needs, and the person providing informal care. Indeed, as well as 1.855 million older people receiving informal care who may be able to benefit from telecare there are – by definition – at least 1.855 million informal carers who could potentially have the burden of care on their live reduced through the use of telecare.

Many of these informal carers will in fact be older people themselves. Previous analysis of Wave 4 of ELSA found that 9.1% of respondents aged 50+ had provided care to someone in the last week, of whom 34% reported caring for their spouse/partner, 33% for a parent/parent in-law.[9] With a base sample of 17,066,773, this suggest around 1.553 million people aged 50+ in England in 2008 were informal carers, and of this group, 1.040 million were caring for a partner or parent.

Given the number of people aged 50+ receiving informal care exceeds the number of older informal carers, this would suggest that a very large proportion of older carers could benefit from telecare. It also suggests that older carers should themselves also be identified as potential beneficiaries of greater usage of telecare by policymakers.

Are local authorities the best way of reach informal carers to promote telecare to them as a support in their care provision? Not necessarily. Administrative data from the NHS Information Centre for 2007-08 reveals that 398,000 carers were assessed or reviewed, and an estimated 355,000 carers (89%) received a service following a carer's assessment or review. Of these, 58% received 'carer specific' services, and 42% received information only.[10] However, these figures should be put in the context of 1.5 million people aged

50+ in England in 2007-08 who were providing some form of informal care and support.

Plans by the current coalition government to ensure all carers have a right to their own needs assessment may see more receive council support.[11] Nevertheless, it appears local authorities typically have regular contact with no more than one-third of the informal carers who support potential telecare users.

▶ Disability benefits

Individuals in retirement may receive disability benefits, which are universal cash payments to those reporting a defined level of disability, paid by the Department and Work and Pensions. At the time of Wave 4 of ELSA, individuals aged over 60 could either have received Disability Living Allowance (DLA) – a working-age benefit for which entitlement carries over into retirement – or Attendance Allowance (AA), which is paid to those who begin claiming disability benefits when over the State Pension Age.

Among potential telecare users, around 400,000 (10%) receive AA and 585,000 (14%) receive DLA. As such, around one quarter of potential telecare users receive disability benefits. This suggests that the disability benefits system could be a very effective route for identifying and targeting potential telecare users with information about telecare support, indeed more so than both local authorities and the private home care market.

At present, the records for AA are not digitised, and are not therefore usable for targeting information or services, such as telecare. However, policymakers may want to explore whether administrative changes to the disability benefits system could allow it to be used for targeting telecare. Since the ELSA data were collected, DLA has been replaced by Personal Independence Payments (PIPs), and it is unclear to

what extent this system will be relevant for identifying potential telecare users.

▸ Other modifications and support

One way of targeting potential telecare users may be to target users of other aids and services, such handrails or the organisers of lunch clubs.

Less than 10% of potential telecare users use a zimmer frame, wheelchair or scooter. Less than 5% have ever used a lunch club, day centre or meals on wheels.

In terms of other adaptations to the property, at around 20% of potential telecare users, handrails and bathroom modifications were common to around 917,840 potential telecare users.

Overall, it would appear that providers of other types of support and housing modifications could be a potential route for targeting potential telecare users.

Targeting Potential Telecare Users: Alternative routes

Besides their receipt of care and support, what else did 'Who Uses Telecare?' reveal about the lives of potential telecare users of relevance to targeting telecare services? Several findings stand out:

▸ Mobile phones

Fully 55% of potential telecare users identified in 'Who Uses Telecare?' own a mobile phone – around 2.294 million people. In fact, since the data analysed were collected during 2007-08, the relevant number in the current 60+ population may be even higher given growing adoption of mobile phones by the older population.

This suggests that as a common piece of consumer communication technology, and one that has significant potential for integration with telecare, mobile phones are a significant avenue for engaging with potential telecare users.

▸ Internet/email

'Who Uses Telecare?' found that around 20% of potential beneficiaries of telecare use the Internet and/or email. As with mobile phones, since the data were collected in 2008, it is possible that rates of Internet usage have increased. Nevertheless, recent ONS data suggest that among households with at least one person aged 65 or over, only 36% have Internet access.[12]

However, at 20% of telecare users, this implies a relatively low rate of usage, and suggests more limited scope for accessing potential telecare users directly via the Internet.

Targeting Potential Telecare Users: Telehealth

Some commentators argue that telecare will in future be much more closely aligned to telehealth. It is therefore worthwhile exploring this issue in light of the findings of 'Who Uses Telecare?'.

Telehealth is the remote monitoring of individuals with long-term health conditions. Various vital signs, such as blood pressure or weight, can be recorded by patients, and communicated on a regular basis to a GP or other health professional.

The advantages of telehealth are:

▸ Cost savings – telehealth can reducing the need for face-to-face consultations;
▸ Detection – telehealth can trigger a response from a health professional, e.g. a nurse, if a person's readings fall outside the normal range.

Relatively few – around 20% - of potential telecare users access the Internet...

Telehealth has been deployed in relation to various health conditions, such as cardio-vascular disease, diabetes, obesity and arthritis.

As the 'twin' technology to telecare, some analysts have suggested that in future, telecare and telehealth will effectively merge, i.e. single assessments and funding streams will be used. Do the findings of 'Who Uses Telecare?' support this view?

Interestingly, among personal alarm users, over 50% report high blood pressure, nearly 40% report high cholesterol, and over 15% report diabetes. A similar picture was found for alerting device users: over 40% had high blood pressure, over 35% report high cholesterol, and nearly 20% report diabetes.

These and other findings in 'Who Uses Telecare?' relating to the health conditions of telecare users do suggest that there is indeed significant potential for bringing telecare and telehealth closer together.

However, as a potential mechanism to reach potential telecare users, the very low take-up of telehealth across the population means that it is less significant at the current time.

Conclusion

This chapter has reviewed the findings of 'Who Uses Telecare?' in relation to potential telecare users in England aged 60+, and mechanisms to reach them.

To compare some of the mechanisms reviewed in this chapter it is useful to set them in a table:

Potential telecare users…	4,172,000
…Use a mobile phone	2,295,000
…Receive informal care	1,855,000
…Receive disability benefits	985,000
…Modified bathroom	917,840

…Uses the Internet	795,000
…Pays for care at home	225,000
…Receive council-funded care	115,000
…NHS	N/A
…Telehealth	N/A

The policy agenda over the last decade to boost the use of telecare has given a central role to local authorities. However, one of the most striking findings of 'Who Uses Telecare?' is that out of 4.172 million potential users identified, only 115,000 were in receipt of local authority funded home care. This is around one-fifth of older people receiving home care from their council.

However, it should be noted that most councils set their needs thresholds at Substantial, which is around four ADL failures – above the scores of most telecare users – and it is this which may account for the low prevalence of council-funded home care users among potential telecare users.

Instead, it appears that mobile phones, informal carers and the disability benefits system may be the most effective mechanisms for reaching potential telecare users with information on telecare and triggers for assessments. Policymakers will need to consider these options carefully.

Overall, it appears that public policy must cast much more broadly as it thinks about how best to connect telecare with potential users.

Key points:

▸ 'Who Uses Telecare?' found that there were around 4.172 million potential telecare users in England aged 60+ in 2008, of whom around 1,860,000 received no care and support, and around 1,855,000 received informal care.

Policymakers need to think much more widely about how best to target and connect with potential telecare users...

▸ Around 115,000 potential telecare users received support from their council (around one-fifth of all those receiving support), and around 225,000 paid for home care privately (representing around two-thirds of the private home care market).

▸ At least 1.855 million informal carers could potentially have the burden of care on their lives reduced through the use of telecare. However, it appears local authorities typically have regular contact with no more than one-third of the informal carers who support potential telecare users.

▸ Among potential telecare users aged 60+, around one quarter - 985,000 - receive disability benefits. This suggests that the disability benefits system could be a very effective route for identifying and targeting potential telecare users with information about telecare support.

▸ Fully 55% of potential telecare users identified in 'Who Uses Telecare?' own a mobile phone – around 2.294 million people, but only 20% have access to the Internet.

▸ It appears that mobile phones, informal carers and the disability benefits system may be the most effective mechanism for reaching potential telecare users, and policymakers will need to consider these options carefully.

4. Funding: Who should pay for telecare?

Telecare can reduce costs for the state in a number of ways...

With demand for care and support across society forecast to grow as the population ages, the funding of telecare is likely to be subsumed in wider debates on the responsibility of individuals and the state to pay for care.

Telecare can is usually paid for by local authorities, by individual users and their families or, in some instances, by the NHS. Telecare is typically a low-cost intervention in the context of social care services. Whether devices are bought or rented, very few households would be likely to pay more than £500-£1000 per year for telecare support. At present, there is significant variation across England in whether councils offer telecare, and whether it is restricted to those who qualify for support under council needs-assessments.

However, as technology evolves in future, the unit cost of telecare may grow. This may reflect greater interaction and reliance on information and communication technologies, such as 'smartphones' or networked home computers – ultimately resulting in more sophisticated support. It may also reflect increased interaction with telehealth services, which typically comprise more technologically sophisticated – and expensive – devices.

An important question for policymakers is therefore the extent to which telecare support should be paid for by users or by the state, specifically:

▸ Is there scope for councils currently to charge more for telecare services?
▸ Will reducing public subsidy for telecare ultimately undermine take-up and its potential benefits in future?

These questions are crucial for policymakers because of telecare's effectiveness as a form of 'prevention'; for example, since telecare can reduce use of hospital beds by older people, it could be reasonable to argue the NHS should fund free telecare for all.

What are the potential savings to the state from greater use of telecare?

To explore these issues, it is useful to provide an estimate of potential savings to the state from greater use of telecare. 'Who Uses Telecare?' identified over 4 million potential users in the over 60+ population, of whom around 115,000 are in receipt of council-funded home care, and who therefore represent the target group where savings in care expenditure could most directly be realised.

What type and level of savings can accrue to the state from individuals using telecare? This is very difficult to estimate, and not just because of variations in need, and the unit cost of care across the country. More particularly, it is difficult to estimate because 'savings' may accrue not just in relation to reduced reliance on paid home care. Indeed, an evaluation for the Scottish Government of a telecare pilot programme identified the following sources of cost savings, and their percentage contribution to total savings:[13]

Increased speed of discharge from hospital	15.5%
Reduced unplanned hospital admissions	30.0%
Reduced care home admissions	30.7%
Reduced nights of sleepover care purchased	5.0%
Reduced home check visits	16.1%
Locally identified efficiencies, namely reduced waking nights	2.7%
TOTAL	100.0%

If potential telecare users receiving council-funded home care were to receive telecare support, the savings to the state could be upwards of £1 billion per year...

Various studies have been undertaken into the 'savings' to local authorities from the use of telecare. For example, North Yorkshire County Council's evaluation of its telecare pilot in 2005-06 estimated net average savings of £3,800 per telecare user.[14]

However, in the absence of an extensive evidence base or 'consensus estimate', a conservative estimate of per telecare user savings for the state will be used here of £1,000 per person each year. For example, this equates to around the saving from entry into residential care being delayed by two weeks through the use of telecare.

On this basis, given 'Who Uses Telecare?' identified around 115,000 individuals in receipt of council-funded paid care, this suggests that potential savings to the state (not just local authorities) of these individuals using telecare would be upwards of £1 billion each year.

Of course, the 115,000 figure excludes potential telecare users who would not qualify for state support, but whose eventual reliance on council support would be reduced from the use of telecare at a lower level of need. As such, it would be entirely reasonable to argue that potential savings to the state from greater use of telecare could well exceed £1 billion per year.

Who should pay for telecare?

Having estimated some of the savings potentially available to the state from the greater use of telecare in England, it is possible to explore in detail the question of who should pay for telecare.

'Who Uses Telecare?' found that in 2008 around half of personal alarm users and one-third of alerting device users funded their devices themselves, or with the help of a family member. However, a striking finding of 'Who Uses Telecare?' is the absence of any clear relationship between income, use of telecare and how this support is funded.

'Who Uses Telecare?" reviewed the equivalised incomes of telecare users (adjusted for household size, etc.). Among privately-funded users of personal alarms in 2008:

▸ The 25th quartile had income of £169 per week;
▸ Median income was around £215 per week;
▸ The 75th quartile had income of £308 per week.

