REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024**

SUBJECT: **ANALOGUE TO DIGITAL TELECARE TRANSITION (A2DT) UPDATE**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To update the Board of a change in strategy for the Telecare transition in Moray, following the announcement by Openreach to extend the deadline for analogue to digital phone line migration from December 2025 to January 2027.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board:

i) note the current situation in relation to the procurement of a digital alarm receiving centre;

ii) approve the revised strategy for the replacement of analogue devices, which includes the opportunity to collaborate with Digital Health and Care Institute (DHI) to look at more innovative solutions; and

iii) approve the revised financial expectations, which have now been attributed over three financial years (having regard to the caveat in paragraphs 4.5 and 4.17).

3. BACKGROUND

3.1 A paper was presented to the MIJB on 30 May 2024 (para 15 of minute refers), outlining the broad strategy and outline costings for the transition of analogue to digital Telecare in Moray. However, that report was rendered out-of-date following the announcement by Openreach in mid-May about the extension of the switchover deadline.

3.2 The report author provided a verbal update instead and the recommendations were changed and agreed as –

i) note the requirement to fully transition devices from analogue to digital by 31 January 2027; and
ii) a revised report be prepared for the Board meeting in June setting out the revised case, taking into account the financial position.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Although the deadline for transition from analogue to digital has been extended, the recommendation from the Digital Office of the Scottish Government and the Telecare Services Association (TSA), is that planning continues at the same pace.

Digital Alarm Receiving Centre (ARC)

4.2 A quote from Aberdeen City Council (ACC) for the continued provision of alarm receiving services, via a digital platform has now been received. It shows a significant increase from £40k to £105k in the first year, £100k per annum thereafter. Discussions are ongoing and further details regarding specification and proposed contractual arrangements are being sought to ensure due diligence and best value is assured.

4.3 The acquisition of a digital ARC, or alternative, similar solution, is of paramount importance to the success of the transition project as it will allow for robust end-to-end digital penetration testing of devices and inform best value procurement decisions.

4.4 It is likely that investment to secure a suitable digital ARC will be required in financial year 2024/25, the worst-case scenario at present being an additional investment of around £65k in this financial year, if we continue with ACC providing this service.

4.5 At the time of writing, ACC is working to confirm the costs and provide HSCM with a breakdown of the costs and details of the contractual arrangements. It should therefore be noted that the quote provided may be subject to change.

Device replacement

4.6 At present, there is an urgent requirement to replace 171 analogue devices in the community, for digital counterparts. This is due to –

- BT's recent confirmation (following an agreed data-sharing agreement) that some households have already been migrated to a digital 'phone line, but that they still have analogue alarms, which may fail to work as expected. (105 devices).
- Old and very old devices in the community that have reached end-of-life in terms of functionality (66 devices).

4.7 The cost of replacing these devices is estimated to be £37k. In calculating the cost, account has been taken of existing peripherals along with the base unit (fall detectors, bed sensors, smoke sensors etc.), to decide which digital base unit will be required as a replacement.

4.8 The cost of these urgent replacements will be borne from the existing annual budget for Community Alarm/Telecare equipment. This budget also has to bear the costs of providing equipment to people newly entering the service but

is closely monitored throughout the year and any pressures will be highlighted by the budget manager.

4.9 The small extension for the switchover deadline now affords us some extra time to consider more innovative and predictive technology-enabled care as alluded to at paragraph 4.7 of the previous report of 30 May 2024.

4.10 Research is currently being undertaken to find where more innovative technology, other than basic community alarm systems, is being tested/used in other local authority areas.

4.11 The Board will also be aware of the work currently being undertaken by DHI under the Moray Growth Deal – in particular, living lab 4: Smart Housing and Communities. HSCM is linked into this work and this particular living lab, will provide useful insights for best use of innovative technology to provide the greatest savings across the whole system.

4.12 The following outlines the key pieces of work to be undertaken for this living lab, along with proposed timeframes –

LL4 Smart Housing/Smart Communities	DEFINE	Initiate	CALL	Development (inc simulation)	LL-RWE (inc evaluation)	ADOPTION (BAU potential)
Device Specification and Digital Platform Integration	Completed	Feb 2024 – June 2024	July 2024- Sep 2024	June 2024 – Feb 2025	Mar 2025 – Oct 2025	Nov 2025 – Mar 2026

Table 1 – Indicative R&D timeline

Table 1 shows the projected Research and Development (R&D) timeline to provide a fully evaluated and costed innovative alternative to standard Telecare solutions.

LL4 Smart Housing/Smart Communities	DEFINE	Initiate	CALL	Development (inc simulation)	LL-RWE (inc evaluation)	ADOPTION (BAU potential)
Exemplar Modular Smart home	Completed	Mar 2024- June 2024	July 2024- Sep 2024	Oct 2024 – Aug 2025	Sep 2025 – Feb 2026	Mar 2026 - May 2026
Population Management Platform	Completed	Mar 2024- June 2024	July 2024 – Sep 2024	Oct 2024 – June 2025 (Phase 1)	July 2025 – Feb 2026 (Phase 1)	Mar 2026 – May 2026

Table 2 – Indicative timelines – additional supporting assets

Table 2 shows indicative timelines for additional supporting assets to be determined through the living lab 4 project.

