

ADVANCING TECHNOLOGY ENABLED CARE **WHO CARES AND WHO PAYS?**

WHITE PAPER

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Tunstall



Foreword

The way we deliver health and social care in the UK is at a tipping point. We're facing a perfect storm—an ageing population, growing demand, and increasing financial pressures. But this isn't just a challenge; it's an opportunity. An opportunity to rethink, reimagine, and reshape the future of care. And at the heart of this transformation? The confluence of technology and people to produce meaningful outcomes.

I've spent my career in technology-enabled healthcare, and one thing is clear: the future of care isn't just about more infrastructure or more staff or even more technology—it's about working smarter. It's about using technology to empower people to live independently and make better choices, to predict and prevent crises before they happen, and to create a proactive system from reactive roots. Imagine a world where predictive technology spots environmental and health risks before they escalate, where digital tools connect people in a seamless manner, and where healthcare is truly centred around the individual and their life desires, not the system that is primarily designed to fix problems only when they arise. That future is within reach—and acting now is a perfect opportunity.

This report lays out a vision for making that future a reality. It highlights the breakthroughs happening in technology-enabled care, the global lessons we can learn from, and, most importantly, what needs to change to turn ambition into action and to produce the outcomes we all want and need. The barriers—fragmented funding, legacy policies, and lack of public awareness—are real, but they're not insurmountable. With the right investment, collaboration, and commitment to the outcome, we can revolutionise how care is delivered and how health is enabled.

Now is a perfect moment to be bold. To embrace innovation, to integrate health and social care in a way that makes sense, and to put people and populations first. If we get this right, we won't just ease the pressure on services—we'll transform lives and communities. The future of care isn't something we should fear. It's something we should be enthusiastic about. Let's make it happen.

Emil Peters

Chief Executive Officer Tunstall Group

Purpose

Health and Social care in the UK are facing a defining moment. An ageing population, growing demand, and chronic underfunding exert unprecedented pressure on health and social care systems. The NHS 10-year Health Plan will focus on three pivotal shifts: care from **hospitals to the community**, transitioning from **analogue to digital** systems, and moving from **sickness to prevention**¹. Embracing technology to support this aligns perfectly, offering solutions that empower individuals to live independently, reduce reliance on hospitals, and modernise care. Delivering these outcomes requires innovative and integrated funding models, legislative reforms, and coordinated action.

This paper explores how technology can prevent and minimise unnecessary access to healthcare systems while enabling individuals to remain at home, thus reducing reliance on costly health and social care services. Whilst strong research evidence demonstrates the impact of technology, and in particular telecare, to address these factors (the “what”), the paper draws on the research and further insight to illustrate the accessible benefits for Health and Care systems, but also considers further enabling factors of funding and eligibility. The paper draws on international insight to identify barriers to adoption, and as a result, policy and other approaches which can translate the potential into reality (the “how”).

The paper concludes with actionable recommendations on how technology can support and enhance the objectives of the NHS 10-year Health Plan. It highlights how technology can enable individuals to remain independent at home for longer, reducing their reliance on healthcare systems. Additionally, it emphasises facilitating the transition of care from hospitals to communities, shifting from analogue to digital systems, and adopting proactive rather than reactive healthcare delivery. These advancements offer significant benefits for individuals, healthcare systems, and public funding.



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01

Executive Summary

The world is currently experiencing a significant demographic shift, marked by an ageing population that is placing unprecedented pressure on health and social care systems. This evolving challenge demands innovative approaches aimed at maintaining the independence of older adults while simultaneously alleviating the strain on healthcare services. One promising solution is the integration of health and social care, which can create seamless, continuous support for individuals, reduce hospital admissions, and improve chronic condition management.

Integrating health and social care is essential for shifting from a reactive, crisis-driven healthcare model to a proactive, preventive system that delivers substantial benefits to individuals and healthcare systems. Integrated systems allow healthcare providers to coordinate more effectively, reducing fragmented care and improving user experiences. Research demonstrates that such systems enhance health outcomes by ensuring consistent, continuous care, supporting better condition management, and reducing hospital admissions. Furthermore, integration eliminates service duplication, promotes preventive care, fosters sustainable funding, and enhances system efficiency. By delivering personalised care solutions that reflect the unique needs, values, and preferences of individuals, integration also boosts patient satisfaction and adherence to treatment plans.

However, health and social care integration is not without its challenges, with a primary obstacle being fragmented funding. Effective integration demands coordinated financial strategies where health and social care budgets are aligned. Without this, securing investment in innovative, technology-driven solutions for comprehensive and cost-effective care remains difficult. Funding misalignment between sectors, administrative complexities, and overlapping responsibilities lead to inefficient services, unnecessary strain on healthcare workers, and poor resource allocation together with inconsistent policies and limited public awareness hindering the potential of technology-led strategies.

It's equally important to ensure that local communities maintain the flexibility to address specific needs. Policymakers must recognise that integrated funding models are essential for securing the resources needed to invest in upstream preventative care solutions as without true integration of budgets, it becomes difficult to justify and sustain funding for long-term, cost-effective innovations that can improve care and support independence.

While challenges are significant, the potential benefits are substantial. Systems that successfully combine health and social care, bolstered by proactive telecare, for example, can dramatically improve the quality of life for elderly and vulnerable populations. Removing duplication results in cost savings and minimising emergency interventions can help alleviate the financial burden on healthcare systems. Lessons learned from Spain, Finland, and other successful models demonstrate that progress is achievable but requires sustained effort and cross sector collaboration. By fostering a culture of prevention and investing in technology-driven, proactive solutions, healthcare systems can better manage the demands of an ageing population, ultimately achieving better health outcomes and creating more sustainable, person-centred care models.

Promoting policy alignment to remove bureaucratic silos and investing in technologies that facilitate early intervention and seamless service delivery will be critical steps. Further, fostering public awareness and shifting cultural attitudes to support preventive care will create the foundation needed for transformative, integrated healthcare systems. With a strategic focus on these areas, it's possible to build a future that empowers older adults and



vulnerable populations to live independently while also ensuring healthcare systems remain effective and financially viable.

Telecare, which has advanced significantly over recent years, is now an essential component in proactive and preventative approaches. By enabling remote monitoring, data collection, and early intervention, technology and telecare help delay the reliance on high-cost statutory services, reduce emergency interventions, and promote long-term independent living. Spain serves as a compelling case study, where investment has yielded significant savings and allowed older adults to remain at home for longer. Nevertheless, broader adoption of these strategies is hindered by challenges such as fragmented funding structures, regional policy variations and a lack of public understanding of its benefits. Telecare offers a viable solution, enabling older adults to maintain independence while reducing healthcare demands. Proactive, personalised strategies, supported by predictive analytics, have proven effective in reducing emergency calls, healthcare costs, and reliance on care facilities.

Proactive telecare models like Spain’s Smarthabit program highlight how technology can monitor patterns of behaviour, detect anomalies, and enable early intervention, reducing emergency interventions and improving resource allocation.

These programs minimise social isolation through proactive engagement, further enhancing outcomes. However, systemic challenges persist, including administrative burdens and the need for cross-sector collaboration.

Strategic investments in telecare, supported by integrated health and social care policies, are critical to addressing the needs of ageing populations. The research underscores the economic and quality-of-life benefits for individuals, caregivers, and healthcare systems. By embracing technology-enabled care, fostering integration, and prioritising person-centred approaches, healthcare systems can effectively meet the growing demands of an ageing population.

Key insights include:

Rising Demand on Healthcare Systems: Ageing populations with complex health needs are straining healthcare and social care systems, necessitating innovative solutions.

Benefits of Telecare: Proactive telecare reduces emergencies, supports independence, and relieves caregiver stress.

Economic Impact: Evidence from Spain and the UK shows significant cost savings through reduced home care and delayed residential care needs.

Integration and Funding Challenges: Disconnected funding and policy differences limit telecare’s full potential.

Underutilisation: Public awareness and acceptance of telecare remain low, hampering its widespread adoption.

Suggestions for Government about what needs to change to support the NHS 10-year plan in fully realising the potential of telecare include:

1. **Developing a national strategy for telecare that resolves current policy fragmentation.** We recommend this is incorporated into the 10-Year Health Plan and forms an initial component of the National Care Service as outlined in the Labour Party Manifesto . This should expand access to reactive telecare, and accelerate proactive, personalised and predictive telecare to reduce overall demand for health and social care.
2. **Exploring global funding models** and approaches aimed at increasing access and benefits for healthcare, individuals and carers. This should include targeted funding consideration by NHS England, via ICSs, to support local authorities.
3. **Collaborating with several solution providers** with proven international expertise to design and implement proactive and predictive telecare services to support the sickness-to-prevention objective.

Technology-enabled care must become a pivotal component of the NHS’s 10-year plan to modernise healthcare. By fostering integration between health and social care, prioritising proactive and preventive care, and accelerating investments in digital infrastructure, telecare can transition healthcare systems from reactive crisis management to sustainable, patient-centred solutions. This transformation will not only ease pressure on the system but also empower vulnerable populations to live more independent and dignified lives.

Achieving this vision requires urgent and decisive action. Cross-sector collaboration must become standard practice, with preventative care positioned at the core of healthcare strategies. The NHS has a unique opportunity to lead this shift, leveraging telecare to create a future-ready healthcare model that is efficient, equitable, and resilient.

02

Introduction and Context

According to the World Health Organisation (WHO), by 2030, the number of people aged 60 and older will increase by 40% and will double by 2050². The United Nations agree, suggesting that for people aged 65 and above, populations globally could rise from 10% in 2022 to 16% in 2050³. The WHO comment that there are many common conditions associated with ageing, such as hearing and sight loss, back and neck pain, diabetes and dementia and that as people age, “they are more likely to experience several conditions at the same time.” This, together with other long-term conditions (LTCs) comprise the biggest burden on the NHS and wider healthcare systems. The National Institute for Health reports that more than half of all GP consultations, 65% of our-patient visits, and 70% of inpatient bed days are due to LTCs. Moreover, their prevalence increases with age, affecting 50% of people by the age of 50 years and 80% of people by the age of 65 years⁴.

With such dramatic shifts in global demographics, there is an urgent need to ensure healthcare systems are designed to support ageing populations. Helping older adults remain independent is essential—not only for improving quality of life but also for enhancing the efficiency and effectiveness of healthcare systems.

The NHS 10-Year Health Plan will focus on three pivotal shifts: care from hospitals to the community, transitioning from analogue to digital systems, and moving from sickness to prevention. Embracing technology to support these aims aligns perfectly, offering solutions that empower individuals to live independently, reduce reliance on hospitals, and modernise care. Delivering these outcomes requires innovative and integrated funding models, legislative reforms, and coordinated action.

Well-deployed and effectively managed reactive telecare still provides significant benefits, making it a vital component of most advanced care strategies. However, policymakers and commissioners exploring these options often face challenges due to a lack of clear operational and economic evidence. Additionally, shifting purchasing patterns driven by limited central

funding led to an increased tendency to outsource services to the private sector, which often provides a cost and quality advantage over in-house provision.

From a commissioning perspective, the benefits of telecare often extend beyond the immediate scope of the commissioning body. For instance, a telecare programme funded by social care may generate significant benefits within the healthcare system and vice versa. While commissioners are accustomed to managing these interdependencies, understanding the broader implications is crucial - particularly when designing policies for integrated healthcare systems.

Mike Farrar, former CEO of NHS Confed and Strategic Health Advisor comments “Technology-driven solutions, particularly proactive and preventative telecare, are gaining significant attention among policymakers and healthcare commissioners as they search for innovative ways to address the challenges posed by ageing populations. Advanced telecare aims to proactively support individuals and their families, focusing on preventing emergencies and adverse events before they occur.”

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Prevention comes first, where care is closer to home [and] where patients have more control... We must move care away from hospitals and closer to the community, the NHS must become a Neighbourhood Health Service... At the moment we aren't good enough at treating people early in the community. We leave it to hospitals - and quite often that's too late. If we change this, it will save lives and money.

Sir Keir Stamer,
UK Prime Minister
May 2023⁵

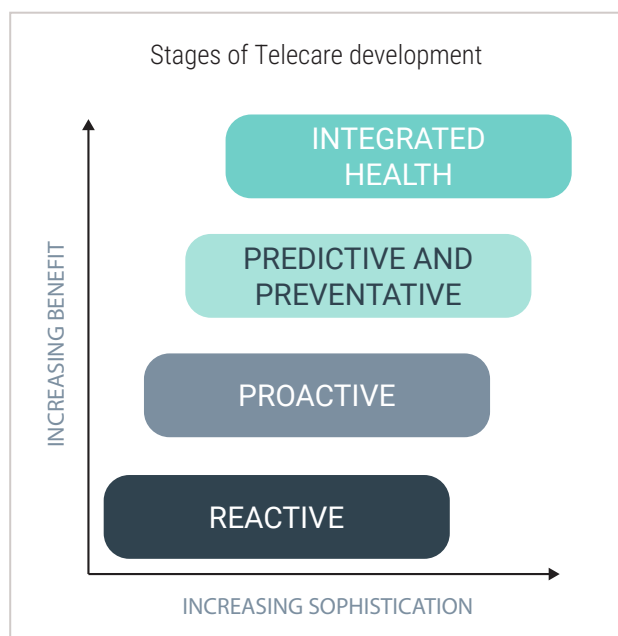
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03

Core Concepts

The term “Telecare” encompasses a wide range of technology-enabled support services, from reactive personal emergency response systems to advanced, proactive, and personalised solutions aimed at reducing or preventing adverse events. By using triggers and sensors to detect issues and alert emergency services, professionals, or loved ones, Telecare empowers older adults and vulnerable individuals to remain at home safely without requiring constant supervision. This approach supports independent living, decreases reliance on hospitals, and modernises care delivery for both individuals and caregivers.

Proactive telecare as shown below incorporates current reactive capability but extends this on a **preventative** basis with the objective being to avoid



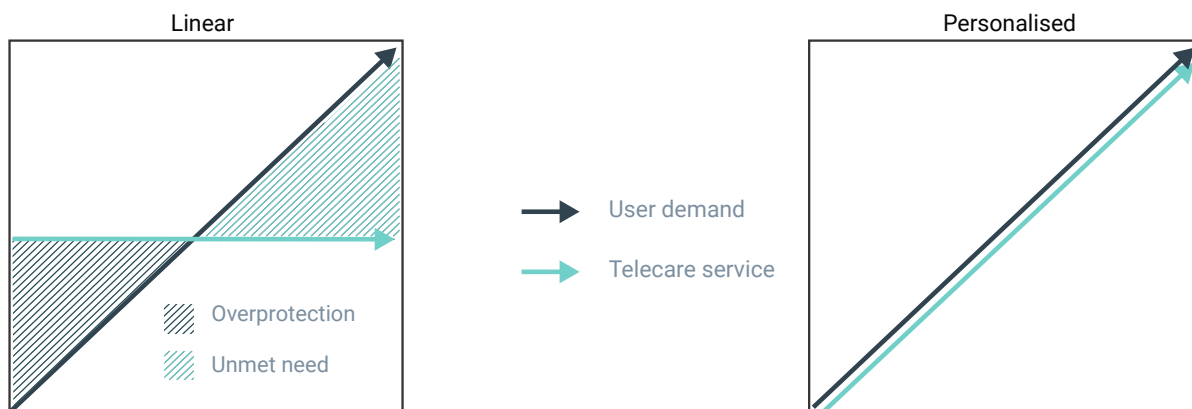
or reduce critical situations arising in the first place. Delivered as an integrated programme of services, which may include outbound calls, understanding changes in behaviour, supporting people who are socially isolated or minimising the impact on carers, along with advice and guidance, proactive telecare provides much broader and holistic support for users, and their informal (family and friend) carers. As seen in Spain, telecare enables more advanced care models without requiring major new infrastructure.

The benefit of proactive approaches are enhanced when services are **personalised** to an individual through ongoing needs identification, as shown at the top of page 9. As well as better meeting individual needs, the approach means far greater support is directed to users with the highest needs, risks and/or service usage. It is of course this group who are most likely to place higher demands on healthcare systems and, by improving their support, these impacts can be reduced. The use of data-driven predictive analytics extends the proactive/personalised capability to facilitate even earlier identification of potential issues such that interventions can be made quicker reducing the impacts on the users and their support mechanisms.

Understanding the difference between **independence and dependence** is also important as this can determine the level of financial support required from the state. Often, and perhaps an uncomfortable juxtaposition, we must categorise individuals as dependent so that they can access care support which enables their independence. Policies which govern eligibility vary, often as a function of how these concepts are defined and this in turn can have an impact on funding services and the take-up of telecare services in particular. For example, in the UK, independence is assessed on an individual’s needs and takes a predominately risk-based approach. Spain’s Dependency Law (2006) is more formalised, making support provision a universal right and cost-free for users. People are categorised into three levels of



Moving from Linear to Personalised Telecare Services



dependence based on their need for help with daily activities.

In France, the positioning of (in)dependence is different again. Similar 'degrees of independence' exist, but these are framed around a "loss of autonomy" with the nuance being the idea of self-determination and control, which is defined as 'something that can be lost'.

These national approaches are inevitably complex and imperfect, attempting to define and categorise something subjective. What is clear, however, is that there is potential for determining eligibility for enabling independence-enabling solutions by labelling people as the opposite.

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If you are dependent, the funding comes from central government. If you're not dependent, but you have the right to have telecare, the money comes from the local authorities like municipalities. This is a universal right in Spain, which has come about as a result of significant political will.

Abel Delgado,
Managing Director
Tunstall Spain

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04

From Hospitals to the Community

Telecare plays an important role in facilitating hospital discharge and, more importantly, in reducing or preventing the need for hospital care altogether. Achieving this requires a comprehensive approach including; building robust partnerships with Integrated Care Systems (ICSs) to enhance coordination between health and social care, minimising discharge delays, and allocating targeted funding. With these measures in place, access to healthcare can be optimised, leading to fewer admissions and more efficient discharges.

To understand gaps that exist, Tunstall commissioned an independent research programme to analyse the outcomes across reactive, proactive and personalised telecare services. The findings in the Transformational Potential of Telecare whitepaper⁶ were impressive, including people staying independent at home for 8.6 months longer, emergency calls reduced by 54%, ambulance mobilisations by 36% and £4,500 per person avoided in other social care costs annually. An earlier publication, “Demand Management from Care Homes”⁷ further highlighted the significant benefits of telecare whilst also highlighting the challenges of

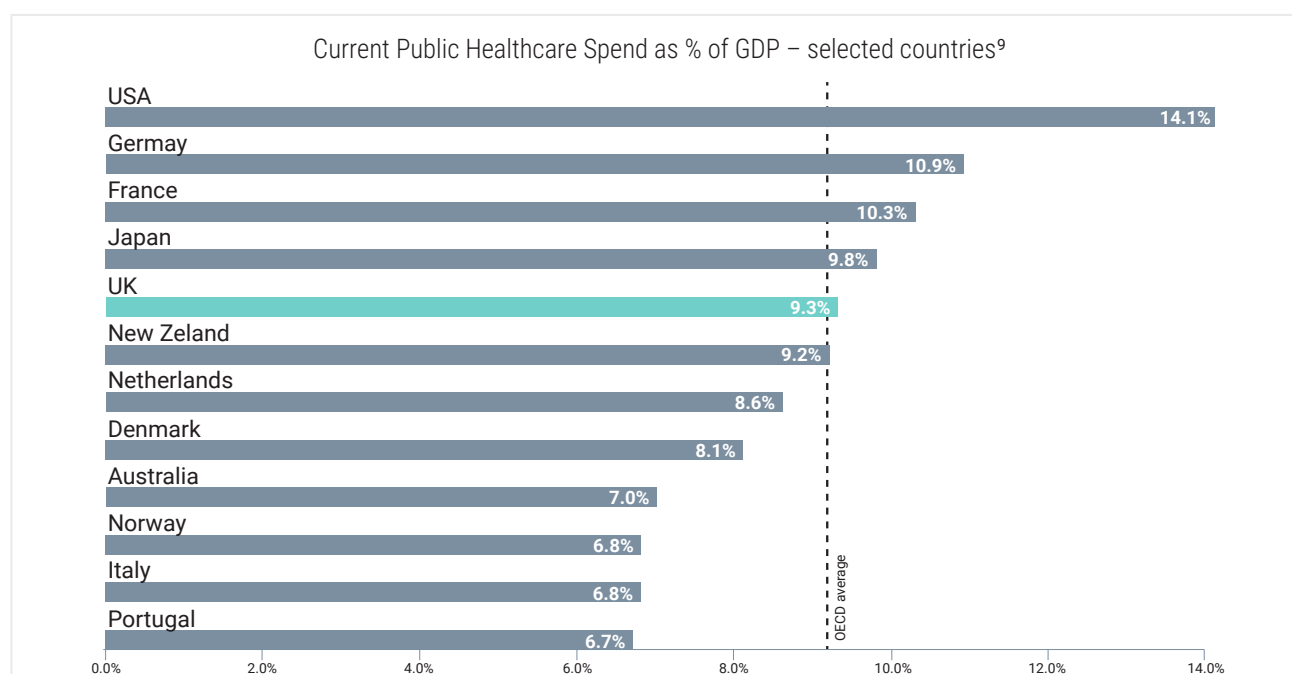
integration across multiple healthcare systems, including social care, healthcare and the impact on users, carers and wider ecosystems. These are the models that must be introduced and scaled to deliver sustainable long-term savings for healthcare economies. Additionally, 250,000 people could remain in paid employment, not leaving the workforce to care for relatives, where technology-enabled care can support them instead⁸.

Despite this compelling evidence, adoption of proactive forms of telecare remains limited in the UK.

Barriers to adoption also stem from low public awareness, stigma around ageing, and the framing of telecare solely as a social care service. Current policy and funding frameworks fail to consider its wider value, such as supporting carers, reducing workforce attrition, and enhancing overall public health outcomes.

Reducing the Economic Burden

The British Medical Association (BMA) states in their Health Funding Data Analysis report that “Healthcare spending in the UK as a percentage of GDP has historically been below many comparable



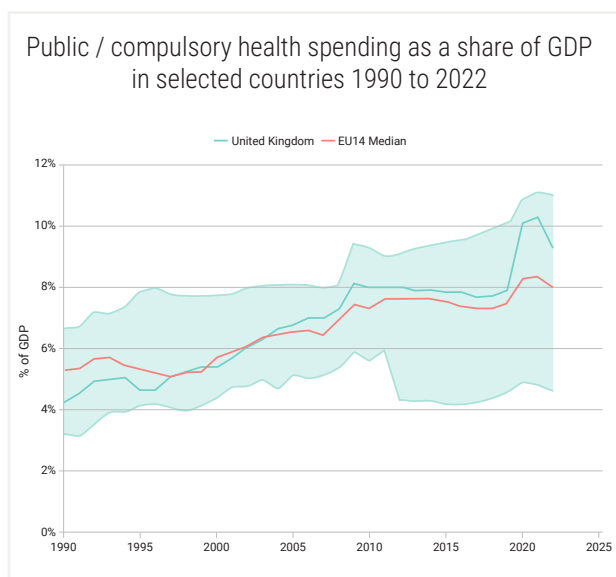
countries such as France and Germany” and that “health spending in the UK tends to increase, but so does the demand for healthcare.”⁹ Supporting this, globally in 2022, governments spent on average 9.3% of GDP on healthcare, as illustrated in the chart on page 10.

Additionally, the UK Department of Health and Social Care budgets tend to increase in real terms every year. This is necessary because “healthcare is increasingly expensive due to population growth, [and] ageing populations with increasingly complex healthcare needs.”⁹ In 2024/25, the NHS budget grew by 2.6% which is well below the historical average of 3.8% and amounts to a £2bn difference. The BMA outlines that this comes “at a time where the NHS is struggling with the growing burden of waiting lists and an ageing population.”⁴

Simply, there is not enough money or effective resources to deliver health and care services in the UK.

This is against a backdrop of the UK moving up the ranks of healthcare spending over time according to the Institute of Fiscal Studies (IFS)¹⁰. Whilst the IFS suggest it’s difficult to interpret international differences due to varying levels of spending, efficiencies of healthcare systems or genuine differences in the quality of healthcare provision, UK public health spending as a share of national income was below the EU14 average, which has consistently increased since the late 1990s.

The graph below from the IFS study¹⁰ shows this. Whilst UK spending is higher than the EU average, it has declined since 2020 and is behind Germany and France. The IFS states that “it remains to be seen whether this was a temporary effect due to the pandemic or whether the UK will now spend



consistently much more on health than the EU14 average”¹⁰. International trends according to the IFS are very similar to the UK.

To support the NHS long-term workforce plan, the IFS estimates that a real-term funding increase of 3.6% per year between 2021-22 and 2026-37 is required and that by 2037, NHS spending in England will increase by around 2% points of GDP.

They conclude that “any plausible increase in productivity does not change the fact that - absent a large change in the role of the NHS, or further deterioration in quality - health spending will need to continue to rise over time.” The counter argument to lower healthcare investment in the UK is that it may reflect greater efficiency and effectiveness in utilising available funds. While reduced investment might appear to be a deficit compared to other countries, it could, in reality, represent a tangible advantage.

The February 2023 white paper Adopting the Right Technology to Support People at Home, published by the County Council’s Network (CCN) in the UK¹¹ supports this. The paper emphasises the importance of enabling individuals to remain at home for longer. This approach not only enhances quality of life but also reduces pressure on frontline services. It benefits individuals while allowing local authorities and the NHS to optimise financial and resource efficiencies. The paper identifies technology as a pivotal enabler in preventive care, highlighting the transformative potential of predictive technologies in proactively reducing the need for social care. Achieving this transformation, however, demands strategic, long-term investment.

European System Variation and Emerging Trends

Against the UK backdrop already discussed, European healthcare systems differ widely in their approaches to funding and delivery. These variations often correlate with factors such as fund availability, the degree of central or local government control, the extent of individual cost-sharing, and the level of health and social care integration. Despite this diversity, three notable trends are evident, regardless of funding scales:

- 1. Accessibility Challenges:** Despite systems being in place to fund telecare services, accessing statutory support—and even knowing how to initiate the access process—often falls heavily on individuals.
- 2. Misaligned Incentives:** A disconnect frequently exists between who pays and who benefits for services.

3. Investment Conflicts: Tensions between short-term and long-term investment priorities persist.

Understanding funding mechanisms and exploring ways to optimise investments using technology is critical to alleviating economic burdens which is the same the world over. Countries operate uniquely, with distinct funding instruments including central and local government contributions, public and private insurance, and third-sector involvement. Examples include:

Finland: Following reforms in 2023, Finland transferred responsibility for health and social care from municipalities to 21 well-being counties that were funded by the central government. Subsidies for social care are determined through needs- and income-based assessments conducted by professionals.

France: Universal health coverage is provided through statutory health insurance, complemented by private insurance. Social care responsibilities are divided among 96 départements, cities, and metropolises, while telecare funding depends on regional policies and individual dependence levels.

Germany: Most residents (90%) contribute to a statutory health insurance scheme, Pflegekasse, which covers part of care costs, including telecare. Service users typically cover 10% of costs, with third-sector organisations like the Red Cross administering funds and services.

Ireland: The Health Service Executive (HSE) manages the public system, which is funded by general taxation. Many public services are free or subsidised, but eligibility depends on factors like age, income, and medical need. Telecare services are offered under a co-pay model, with users paying a subsidised fee depending on their income and eligibility under schemes like the Medical Card or Fair Deal Programme. This model balances affordability with accessibility for vulnerable populations.

Spain: Spain's decentralised system delegates health and social care responsibilities to 17 autonomous communities. Telecare for individuals classified as "dependent" is centrally funded, while others rely on local authority resources.

United Kingdom: Health and social care systems are devolved, with England, Wales, Scotland, and Northern Ireland managing their services. In England, the 2024 report *Funding for Adult Social Care in England*¹² states that there **is no national budget for adult social care in England**. Instead, funding is derived from local government revenue, including central government allocations, business

rates, council tax, and fees. Local authorities determine spending priorities. Telecare funding in the UK is managed by local authorities who determine supply and demand and spending priorities. Fully understanding the benefits of proactive and preventative services can help to minimise access to healthcare systems and save investment.

A partial solution to the ever-increasing economic burden, suggested by the CCN¹¹ involves collaboration between local authorities and technology developers. Forward-thinking councils are exploring co-creation models, where they clearly define functional requirements during the commissioning process and collaborate with developers throughout the design, delivery, and development stages. This approach ensures that technological solutions align with local needs and deliver impactful results.

Over 2 million requests for adult social care support were received by local authorities which is equivalent to 5,715 requests per day¹³.
NHS England, October 2024

Funding Models: Traditional and Evolving Approaches

Historically, public tenders and long-term contracts have defined service provision. However, many regions are now adopting hybrid models, blending shorter-term public funding with consumer-based approaches. This diversification shapes funding structures and system design, although it also complicates the relationship between health systems, particularly when one sector bears the costs while the other takes the benefits.

For instance, healthcare systems typically receive and allocate central government funding, while social care systems are often supplemented by local authorities through tax levies. This varies significantly by country. According to the OECD (2022) (as reported by Berg Insight¹⁴), healthcare spending as a percentage of total government expenditure is highest in Norway (29%), followed by Sweden, the Netherlands (25%), and Spain (9%) - the latter recognised for its proactive and preventive system.

Addressing awareness and access challenges

An inability to pay (either via statutory or private funds) doesn't stop people from accessing telecare services, due to public funding through taxes or insurance. However, public funding can unintentionally lead to low awareness about telecare and its benefits.

In France, telecare solutions are sold directly to consumers and supported by universal health insurance (“Assurance Maladie”). This system relies on individuals and families to seek out support, but public awareness of telecare, especially its preventative benefits, is low. In Germany, telecare is funded through mandatory public insurance and provided by local branches of organisations like the Red Cross. However, individuals usually need to access these services themselves.

Even though funding is available, providers may lack the motivation, or permission, to promote telecare. As a result, families and those in need often carry the responsibility of finding help themselves. The stigma around ageing and limited public knowledge makes this worse and explains why telecare usage is low in both France and Germany, affecting people’s ability to stay independent.

Possible reasons for this include a local authority’s (un)willingness to deliver services and financial eligibility criteria for receiving statutory support. Authorities are obligated to provide services when criteria are met, but several challenges arise. Firstly, system constraints due to limited funding may restrict service availability. Second, individuals who do not meet the financial eligibility criteria might be unwilling or unable to pay for services themselves, leading to unrealised benefits. Third, statutory funding eligibility criteria, which vary by country, determine the threshold at which individuals can access services free of charge.

The application of telecare as a result, has been used to a limited extent by local authorities to help reduce demand for more costly services - but there is much more potential if access could be increased. Moreover, major advancements in proactive, personalised and predictive telecare

adopted at scale in Spain have been proven through multiple independent research studies to not only help individuals and their carers but fundamentally to reduce and delay demand on Health and Care systems. Tunstall’s research proves this. Individuals with a proactive telecare service in Spain remained at home - where they wanted to be - for 8.6 months longer. Emergency calls were reduced by 54% and ambulance mobilisations by 36%. In the UK, £4,500 per person could be avoided in other social care costs annually. This is supported by the CCN and Newton who in their Finding a Way Home report advise that 53% of inappropriate attendances were conveyed by ambulance – something that advanced telecare solutions can help to minimise¹⁵.

Funding and Eligibility: International Comparisons

Across Europe, telecare services are provided through a variety of public and private funding models, with service levels often determined at regional or municipal levels. For instance, in England, each of the 152 Local Authorities have local arrangements. The lack of comprehensive, standardised data on telecare systems across countries makes straightforward international comparisons challenging. However, when telecare is delivered as a public service or through public/private insurance schemes, it functions as part of the broader social care framework. Therefore, understanding the nuances of international social care systems, including eligibility criteria and funding mechanisms, is crucial for contextualising and improving telecare services globally.

Eligibility Criteria

With increasing demand for services driven by ageing populations, countries limit access to services via eligibility and access criteria. In addition to pre-conditions (e.g. living within geographic bounds, and where applicable contributing to the scheme for a qualifying period), eligibility criteria apply to care needs and/or economic means. In addition, buy-in alternatives either via insurance (which might be public or private), or by personal means present a further route to services. In between, there may also be co-pay arrangements in which a proportion of the cost is borne by an individual, either to contribute to the element they are not entitled to or to enhance services.

An Incisive Health study (2018) for Age UK¹⁶ noted that eligibility criteria are most frequently associated with those countries which fund their long-term care through general taxation, rather

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In France, the responsibility falls on individuals. Lack of awareness and stigma often stops people from seeking help. An integrated model, where health professionals suggest and guide access to telecare, could make support easier to obtain.

Alain Monteux,
Managing Director
Tunstall France and Benelux

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An international comparison of long-term care funding and outcomes (analysis building on the Incisive Study¹⁶)

Eligibility	England	Germany	Spain	France	Ireland
Universal Access	No	Yes	Yes	Yes	Yes
Insurance Focussed	Low	High	Low	Medium	Low
Needs Criteria	Yes	Yes	Yes	Yes	Yes
Means Criteria ¹⁷	Yes	No	No	No	Yes
Public TC Awareness	Low	Low	High	Low	Medium
Co-Pay	Yes	Yes	Yes	Yes	Yes

than insurance schemes as shown in the table above. For the latter, access to services is normally fundamental to contribution to an insurance model (subject to qualifying periods and other criteria). With increasing demand for services, and constrained funding, those funded via taxation such as the UK have sought to tighten the eligibility criteria to ration services.

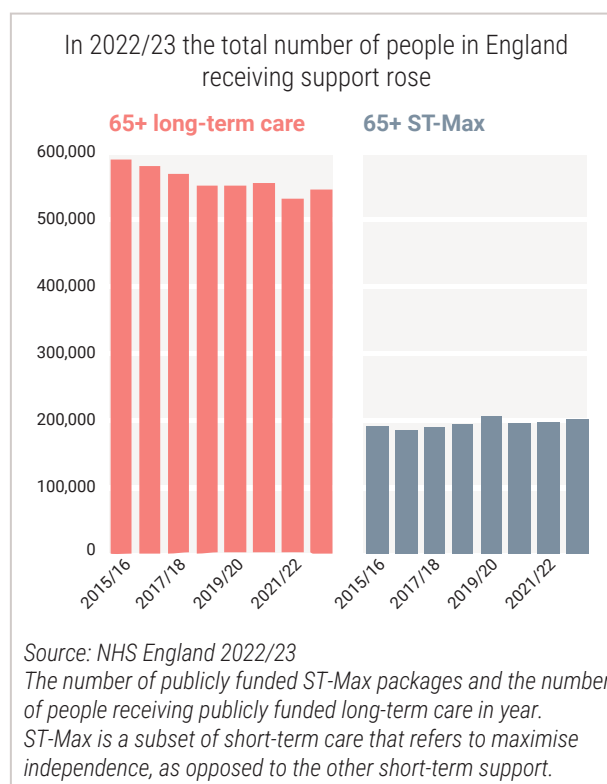
In England, means and needs tests apply. Those with over £23,250 of savings or assets [referred to as the *upper capital limit*] are required to meet the full cost of long-term care. There are graduated levels for those between this level and the lower capital limit of £14,250. Only those below this level qualify for full funding, but even then, contributions may still be required if the individual's income is greater than the minimum income guarantee. Such policies are set out by Local Authorities and vary accordingly, limiting direct comparisons.

These limits have been unchanged since 2010-2011, and have in effect, reduced year on year as a consequence of inflation. The recent IFS report on adult social care in England¹⁸, highlights that had these increased in line with the Consumer Prices Index (CPI) they would be some 46% higher by 2023-24; approximately £20,800 and £33,900. As a result, despite the demographic impact of an ageing population with a greater proportion over 65 years, fewer adults are eligible for funded care than would have otherwise been the case. Analysis of this impact on eligibility can be difficult to define due to the different rules applicable for sole individuals, those with partners, and based on services being sought. For example, the English Longitudinal Study of Ageing (ELSA)¹⁹ identified that only 13% of adults over 65 years have wealth below the upper capital limit in 2018-19. However, should the individual be living with a partner, and seeking care in their own home, then housing wealth should be excluded from the calculation. If this was used for modelling, then 43% of those over 65 years would fall below the upper capital limit. In reality, demand mixes each of these scenarios and in aggregation will be somewhere between these extremes. What is clear, however, is that this

significantly restricts access to those who may benefit.

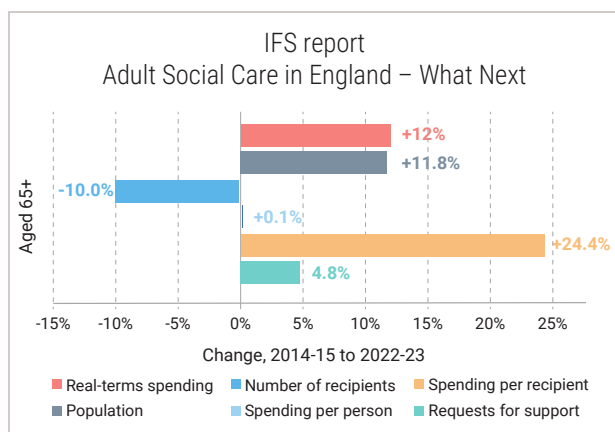
Telecare falls within this wider social care eligibility criteria, and access is restricted by the means testing requirements. With the research demonstrating that in parallel with individual and carer benefits, telecare can reduce the demand for more intensive social and healthcare services; such restrictions to Telecare can be significantly counterproductive.

More broadly, because of the eligibility criteria, the number of people over 65 years old in receipt of long-term care has generally been falling, with only a modest rise in term short-term care to maximise independence, as shown in the chart below²⁰.



This becomes even more apparent when looking at the specific implications for long-term care, as illustrated in the graph at the top of page 15, adapted from the IFS report, "Adult Social Care in England – What Next"¹⁸. For the period 2014-15 to 2022-23, whilst the number of requests for support

has increased by 4.8%, recipients have fallen by 10% despite real terms spending increasing by 12%, and the population by 11.8%.



In Germany, taxpayers contribute 3.4% of their salary (paid 1.7% by the employee and 1.7% by the employer), plus a further 0.6% by the employee if they don't have children, to the statutory insurance scheme (or private alternatives). This covers core care requirements including home based, residential or community services, support for informal care givers and partial reimbursement for nursing home expenses. With this access being universal, subject to a needs assessment against a five tier scale range from minor assistance (Pflegegrad 1) to intensive, full-time care (Pflegegrad 5), means testing is not required. However, many individuals pay out-of-pocket for additional services, including nursing home care. For those in need of such services but who are unable to pay, a means-tested social assistance (Sozialhilfe) provision is available.

Similarly, in Spain, Telecare is largely publicly funded at both national and regional levels, although regional government is responsible for the provision of services. Central government funding applies where statutory dependency needs are met with the Law on the Promotion of Personal Autonomy and Care for Dependent Persons (Ley de Dependencia), defining three tiers of needs. Regional government provides further support, but this is often supplemented by user contributions for incremental services or where local eligibility criteria are unmet. As such, whilst means testing does not apply to core services, it can be incorporated outside of the situations where the dependency laws apply, resulting in co-pay arrangements. With regional administration of these services, differences in local policy can also apply.

In France, dependency is defined using the AGGIR (Autonomie Gérontologie - Groupes Iso-

Ressources) scale. This provides six tiers from GIR 5&7 representing low or no dependency through to severe dependency (GIR 1&2) eligible for maximum support. Telecare is prioritised for those in GIR 1-4. Whilst needs are the primary driving factors, means testing can apply for higher-income individuals who may receive only partial funding and require co-payment arrangements.

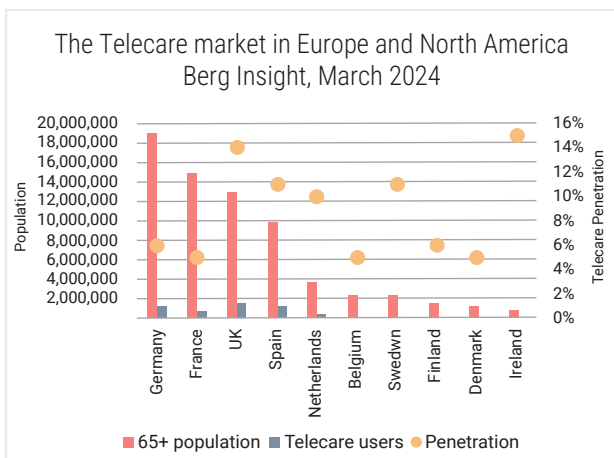
What's the same, and what's different?

An analysis of the different eligibility criteria applied by European nations highlights the challenges faced by all systems, as well as the variations in the policy positions. Nordic countries have focussed on universal access and preventative care, minimising reliance on means testing. However, this is within a context of significantly higher taxation to fund health and social care more broadly and is, therefore, less comparable to other large European neighbours when considering incremental telecare policy approaches.

The UK and Spain have imposed stricter economic thresholds and co-payment mechanisms to constrain the overall increase in demand for social care services. Whilst to this extent, both countries are similar, in notable contrast, Spain, its municipalities and service partners have led the world in developing proactive, personalised and predictive telecare services. As set out in this paper, multiple research studies have highlighted multifaceted benefits for service users, their carers, and, crucially for healthcare provision. This research evidence has been experienced first-hand by municipalities. Most tellingly, when faced with the challenges of the 2008 financial crash and the cessation of central government funding, they continued to locally fund Telecare, recognising the benefits within the wider systems.

Between the Nordic model and those of the UK and Spain, Germany and France offer intermediate models combining universal benefit access supported by mandatory insurance schemes. However, means testing and co-pay mechanisms also apply beyond core services, most notably for residential care or higher-tier services.

The sub set of data shown in the graph on page 16 as reported by Berg Insight¹⁴ illustrates this, where the percentage of people over 65 receiving telecare varies significantly by country. However, whilst telecare can significantly contribute to improving outcomes for service users whilst reducing the impact on healthcare systems, the take up and penetration of the reported countries remains low at an average of 8.6%.



Public versus Private Services

Due to limited funding or competing priorities that demand resources, local authorities sometimes struggle to provide support. In such cases, reimbursement and co-payment mechanisms are commonly used across Europe to bridge the gap. Under a reimbursement model, individuals live independently, purchase and pay for digital equipment and services, and claim ongoing monthly reimbursements from the state. For example, in Germany, telecare services are classified as critical care equipment and are reimbursed through a “Care Aid” fund at a rate of €25 per person per month. Similarly, the German DiPA model provides reimbursements for applications tied to nursing benefits.

Co-payment represents another joint funding approach. Here, individuals share the cost of services by selecting the ones they need, setting them up, and receiving a subsidy to pay for them from the state. In the UK, personal budgets or direct payments are used. After an eligibility assessment, local authorities contribute toward the cost of

social and support services, allowing users to pay directly for telecare services if they wish to.

For those who do not meet eligibility criteria, individuals can buy services themselves. This can, however, lead to a two-tiered system: one for eligible individuals and one for those who pay themselves. While systems indirectly benefit from privately funded services without incurring costs, this approach can be criticised as unfair and exclusionary. Private payers are less likely to maintain services independently, potentially having an impact on the long-term sustainability of public systems. Most importantly, investing in inclusive support mechanisms can reduce costs by preventing the need for higher-cost services in the future. Private solutions can alleviate pressure on public systems but also expand services and help manage demand. Further signposting means people can access support services when needed and before a crisis point, improving user experience and system efficiency.

In conclusion, social care and telecare funding are often managed locally. (Some) funds come from central government and are used to deliver services based on people’s level of independence, but local organisations are responsible for people living at home, not hospitals or those accessing healthcare.

Further exploration reveals that the lack of integration between public services results in inefficiencies and unmet needs. Healthcare systems must be accountable for the populations they serve, however, despite its potential, telecare encounters several systemic barriers, including:

Fragmented funding: Health and social care operate under separate budgets, creating inefficiencies and unmet needs. Local authorities often bear telecare costs while the NHS receives the benefits.

Public awareness and cultural challenges: Many individuals remain unaware of telecare’s benefits, while stigma around ageing and assistive technologies further hampers adoption.

Administrative and policy barriers: Disjointed systems, inconsistent policies, and bureaucratic inefficiencies slow the transition to an integrated, efficient care model.

With these in mind, if telecare funding were tied to specific population groups and considered as part of broader health and care systems, costs and benefits could be shared more effectively. While countries like the UK and Finland are working to better integrate healthcare systems, fully combining budgets remains a challenge.



This creates a key disconnect: telecare benefits the healthcare system, but the social care system pays for it. Without telecare, issues such as a greater number of hospital visits, loneliness, and poor mental health among older adults lead to higher healthcare costs.

Patti Wynn,
Chief Health & Care Strategy Officer
Tunstall Group



05

From Analogue to Digital

The transition from analogue to digital systems and services represents a transformative shift in how solutions are delivered. This evolution has affected nearly every industry, reshaping the way businesses operate, governments provide services, and individuals interact. Understanding this shift requires exploring the drivers, benefits, challenges, and long-term implications of digitalisation.

Several key factors have driven the transition from analogue to digital systems. Among these, technological advancements stand out, for example, digital telecommunications systems such as Voice over Internet Protocol (VoIP) replacing traditional analogue telephone networks, enabling faster and more efficient communication. Economic incentives also play a crucial role. Digital systems are often more cost-effective over time due to lower operational and maintenance costs. The ability to store vast amounts of information in compact formats and process data at high speeds makes digital systems attractive to organisations seeking to optimise efficiencies. Consumer expectations have further driven this shift, as people demand seamless, instantaneous, and personalised services.

The 10-Year Health Plan will investigate the importance of moving from analogue to digital technology, which is critical in the delivery of telecare services. As analogue telephone lines are due to be phased out in January 2027, all parties across the telecare industry must support the analogue to digital transition.

Benefits of Digitalisation

The adoption of digital systems has brought significant benefits. First and foremost is the increase in efficiency. Digital systems allow for automation, reducing the need for manual intervention. Improved accuracy and reliability are other key benefits.

Digital systems are less prone to degradation over time compared to analogue systems. For example, digital data can be copied and transmitted without loss of quality, whereas analogue signals degrade with each duplication or transmission. Furthermore,

digital systems enable scalability and integration. Cloud computing is a prime example: businesses can scale their operations up or down quickly without significant infrastructure changes.

Digital platforms enable better data flow and interoperability between suppliers and health and care IT systems, options for Bluetooth-enabled wearable devices, the use of voice-activated solutions in care provision and the combining of case management systems with artificial intelligence (AI) and machine learning for preventable modelling.

Challenges in Transitioning to Digital Systems

While the benefits are compelling, the transition to digital systems has not been without its challenges. Core network infrastructure is already steadily deteriorating, and until the telecare estate is fully digital, quality response may be at risk. Additionally, while digital connectivity continues to advance, it demands rigorous monitoring and ongoing testing to ensure reliability. Managing hybrid environments adds significant complexity, requiring strategic planning and coordination. Addressing this now will prevent issues in the future. It is, therefore critical to ensure commitment, funding, and support for the analogue to digital switchover.

One major issue is the investment cost. This is a challenge right now for many local authorities who are financing the telecare transition using limited existing funds, creating short-term risk for authorities and individuals who continue to rely on analogue systems. Moving to digital solutions needs UK government support, adequate funding and an appetite to change quickly.



Another challenge is the digital divide. While many regions and demographics have embraced digital technologies, others lack access to the necessary infrastructure, such as high-speed internet. This disparity exacerbates inequalities, leaving some populations unable to benefit from digital services.

Data security and privacy concerns are also significant hurdles. Digital systems are vulnerable to cyberattacks, and the increased collection and storage of personal information raises ethical and legal questions. For example, the widespread adoption of digital payment systems has been accompanied by a rise in data breaches and identity theft.

Case Studies of Digital Transformation

Numerous examples illustrate the success of moving from analogue to digital systems. In healthcare, electronic health records (EHRs) have replaced paper-based systems, enabling better coordination among providers and improving patient outcomes. Telehealth platforms now allow patients to consult healthcare professionals remotely, reducing the need for in-person visits and expanding access to care in rural or underserved areas. Wearable devices, such as fitness trackers and medical alert systems, provide real-time monitoring of vital signs, empowering individuals to manage their health proactively and enabling caregivers to intervene when necessary. Social care services have also benefited from digitalisation, with platforms designed to connect users with caregivers, coordinate schedules, and track progress more effectively.

The UK Government can learn from global experience on the balance of national versus local

approaches in navigating this transition. Spain and Australia, for example, committed central funding to enable purchasing of digital equipment upfront and distributing it locally to mitigate risks.

Future Implications

Looking ahead, the continued evolution of digital systems is likely to bring both opportunities and challenges. Emerging technologies such as blockchain, AI, and the Internet of Things (IoT) promise to further enhance the capabilities of digital systems. For instance, blockchain could provide more secure and transparent ways of managing digital transactions, while AI could enable predictive analytics for more informed decision-making.

However, the rapid pace of digitalisation also raises concerns about obsolescence and sustainability. As new technologies emerge, older digital systems may quickly become outdated, creating a cycle of constant upgrades being required.

While the transition has brought undeniable benefits, such as increased efficiency, scalability, and access to information, it has also presented challenges, including high costs, inequality, and security risks. As society continues to embrace digital technologies, striking a balance between innovation, inclusivity, and sustainability will be crucial.

Not only is the shift from analogue to digital critical for the reliability of the existing service, but the move to digital solutions sets telecare up to be a foundational asset to leverage data to support proactive care services that empower people to live more independently at home.



06

From Sickness to Prevention

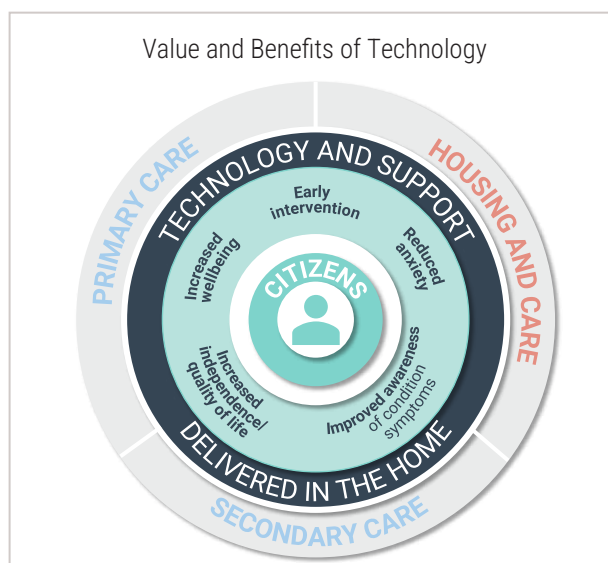
Transitioning to preventative care requires commitment, cultural acceptance, and sustained funding. Individuals, families, and care providers expect immediate solutions, especially during crises, making it difficult to allocate limited budgets, raise taxes, or encourage personal contributions.

A significant barrier is the unequal distribution of costs and benefits; while social care bears much of the financial burden, many of the benefits accrue in health. This imbalance limits the widespread adoption of proactive telecare, which marks a significant evolution from the reactive models currently offered by most local authorities. For example, between January and December 2024, of the 1.3m alarm calls Tunstall Response received for its 86k residents, 32k (2.5%) required an ambulance dispatch. Tunstall conservatively estimates the subsequent costs - including triage, transportation, A&E attendance, hospital admission, and reablement - could reach £100 million. This is illustrated in the table below²¹. Whilst some variables may be subjective, financial savings are received by both health and care systems.

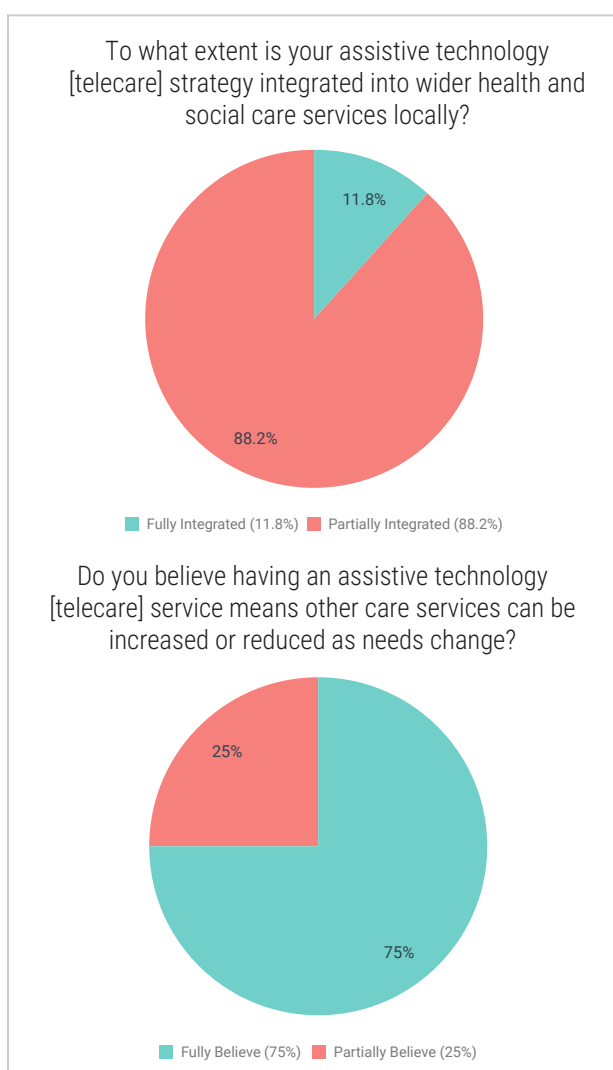
Tunstall Response ambulance call outs		Jan - Dec 24	32,158		
Service required	% Impact	# Patients	Unit cost (£)	Days	Total cost ('000)
Hear & Treat ⁱ	12.4%	3,998	78		313
See & Treat ⁱ	31.8%	10,238	308		3,148
See & Convey ⁱ	55.7%	17,922	462		8,280
A&E attendance standard ⁱⁱ	80.0%	14,338	91		1,304
A&E attendance hip fracture ⁱⁱ	20.0%	3,584	445		1,595
Admission standard ⁱⁱⁱ	20.0%	2,868	2,600		7,455
Admission Hip fracture ^{iv,v}	100.0%	3,584	901	2	6,459
Post hip fracture support ^{iv,v,vi}		3,584	12,840		46,024
Reablement (assume 42 days) ^{vi}		2,868	42	42	4,998
Social care support (assume 12 weeks) ^{viii}		6,452	21	84	22,274
TOTAL COST					101,853

Why change what we are doing now?

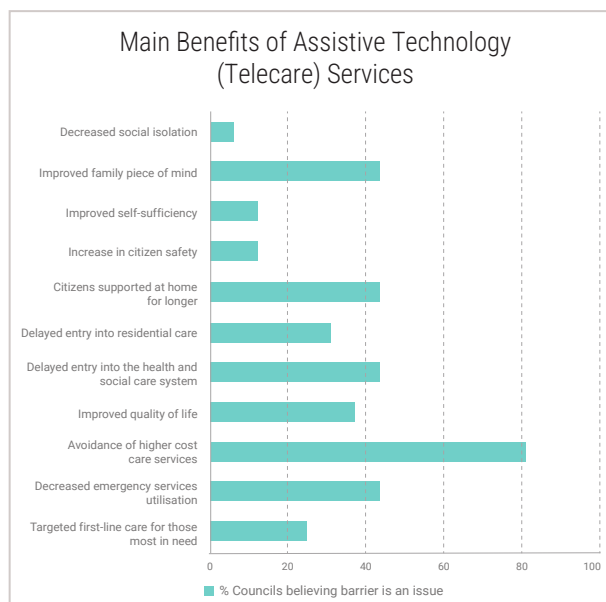
The overarching objective of telecare services is to help individuals remain at home for as long as possible without the need for statutory health or social care support. Commissioners are looking for the best solutions and outcomes, whether that is through using telecare or other cost higher-cost services. For those working in social care, telecare is an enabler for ensuring people are supported at home. The diagram below illustrates why this is important; the individual should be at the centre of everything, and if they benefit, healthcare systems benefit – primary, secondary and social care. Simply, if services deliver better outcomes, everyone benefits.



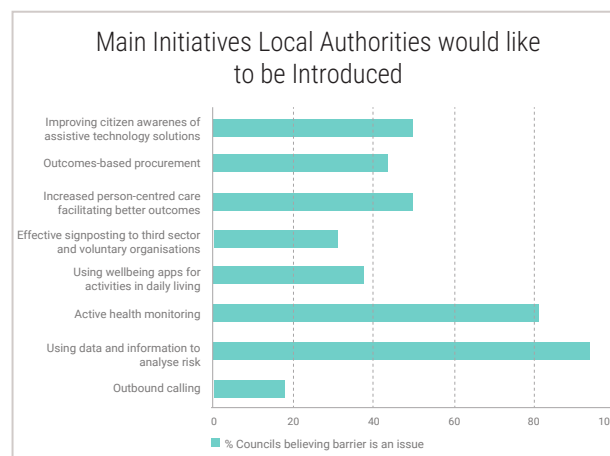
So why is this necessary, and what needs to change? The County Council’s Network (CCN) addressed this in 2021 following a survey of their UK local authority membership, made up of Directors of Adult Social Care in England²². An extract of the research that can be applied across all healthcare systems is shown in the pie charts below. Firstly, telecare strategies were only partially integrated into wider health and care services in 88.2% of cases. As such, efficiencies and benefits to users and social care were deemed to have a lower impact. Secondly, 75% of members believed that telecare could have an impact on how social care services were restructured by helping to shift and reduce demand.



Authorities were then asked what they believed were the main benefits of assistive technology [telecare] services. Responses included avoidance of higher cost care services, delayed entry into health and care systems, citizens supported at home for longer, improved family peace of mind and decreased emergency services utilisation – all of which significantly contribute to delivering benefits to users and healthcare systems.



There was another question about the main initiatives authorities would like to be introduced to make their services and strategies more proactive. There was an overwhelming desire for them to be more proactive with better use of data and information to analyse risk and active health monitoring key areas of interest. Increasing awareness of telecare solutions and an increase in person-centred care were also highlighted as areas that could improve outcomes.



Proactive and Preventative Healthcare and Social Care Integration

Proactive and preventative care models and the integration of healthcare systems are two areas that must be prioritised if improved independence for elderly and vulnerable populations is to be maximised. This is not a new concept, and whilst there is a willingness to change, it’s often put in the ‘too difficult pile.’ If this isn’t addressed, however, the challenge will always remain. Progress is ongoing, albeit frustratingly slow. There’s lots of talk, with perceived limited action. Now is the time to ‘get on with it,’ speed up the transition to

integrated and preventative systems as key drivers for increased independence and making healthcare systems more efficient.

In his May 2023 manifesto speech²³, Sir Keir Starmer, the UK Prime Minister, outlined the importance of this, referencing healthcare systems where prevention comes first, care closer to home and patients having more control. Starmer further highlighted the importance of using technology to support people, referring to a digital NHS and a service for tomorrow, not just today.

Other commentators, such as the Tony Blair Institute (TBI), support this. “The next government must, as a matter of priority, institute a new programme for prevention that introduces the innovations available to us now and the community-level infrastructure necessary to deliver proactive care. Preventable conditions are costing the NHS and wider society hundreds of billions of pounds. Even if this programme reduced the prevalence of preventable conditions by a third, it would massively reduce treatment costs, save lives and make Britain more productive.”²⁴

Lord Darzi, in his November 2024 summary letter to the UK Secretary of State for Health and Social Care, talks about the requirement for a “major tilt towards technology to unlock productivity.”²⁵

Organisations delivering support services, including telecare, have also recognised the importance of proactive and preventative services. Kevin McSorley, Head of Radius Connect 24, the largest social housing enterprise in Northern Ireland, providing over 13,000 homes and supporting 20,000 individuals, talks about encouraging digital proactive calling models and deploying technology that is more proactive, preventative and predictive²⁶.

From an international perspective, Dan Kax, Chief Officer in Charge of Welfare Technology and Digitisation in the Jonkoping Municipality in Sweden, states: “[proactive services means] you can stay at home for a longer amount of time and don’t have to start your journey within social services. That’s beneficial both for the individual and also from a societal perspective as there won’t be a cost [incurred by the municipality]. There will be other ways to use data, too. If you can prevent, you can deliver other help [instead].”²⁶

“The NHS Long Term Plan is clear that the health service should involve more closely integrated systems. This means that health and care organisations should work seamlessly together within systems to improve the standard of services in local places”²⁷.

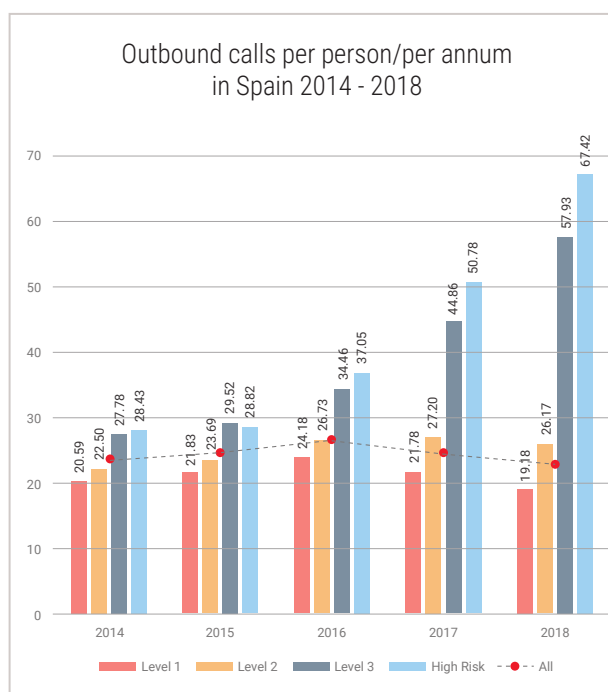
Transitioning to preventative care requires a long-term commitment, cultural acceptance, and sustained funding. As individuals, families, and care providers, there is often a preference for immediate solutions, although when faced with urgent needs or crises, the priority naturally shifts to securing help in the moment, making it challenging to allocate already limited budgets, raise taxes, or encourage personal investments for future-focused initiatives.

However, many local authorities successfully implement ‘invest to save’ models, where upfront investments in projects or initiatives are made with the expectation of future cost savings or efficiencies. Evidence shows that where resources have been allocated to forward-thinking, personalised, and preventative healthcare systems, significant long-term dividends are achieved, both in financial savings and improved outcomes.

Countries investing in proactive and preventative services

Spanish healthcare systems prioritise investment in proactive and preventive telecare services to a greater extent than other countries. Proactive telecare is well-established and integrated with funding provided by the government to regional municipalities. This focus has fostered strong public and policymaker support for enhancing social care and has driven significant investments in digitisation, bolstered in part by European Union post-COVID recovery funding.

Proactive telecare, as shown in the chart below, and successfully implemented in Spain, addresses



this, shifting focus from crisis-driven responses to preventive interventions. Research conducted by Tunstall Spain between 2014 and 2018 highlighted the transformative impact of proactive telecare. Initially, higher dependency levels correlated with increased call volumes. However, the introduction of a proactive model in 2016 resulted in a notable shift; while call volumes rose significantly for individuals with greater dependency, they declined for those with lower needs. This prioritised users with the greatest needs, ensuring a more efficient and targeted service. Despite rising dependency levels overall, the total number of calls remained stable, reflecting the model's success in supporting those who required care the most.

Tunstall's Smarthabit programme builds on this foundation by partnering with customers to assess how smart sensors and predictive data can enhance the accuracy and effectiveness of services. By installing an all-in-one sensor in the home, regular routines and patterns of behaviour, such as sleep and meal schedules, entry and exit activities, electricity consumption, and bathroom visits are monitored. Once patterns are established, the system detects anomalies that could indicate potential risk.

By tailoring these services to individuals, particularly those with high needs and leveraging data to identify risks early, emergencies are minimised, reducing costly interventions and delivering significant system-wide benefits. These include lowering demand for other care services, reducing ambulance mobilisations, decreasing hospital admissions and easing the strain on public services, which would support the UK government's objective of reducing hospital waiting lists, as published in January 2025²⁸.

This is further demonstrated in the table below, where loneliness is used as an example. Mr Smith has been assessed as being lonely and socially isolated. A decision has been made for him to receive a proactive call every 10 days. The benefits are as follows:

Benefits to Mr Smith and Local Authorities

Mr Smith

Receives a regular call with someone to talk to, meaning he feels less isolated.

Local Authority, Municipality or Service Provider

The number of reactive calls (and associated support) decreases as issues are identified early.

Mr Smith

No longer feels the need to call for help from other services, enabling them to focus on supporting others.

Local Authority, Municipality or Service Provider

Issues are raised by the call centre before they get to the crisis point, meaning earlier intervention can be put in place, minimising high costs and emergency services being required.

Mr Smith

Has built up the confidence to go out into his community and meet new people.

Local Authority, Municipality or Service Provider

Proactive calls can be made during normal daytime hours with the call centre able to control when calls are made, i.e. when they are quiet and not dealing with emergency incoming calls.

Local Authority, Municipality or Service Provider

The call centres are more efficient and can minimise the number of reactive calls and hand-offs to statutory services.



The Use of Technology to Support Healthcare Systems

Building on the previous sections, technology and telecare support users to live safely and independently for longer, thereby delaying or avoiding more costly social or healthcare services. The Telecare Outcomes Framework model below demonstrates this for individuals and their families, social care, healthcare and other services. It has the potential for policymakers, commissioners and analysts to understand the full range of benefits per stakeholder and improve planning for integrated health and care analysis through using telecare at policy and commissioning levels and aligning with the NHS quadruple aims²⁹. i.e. to improve health and wellbeing for populations, providing better quality care for all patients and sustainable services for taxpayers alongside a reduction in health inequality.

Benefits for Individuals

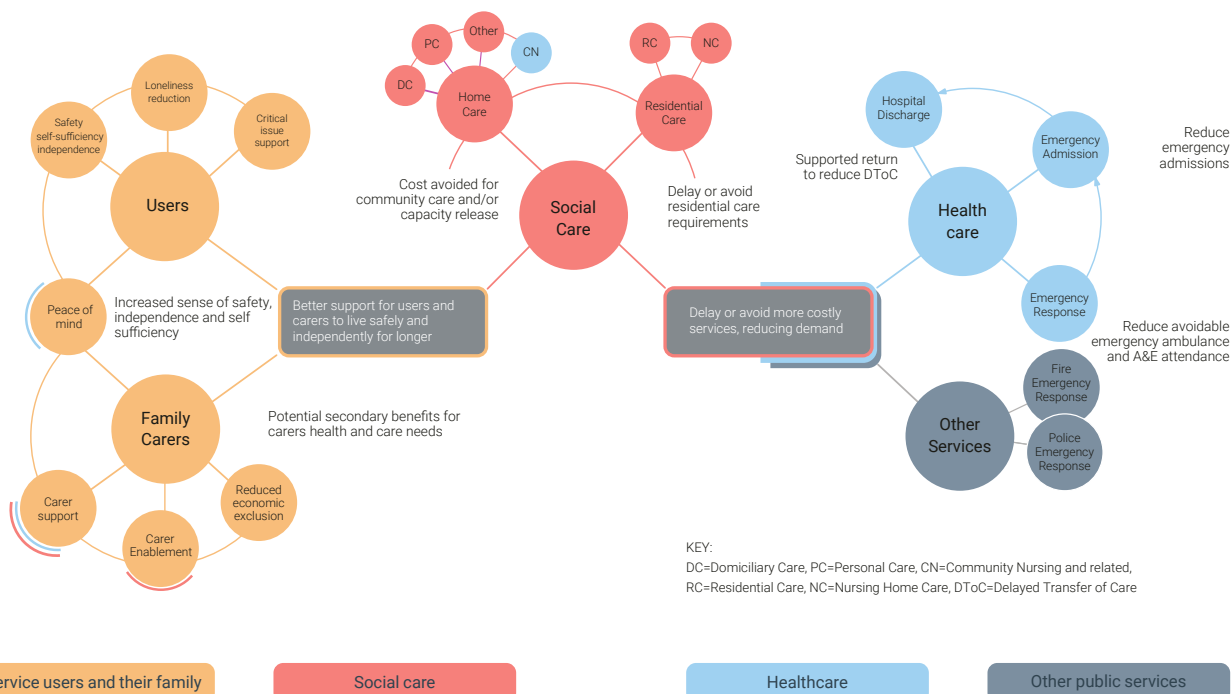
Telecare provides individuals with enhanced **safety, independence, and peace of mind**, regardless of the business / service model. A 2016 Patient-Reported Outcomes Measures (PROMs) study in Spain, in partnership with the University of Barcelona³⁰ involving 1,200 respondents highlighted these benefits, as shown below. Among proactive telecare users, 96.1% reported feeling safer, with their average safety perception improving significantly - from 5.9 to 7.9 on a 10-point scale.

This study highlighted the consistent value telecare adds to individuals' lives. While Spain remains a leader in proactive telecare implementation, adopting similar models in other countries could yield comparable benefits, promoting a higher quality of life for users.

Effects of Telecare for Study Participants (patient reported measures from the FSiE-UAB Proactive Telecare Study, 2016)

Perception of safety		
% of service users indicating improvement with TC		96.1%
Mean score (0-10) or proportion	Before TC	5.9
	After TC	7.9
Perception of self sufficiency		
% of service users indicating improvement with TC		78%
Mean score (0-10) or proportion	Before TC	5.3
	After TC	6.3
Perception of families' peace of mind		
% of service users indicating improvement with TC		98%
Mean score (0-10) or proportion	Before TC	5.7
	After TC	7.8
Perception of not being alone		
% of service users indicating improvement with TC		92.3%
Mean score (0-10) or proportion	Before TC	52.8%
	After TC	55.8%

Telecare outcomes framework showing the benefit domains per stakeholder grouping



Benefits for Carers

Telecare provides carers with peace of mind, knowing their loved ones are safer, more independent, and supported by reliable healthcare systems. This reduces stress and helps carers maintain their own health and well-being. Proactive telecare also addresses economic challenges, as carer responsibilities often reduce paid employment opportunities, leading to financial strain and economic exclusion. This stark reality was highlighted by CarersUK in 2019, where they advised that “**more than 600 people in the UK quit work to look after older and disabled relatives every day**”⁸. This affects individual carers socially and financially and increases societal costs by reducing tax revenues and creating additional demand.

The PROMS study²⁹ showed that 98% of users reported positive family impacts, with perceived benefits rising from 5.7 to 7.8. By easing caregiving burdens, telecare not only supports families but also reduces pressure on social care.

Benefits for Social Care

Telecare has significant benefits for social care by reducing costs and delaying or preventing transitions to residential care. For individuals living independently at home, telecare can decrease the need for domiciliary and personal care services, which are typically resource intensive. **In the UK, telecare was found to save approximately £4.5k⁶ per user annually in home care costs compared to a matched cohort without telecare.**

In Spain, proactive and personalised telecare models extended the time users could remain at home before needing residential care. In a longitudinal study (2011 to 2018)⁶, this reduced demand for residential care, which would otherwise have cost £5.9k⁹ per user annually. These savings demonstrate telecare’s potential to make social care more sustainable while supporting service users to remain independent for longer.

Community nursing (coloured blue in the social care segment in the model) is closely interlinked

with social care. When individuals can no longer live independently, they often transition to residential or nursing home care. In these settings, telecare is increasingly utilised, as demonstrated in Nordic countries, where it is an integral part of care models.

Benefits for Healthcare

Telecare further alleviates pressure on healthcare systems by reducing potential emergency incidents and improving post-discharge care. Here, telecare can decrease ambulance mobilisations, emergency department visits, and hospital admissions. Spanish research published in the Journal of Healthcare Informatics³⁰ found a 36% reduction in emergency ambulance calls per person annually with proactive telecare from 2011 to 2018.

Telecare also supports efficient hospital discharge processes, particularly for frail or elderly patients, by addressing delayed transfers of care (DToc). These delays often occur when patients are medically ready for discharge but lack adequate post-discharge care. Telecare-enabled support mitigates these challenges, reducing hospital overcrowding and improving overall healthcare efficiency.

Benefits for Other Services

Beyond social care and healthcare, telecare also benefits other public services, including fire and police departments. It can minimise emergency responses by integrating safety features, such as remotely controlled locks or key safes, which eliminate the need for forced entry during emergencies. Similarly, direct integration with fire alarms can reduce false alarms and improve response. Although smaller in scale, these benefits enhance the efficiency and resource management of allied services, complementing the broader advantages telecare delivers.

Unlocking Change in Health and Social Care

Proactive and preventative healthcare is essential, and integrating health and social care systems is a critical step in achieving this. While there is widespread willingness to implement change, the process remains challenging, requiring robust support at both policy and budgetary levels. Integration is crucial for several reasons. It ensures a holistic approach that addresses physical, mental, and social health needs, fostering comprehensive care for individuals. It improves coordination among healthcare providers, reducing fragmented services and ensuring smoother communication.



This leads to better health outcomes, as consistent and continuous care enhances the management of chronic conditions and lowers hospital admissions. Moreover, patients experience a more seamless healthcare journey with fewer delays and less confusion.

Integration also has economic benefits, as reducing service duplication and enhancing preventive care can lower overall costs. Finally, it enables personalised care tailored to individual needs, values, and preferences, improving satisfaction and adherence to treatment plans. Collectively, integrated systems strive to deliver efficient, effective, and person-centred care, ultimately enhancing the quality of life for individuals and communities. Implementing change on this scale requires starting small but thinking big.

Lessons from Finland

In 2023, Finland transferred responsibility for health and social care from municipalities to 21 well-being counties—a move intended to advance integration but one that revealed significant complexities. Challenges have included increased administrative burdens, delays in services, and interruptions to care, all exacerbated by a national shortage of healthcare workers. The reform's costs have exceeded initial projections, strained public finances and triggered political pushback. Resistance to centralisation has also emerged, with local communities expressing concerns about reduced capacity to address specific local needs.



“

The well-being counties reform is a step in the right direction, but there have been real teething problems. Efficiencies are being created, and access to support for end users is improving—for example, through more flexibility in public tenders for care solutions. However, the administrative burden is considerable, and there are many hurdles still on our journey towards greater integration.

Mika Rajasalo,
Managing Director
Tunstall Finland

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07

Conclusions

The integration of healthcare systems is a vital step toward achieving proactive, preventative, and person-centred care. This approach has the potential to improve health outcomes, reduce costs, and enhance the independence and quality of life for elderly and vulnerable populations. However, unlocking meaningful change in this area requires navigating complex challenges, as demonstrated by examples from countries like Finland. Key conclusions include:

1. Unlocking change through integration:

Effective integration addresses physical, mental, and social health needs. It enhances care continuity, reduces fragmented services, and supports the efficient use of resources. While the benefits of integration are well understood, achieving this requires strong political commitment, unified funding frameworks, and the adoption of innovative solutions. Finland's efforts to transfer health and social care responsibilities to well-being counties underline the importance of careful planning and robust support. Despite facing administrative burdens, delays in services, and financial challenges, reforms show early signs of improving access and flexibility in care delivery.

2. Growing demand:

The global ageing population places unprecedented pressure on health and social care systems. As older adults increasingly live with multiple chronic conditions, integrated care models are crucial to managing this demand effectively. Investing in technology-enabled solutions and streamlined care systems will help alleviate pressures.

3. Proactive care and telecare solutions:

Telecare, particularly proactive solutions, has demonstrated there are significant benefits, supporting early intervention, preventing emergencies, and delaying the need for high-cost care services. Evidence from Spain highlights how investment in telecare can reduce hospital admissions and extend the period older adults can live independently. However, fragmented implementation and underutilisation of telecare remain barriers to its full potential.

4. Integration of Health and Social Care Systems is essential but complex:

Well-integrated health and social care systems improve communication, reduce fragmented services, and improve outcomes for individuals and communities. However, Lessons from Finland illustrate that implementing large-scale reforms involves trade-offs and initial challenges. They also show, however, that incremental improvements and persistence can lead to efficiencies and better access to care. Unlocking transformative change in health and social care systems will require a sustained focus on aligning policies, integrating budgets, and adopting person-centred approaches. With these efforts, it is possible to create systems that empower individuals, support communities, and deliver long-term economic and social benefits.

5. Achieving integration

Achieving meaningful integration of health and social care depends on the unification of budgets. Funding innovation necessitates that the benefits be realised within the same framework as the investments that drive them. In the UK, Integrated Care Systems (ICSs) are evolving to build partnerships between health and social care. While funding is partially pooled, some streams remain separate, complicating efforts to fully integrate initiatives. There is, however, a strong political commitment to integration in the UK, a shift also observed in other regions, albeit more gradually. For instance, in France, a policy will mandate the presence of a clinical nurse in all care settings by June 2025. While this is a positive development, Ministerial responsibilities and budgets remain entirely distinct. The Finnish experience highlights the delicate balance required when pursuing efficiencies through scale while still addressing local needs.

6. Economic and social benefits of integration:

Integrating care systems has substantial economic benefits. By reducing duplication, enhancing preventive care, and addressing chronic conditions early, integration lowers overall costs. Spain has shown that proactive telecare solutions not only

saves money but also improve the quality of life for users. Finland's experience underscores the importance of balancing efficiency gains with responsiveness to local needs.

By integrating systems and budgets and implementing proactive and preventative services, the potential for delivering more effective and efficient services and improving outcomes becomes limitless - unlocking this change has the potential to strengthen communities and transform lives.

7. Challenges of funding and integration:

Meaningful integration hinges on unifying budgets. Fragmented funding streams and distinct ministerial responsibilities create challenges in aligning investments with the benefits they generate. Finland's reforms demonstrate the difficulties of achieving integration at scale, while the UK's Integrated Care Systems highlight incremental progress in pooling funds. Until budgets are fully integrated, delivering person-centred, sustainable care will remain challenging.

8. Analogue to Digital:

The move from analogue to digital systems must be addressed. While transitioning brings undeniable benefits, such as increased efficiency, scalability, and access to information, it has also presented challenges, including high costs, inequality, and security risks. As society continues to embrace digital technologies, striking a balance between innovation, inclusivity, and sustainability will be crucial. By addressing these challenges thoughtfully, unlocking the full potential of digital systems will improve lives and drive progress.

9. Public awareness and stigma:

Limited awareness and stigma surrounding ageing hinder the widespread adoption of telecare solutions. Public education and advocacy are essential to break these barriers and maximise the reach and impact of innovative care services.

10. Proactive and preventative care is crucial for healthcare sustainability:

Transitioning to a preventative care model delivers significant benefits, including cost savings, improved health outcomes, and reduced pressure on emergency and long-term care services. Despite the challenges in cultural acceptance and funding, examples from Spain and telecare initiatives like Tunstall's Smarthabit demonstrates the potential of proactive interventions in reducing dependency on reactive, high-cost healthcare solutions.

11. Technology Plays a Key Role in Supporting Independence and Efficiency:

Advanced telecare solutions, such as predictive data systems and proactive calls, enhance the safety, independence, and quality of life for individuals while reducing demand on healthcare systems. Examples from Spain and the UK demonstrate that investing in such technologies can delay transitions to higher-cost care services and improve efficiency across healthcare and allied services.

In summary, by aligning health and social care, accelerating investments in digital infrastructure, and prioritising proactive and preventive care, telecare can contribute to transitioning healthcare systems from reactive crisis management to sustainable, patient-centred, preventative solutions. This transformation will ease pressure on healthcare systems and empower vulnerable populations to live more independently.

With solutions and core infrastructure already available, the role of telecare should be considered as part of the forthcoming 10-Year Health Plan and can be implemented relatively soon without waiting for the 2028 National Care Strategy.

The UK Government has a unique opportunity to lead this change, working collaboratively with the NHS and local authorities to leverage telecare to create a future-ready health and care model that is proactive, preventative and efficient.

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Until we achieve truly integrated budgets, investing in upstream benefits that enable independence for care seekers will remain difficult. As a telecare sector, we must keep advocating for and demonstrating these benefits to unlock funding and support better quality care for the elderly and vulnerable.

Emil Peters,
Chief Executive Officer
Tunstall Group

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08

Recommendations

By aligning health and social care, prioritising proactive and preventive care, and accelerating investments in digital infrastructure, telecare can contribute to transitioning healthcare systems from reactive crisis management to sustainable, patient-centred, preventative solutions. This transformation will not only ease pressure on healthcare systems but also empower vulnerable populations to live more independent and dignified lives.

To unlock this potential, the UK must address systemic challenges and prioritise coordinated action.

We recommend three key steps:

1. Develop a national strategy for telecare resolving current policy fragmentation. We recommend this is incorporated into the 10-Year Health Plan and forms an initial component of the National Care Service as outlined in the Labour Party Manifesto⁶. This should expand access to reactive telecare, and accelerate proactive, personalised and predictive telecare to reduce overall demand for health and social care.

Consideration should be given to:

Promoting integration of health and social care:

Prioritising seamless integration of telecare services with broader health and social care systems to ensure cohesive support for individuals. This includes shared goals, improved communication between providers, and unified strategies for person-centred care.

Investing in proactive and preventative models:

Increasing investment in technology-driven proactive care systems to monitor and support individuals early, reducing the need for emergency services and preventing escalation to higher-cost care. These investments should be supported by evidence demonstrating long-term cost savings and improved outcomes. Policymakers should explore integrated funding models that align telecare as a shared resource between social and healthcare systems. This can facilitate cross-sectoral investment, ensuring that the economic and social benefits of

telecare are leveraged to support both systems effectively.

2. Explore global funding models and approaches aimed at increasing access and benefits for healthcare, individuals and carers. This should include targeted funding consideration by the Department of Health and Social Care, via ICSs, to support local authorities.

Consideration should be given to:

Investment in proactive and predictive technologies:

Governments should prioritise funding for proactive telecare and predictive analytics to enhance the early identification of health issues. Investments in these technologies can help prevent adverse events, reduce healthcare utilisation, and maintain higher quality of life for older adults.

Cross-sector collaboration:

Developing co-creation models involving collaboration between local authorities, healthcare providers, and technology developers. This would ensure that telecare solutions are designed to meet the specific needs of local populations and facilitate smoother implementation.

Policy alignment for integrated care:

Establish policies that facilitate integrated care where telecare is a central component. These policies should aim to remove bureaucratic barriers that separate healthcare and social care budgets, making it easier to fund and deliver telecare solutions that benefit both systems.

3. Collaborate with several solution providers with proven international expertise to design and implement proactive and predictive telecare services to support the sickness to prevention objective.

Consideration should be given to:

Building on international best practice:

Policymakers should study and adapt successful models from countries that have effectively

implemented telecare, such as Spain, to learn how to optimise funding structures and service delivery. This may include adopting mixed models of public and private funding to improve access and quality.

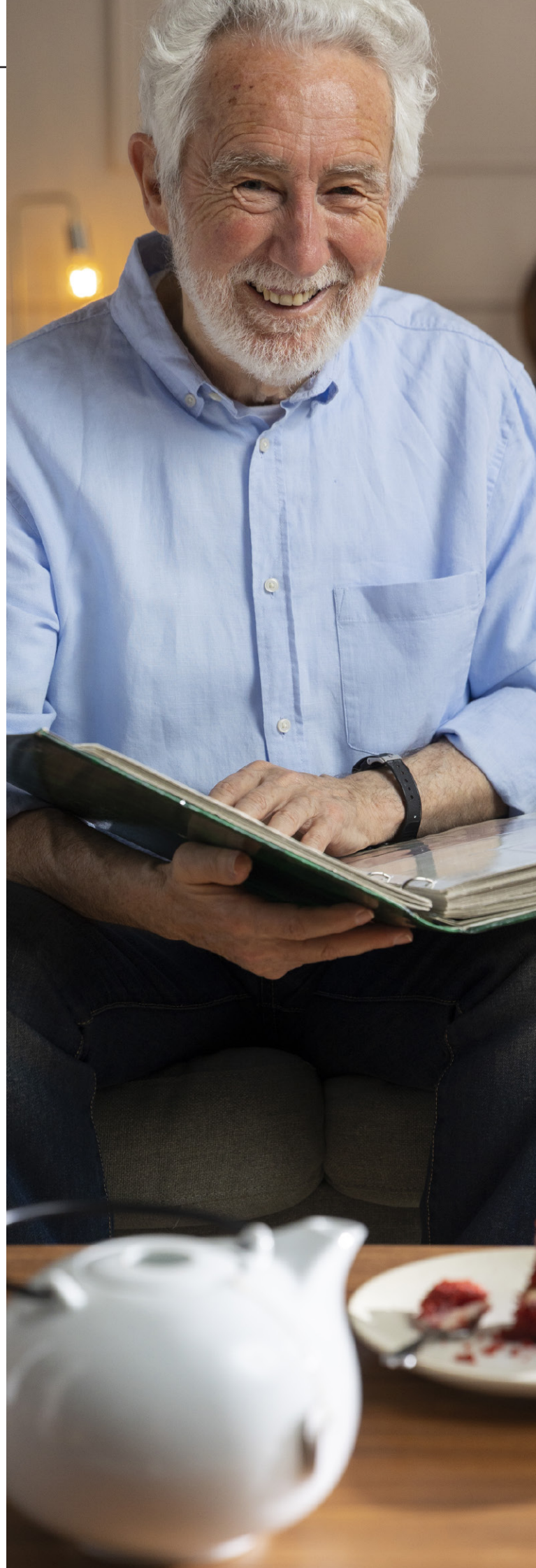
Utilising technology for early detection and intervention:

Leverage telecare solutions that monitor behaviour patterns, identify early warning signs, and prompt timely action to prevent emergencies. Support innovation in the tech sector to develop affordable and effective solutions.

Encouraging cultural shifts:

Foster a culture of prevention and proactive care among healthcare providers, policymakers, and the public. This involves shifting perceptions from crisis management to early intervention, supporting long-term change in care delivery models.

Achieving this vision requires urgent and decisive action. Cross-sector collaboration must become standard practice, with preventative care positioned at the core of healthcare strategies. The NHS has a unique opportunity to lead this change, leveraging telecare to create a future-ready healthcare model that is efficient, equitable, and resilient.



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About us

Established in the UK in 1957, Tunstall has become a global leader in the provision of care and health technology solutions. We operate in 18 countries around the world and support millions of people with our products and services.

Our Vision

A world where people have the freedom to live life to the full in a place of their choice.

Our Mission

To provide data driven, technology enabled solutions and services to improve our customers' ability to deliver new, more efficient and effective models for health and care management in the community.

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