However, among those whose personal alarm was funded from non-private sources, average incomes were actually higher:

▸ The 25th quartile had income of £153 per week;
▸ Median income was around £221 per week;
▸ The 75th quartile had income of £275 per week.

A similar picture was found among alerting device users, for which among private-funders:

▸ The 25th quartile had income of £169 per week;
▸ Median income was around £225 per week;
▸ The 75th quartile had income of £315 per week.

However, among non-privately funded alerting device users, we find:

▸ The 25th quartile had income of £149 per week;
▸ Median income was around £206 per week;
▸ The 75th quartile had income of £274 per week.

As such, among private and non-privately funded telecare users, it appears there is little difference in incomes. It also appears that relatively low incomes appear to be no barrier to the private funding of telecare.

To put such figures in context, it is worthwhile noting that means tested Pension Credit – which provides a

Lower income older households do pay for telecare privately, suggesting significant scope for private contributions to costs...

minimum income floor for older people – is around £140 per week for a single person and £218 for a couple. It is also worth noting that around 25% of potential users claimed disability benefits (Attendance Allowance or Disability Living Allowance) in 2008, which would potentially have given them a further £50 per week of income.

As such, it would appear that there are individuals purchasing telecare privately even among those whose income is just above the official threshold of income poverty in retirement, of around £140 per week.

Could potential telecare users pay for their own devices?

Among potential telecare users identified by 'Who Uses Telecare?', we find that the distribution of income is broadly similar to existing users:

▶ The 25th quartile had income of £157 per week;
▶ Median income was around £223 per week;
▶ The 75th quartile had income of £319.5 per week;

As such, it would appear reasonable for policy measures directed at growing the use of telecare to assume that most users can be charged for support.

Conclusion: Who should pay for telecare?

The findings of 'Who Uses Telecare?' suggest that income has little influence on whether individuals use telecare, and whether or not they pay for it privately. In short, it would appear that affordability is not a barrier to the private purchase of telecare.

As such, it would be reasonable to recommend to policymakers that: public policy on telecare can develop on the assumption that individuals and their families can make contributions toward costs.

However, this conclusion would clearly be conditional on telecare continuing to have a low unit cost, which is something that may change in future as technology evolves.

Key points:

▶ Using a conservative estimate of per telecare user savings for the state of £1,000 per person each year, given 'Who Uses Telecare?' identified around 115,000 individuals in receipt council-funded paid care, this suggests that potential savings to the state of these individuals using telecare would be upwards of £1 billion each year.
▶ Among private and non-privately funded telecare users, it appears there is little difference in incomes. It also appears that relatively low incomes appear to be no barrier to the private funding of telecare.
▶ It is therefore reasonable for policy measures directed at growing the use of telecare to assume that most users can be charged for support.

5. Conclusion: The future of who uses telecare

Policymakers should aim for take-up of telecare to increase by two to three times current levels...

This report has provided accompanying policy analysis to the publication of 'Who Uses Telecare?' by the Strategic Society Centre.

The report has considered the findings of this research for evaluating the effectiveness of current telecare policy, issues around the funding of telecare, and the question of targeting potential telecare users.

As policymakers consider how to secure the maximum benefit from telecare now and in the future, what conclusions can be drawn from the findings of 'Who Uses Telecare?'

Go for scale

By extrapolating from the functional impairments of current users, 'Who Uses Telecare?' found that there were around 4.172 million potential telecare users in England aged 60+ in 2008, of whom around 1,860,000 received no care and support, and around 1,855,000 received informal care.

These figures underline the enormous potential of telecare for supporting an ageing population. The government has already set itself the target of reaching '3 Million Lives' through telehealth and telecare. However, 'Who Uses Telecare?' brings into sharper focus the fact that are literally millions of people who could benefit from telecare who have very little contact with statutory agencies.

As such, it appears there is significant potential scope for increased telecare usage, and in developing telecare strategy, policymakers should "go for scale", i.e. aim for the take-up of telecare to be two to three times what it is currently, and build policy on commissioning funding of telecare on this basis.

Most importantly, policymakers need to scale up the 'triggers' for the usage of telecare. Key barriers to

telecare are widespread ignorance about the technology, and lack of access to telecare assessments – in which individuals have their needs assessed and different types of telecare support referred to them. Scaling up the 'triggers' for telecare arguably represents the most important task for policymakers.

Do not let the costs of telecare be a barrier to policy

Telecare has long been identified as a low-cost intervention, and one that can actually reduce public expenditure by reducing need, and reducing use of formal care. However, at a time of intense pressures on public spending, the aim of boosting usage of telecare may appear optimistic.

However, the findings of 'Who Uses Telecare?' suggest there is little reason for the Treasury to be concerned about policy aimed at boosting the use of telecare. First, because it appears that income is not a barrier to individuals and their families funding telecare themselves, and that the cost of scaling up the use of telecare can be met privately. For example, if the government were to impose a duty on local authorities and the NHS to offer a telecare assessment and telecare services to every person experiencing low-level disability, such an 'entitlement' could be matched by user charges for those telecare services.

Second, because if the 115,000 estimated potential telecare users among recipients of council-funded home care were to use telecare, then – deploying a conservative estimate of £1,000 per person savings – this suggests that potential savings to the state of increased telecare usage could be upwards of £1 billion.

In short, it appears the future funding of telecare can emphasise significant contributions from users, and

No other single body has more information on, or contact with, potential telecare users than the Department for Work and Pensions...

boosting telecare usage can be at least 'cost-neutral' to the Treasury.

Reframe the use of telecare among families and professionals

As 'Who Uses Telecare?' found, current telecare take-up appears biased toward females, aged 80+ and living alone. However, as the research also found by looking at functional impairment across the older population, many potential telecare users are aged 65-75 and live with someone else. Indeed, by looking at potential telecare users in terms of their disability, we can see that potential users are younger than current users, with over 40% aged in their 60s.

This suggests that in the minds of policymakers, social care professionals, and – most importantly – care users, telecare needs to be reframed, and no longer thought of as something for poor, elderly women who live alone. Unlocking the benefits of telecare for society in future will mean extending its use far beyond those who are normally thought of as 'typical users'.

Refocus on informal carers

'Who Uses Telecare?' found that the number of potential users relying on informal care was far greater than those receiving council-funded or privately-funded home care (1,855,000 to 115,000 and 225,000 respectively).

This suggests that rather than focusing on increasing adoption of telecare among local authorities or private purchasers of home care, policymakers and the telecare industry should focus at least as much on targeting informal carers, and the ways in which telecare can support informal carers. This will include both family carers who live apart from the person they care for, but also co-habiting carers who could incorporate telecare into the way they provide care.

Indeed, although 'Who Uses Telecare?' found that over 1 million potential telecare users do not live alone, this does not mean that such households could not benefit from using telecare. This is borne out by the fact that among current personal alarm users, around one-fifth live with someone else, and among alerting devices users, one third live with at least one other person.

Deploy the disability benefits system

Although the disability benefits system is rarely discussed in the context of telecare policy, 'Who Uses Telecare?' found that nearly one million potential telecare users received disability benefits – far more than recipients of council-funded and private-purchased home care combined. This suggests there is very significant potential in the disability benefits system to promote telecare and target telecare assessments. No other single body has more information on, and contact with, potential telecare users in the UK than the Department for Work and Pensions.

Build mobile phones into telecare policy

It has long been observed that the most basic form of telecare is the telephone, and this observation applies equally to mobile phones, which, in their own way, are a type of personal alarm.

It is particularly striking that over-half of telecare users own a mobile phone. This prompts two observations. First, there is clearly significant potential for telecare to integrate with mobile phones, particularly the growing use of 'smartphones'.

Second, the high usage of mobile phones among potential telecare users – far more than use the Internet or email - suggests that mobile phone companies could provide a new route into targeting potential telecare users, as well as providing services.

For example, mobile phone providers could begin selling 'carers phones', bundled with telecare devices and related software, so that telecare devices are linked to a carer's mobile phone, and the mobile phone of the person they care for. Alternatively, such phones could be sold with information on how to obtain a full telecare assessment from statutory agencies, such as the NHS.

Use the NHS

'Who Uses Telecare?' was unable to explore the contact that potential telecare users have with the NHS. However, the prevalence of long-term health conditions among telecare users does suggest regular contact with health professionals among potential telecare users.

In the context of Joint Strategic Needs Assessments, and the implementation of Health and Well-being Boards, as well as the development of GP-led clinical commissioning groups, it may be that in future the NHS will take a greater role in leading commissioning and funding of telecare services. Nevertheless, there would be issues to overcome, such as the fact that – as 'Who Uses Telecare?' showed – many telecare users could be charged for the service, which may be difficult to achieve in the context of the NHS.

Key points:

▸ **Go for scale** - aim for the take-up of telecare to be two to three times what it is currently, and build policy on commissioning funding of telecare on this basis. Most importantly, scale up the 'triggers' for the usage of telecare.

▸ **Do not let the costs of telecare be a barrier to policy -** income is not a barrier to individuals and their families funding telecare themselves, and the cost of scaling up the use of telecare can to a large extent be met privately. In addition, deploying a conservative estimate of £1,000 per person savings among individuals receiving council-funded care at home – potential savings to the state of increased telecare usage could be upwards of £1 billion.

▸ **Reframe the use of telecare among families and professionals** - in the minds of policymakers, social care professionals, and – most importantly – care users, telecare needs to be reframed, and no longer thought of as something for poor, elderly women who live alone. Unlocking the benefits of telecare for society in future will mean extending its use far beyond those who are normally thought of as 'typical users'.

▸ **Refocus on informal carers** - the number of potential telecare users relying on informal care is far greater than those receiving council-funded or privately-funded home care. Policymakers and the telecare industry should focus on targeting informal carers, including cohabiting and non-cohabiting family carers.

▸ **Deploy the disability benefits system** - one million potential telecare users receive disability benefits – far more than recipients of council-funded and private-purchased home care combined. No other single body has more information on, and contact with, potential telecare users in the UK than the Department for Work and Pensions.

▸ **Build mobile phones into telecare policy** - there is significant potential for telecare to integrate with mobile phones, particularly the growing use of 'smartphones', and the high usage of mobile phones among potential telecare users – far more than use the Internet or email - suggests that mobile phone companies could provide a new route into targeting potential telecare users, as well as providing services.

▸ **Use the NHS** – in future the NHS will likely have to take a greater role in leading commissioning and funding of telecare services.

[1] Ross A and Lloyd J (2012) *Who Uses Telecare?*, Strategic Society Centre, London

[2] Department of Health (2012) *Caring for our future: progress report on funding reform*, London

[3] Lloyd J (2011) *Telecare Ready: Creating a universal entitlement to telecare*, Strategic Society Centre, London

[4] Breeze E and Stafford M (2010) "Receipt and giving of help and care" in Banks J et al. (ed) (2010) *Financial circumstances, health and well-being of the older population in England*, IFS, London

[5] Department of Health (2012) *Caring for our future: progress report on funding reform*, London

[6] Lister, S. (2010) "No quick fix for long term care" in *British Medical Journal*, Vol. 340, c814, cited by Breeze E and Stafford M (2010) "Receipt and giving of help and care" in Banks J et al. (ed) (2010) *Financial circumstances, health and well-being of the older population in England*, IFS, London

[7] Department of Health (2012) *Caring for our future: progress report on funding reform*, London

[8] Breeze E and Stafford M (2010) "Receipt and giving of help and care" in Banks J et al. (ed) (2010) *Financial circumstances, health and well-being of the older population in England*, IFS, London

[9] Breeze E and Stafford M (2010) "Receipt and giving of help and care" in Banks J et al. (ed) (2010) *Financial circumstances, health and well-being of the older population in England*, IFS, London

[10] NHS Information Centre (2010) *Community Care Statistics 2008-09: Social Services Activity Report, England*, Leeds

[11] DH (2012) *Caring for our future: reforming care and support*, London

[12] ONS (2012) *Internet Access - Households and Individuals, 2012*, London

[13] Beale S et al. (2009) *Evaluation of the Telecare Development Programme*, The Scottish Government

[14] Tunstall (2011) *Innovation, Choice and Control – Telecare North Yorkshire*