4.13 This workstream will provide insight into what sort of devices/sensors will provide best value outcomes on a spend-to-save basis, through rigorous testing and evaluation in a risk-free and co-design environment. There will be no financial impact on HSCM for the period of the living lab project as any test devices will be provided by DHI. Given the proposed timeframes, a business case can be developed for financial spend in financial years 2025/26 and 2026/27.

4.14 **Appendix 1** to this report provides an illustration of the key differences between the current standard telecare offering and an alternative, innovative

approach. The key advantages and opportunities are also outlined to provide further information.

Project Support

4.15 In 2022, HSCM was awarded funding of £58,272 from TEC Scotland, specifically to provide resources to support the project. It has since been agreed with TEC Scotland that this funding will be used to provide 0.83 FTE Telecare-specific technician and 0.69 FTE Project Support/Service Redesign, for one year. Work is currently ongoing with HR to evaluate these posts and they will be recruited to, either on a secondment or fixed-term contract basis, in due course.

Financial summary

4.16 The summary of indicative financial implications at this stage is outlined as follows –

	Year 2024/25	Year 2025/26	Year 2026/27
Digital ARC (maximum)	£65K	£63K	£63K
Replacement: (to be borne from existing annual budget) Devices* SIM**	 £37K £10K	 £26.5K £35K	 £26.5K £96K
Project Support	No implications – to be borne from discrete, ring-fenced external funding.		
Indicative Totals:	£112K	£124.5K	£185.5K

Table 1 – Financial implications per financial year (indicative)
**Year 1 is for 171 devices urgently requiring replacement, per paragraph 4.6. The remaining replacements can be attributed over the following two financial years. The figures are based on standard community alarm replacements, rather than innovative devices.*
***This is an estimate based on current provision of SIM based devices and projected growth.*

4.17 It should be noted that where figures are provided above, they are indicative, until final decisions for example around the procurement of a digital ARC, are made. There are currently no clear records of SIM costs and the current provider only charges for SIMs two years following installation. If exploration of other devices/models of Telecare provision come to fruition, then SIM charges may be wholly eradicated.

4.18 Financial scrutiny undertaken recently as part of this project, found that 148 clients had not been charged for their service. Work has been undertaken to tighten up processes to ensure that the revenue expected from current charges for Telecare, is received and mechanisms are in place to ensure that similar scrutiny is now undertaken on a regular basis.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"

The aims of the A2DT Transition Project, align with those set out in the MIJB Strategic Plan and the Moray 10 Year Local Outcomes Improvement Plan.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

The current financial implications are set out in paragraph 4.14 of the report, which shows the intention to spread the cost of necessary replacement over 3 financial years. However, some information is not yet known so this is subject to change.

(d) Risk Implications and Mitigation

The costs for providing a digital Telecare service are likely to increase significantly. However, due diligence and scrutiny will continue to be applied to decisions to ensure best value for money.

The collaboration with DHI will provide the opportunity for complete service redesign to provide a more proactive/predictive technology-enabled care service model and provide greater benefits and savings across the whole HSCM system.

There is a requirement to replace 171 devices urgently, due to end-of-life analogue devices or where individuals have already been migrated to a digital 'phone line, to reduce the risk of alarm call failure. These are currently being further prioritised to alleviate staffing pressures.

(e) Staffing Implications

There are current implications for staff at the Joint Equipment Store as 171 devices have been identified as needing replaced urgently, to avoid risk to clients. Additional staffing will be available, as outlined in 4.11 once human resources have approved grading and job descriptions and recruitment and selection is undertaken.

There will be limited implications at present for other staff, apart from general communications and targeted training/guidance. This may change as the project matures.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there will be no impact, because of the report, on people with protected characteristics. This will be closely monitored and considered at key stages of the project, particularly where processes and guidance are being reviewed/updated.

(h) Climate Change and Biodiversity Impacts

There will be a need to visit homes across Moray to install new devices. However, digital devices have improved capability to provide things such as software updates remotely, without the need for further visits for that specific purpose.

(i) Directions
No directions associated with this report.

(j) Consultations
Interim Chief Officer, Chief Financial Officer, Budget Manager – Community Alarm/Telecare equipment, Provider Service Manager and Caroline O'Connor, Committee Services Officer have been consulted and comments have been incorporated into this report.

6. CONCLUSION

6.1 This report provides a further update about the proposed approach for replacing those Telecare devices requiring most urgent intervention, in the shorter-term of the project.

6.2 It also outlines the proposal to collaborate with DHI to investigate the potential for a redesigned future-proofed and more proactive technology-enabled care service.

6.3 The extension of Openreach's deadline for switching off analogue phone lines provides the opportunity to consider alternative models without losing momentum to the project and ensuring that all clients have a digital service, in whatever format, by 31 January 2027.

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Background Papers: 20240530_Analogue to Digital Telecare Transition Report
20240530_Analogue to Digital Telecare Transition - APPENDIX 1

Ref: