

Landscape Review of Telecare Services in Scotland

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Acknowledgements:

FarrPoint was commissioned to complete a National Telecare Landscape Review on behalf of the Scottish Government, the Convention of Scottish Local Authorities (COSLA) and the Digital Office for Scottish Local Government.

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Contents.

04 Background and Scope

04 - 05 Information Sources

05 Terminology

05 - 07 Key Findings

08 - 09 Recommendations

10 Version Number

Background and Scope

FarrPoint was commissioned to complete a National Telecare Landscape Review on behalf of the Scottish Government, the Convention of Scottish Local Authorities (COSLA) and the Digital Office for Scottish Local Government.

The purpose of the review was to collect and collate information on the extent and scope of telecare services in Scotland and the processes, staff and data used to deliver them.

This work takes account of, and builds on, data collected during previous survey and review exercises completed by the Scottish Government, the Digital Office, COSLA and FarrPoint.

The review sought to understand all telecare services delivered in Scotland. Previous reviews have focussed on services delivered by Local Authorities / Health and Social Care Partnerships (HSCPs). To provide a more complete picture, this study also included services delivered by the housing sector.

Separate surveys completed by COSLA and the Digital Office for Scottish Local Government have collected data from Local Authorities / HSCPs on charging and digital telecare technology. To avoid overlap with these exercises, this study:

- Did not ask HSCPs questions relating to telecare charging, although the study did collect this information from housing providers.
- Only asked a limited number of high-level questions on current technology and digital telecare planning.

Information Sources

Information for the landscape review was collected using questionnaires sent to Telecare Service Providers and interviews. Information was collected between July and December 2023.

Questionnaires were sent to all 32 Scottish Local Authorities / 31 HSCPs. In addition, the Scottish Federation of Housing Associations sent the questionnaire to its members and requested participation.

Responses were received from all Local Authorities / HSCPs, so the review presents a complete national picture of these providers' telecare services. Questionnaire responses were received from 9 housing providers. This represents a small percentage of the housing sector, so the review provides and insight into this sector but not a national picture.

The figures and results presented are based on the responses provided. In some cases, respondents highlight issues in obtaining complete and accurate data. FarrPoint has not independently verified the responses provided. Not all respondents answered all survey questions, so the results and figures quoted in the report may relate to different numbers of responses.

In addition to the questionnaires, interviews were completed with 8 Telecare Service Providers. These interviews aimed to obtain a deeper understanding of the responses included in the providers' questionnaire responses. Information obtained during these interviews is included in the findings detailed in the report.

Commercial telecare providers were approached for inclusion in the review; however, the level of response obtained was very low. For this reason, commercial telecare services are not included in the review findings.

We are grateful to all the organisations and individuals who provided information to support this study.

Terminology

The terminology used to describe telecare services can vary between organisations. With this report, we use the following key definitions:

Telecare	The term is shorthand for basic community alarms and more complex packages of technology-enabled care. Some providers and service users do not use the term telecare, instead referring to the service using other terms, including warden call, community alarms, carecall, or independent living service.
Service user	An individual in receipt of some form of telecare service.
Dispersed alarm	A telecare alarm device supporting a service user or users living in a single residence.
Grouped scheme equipment	A system providing telecare services to multiple service users living in multiple residencies within a residential scheme. This term encompasses warden call systems.
Provider	An organisation offering telecare to a service user. The provider may deliver these services or rely on a third party to deliver some, or all, elements of the service on its behalf.

Other terms used in the findings include:

ARC	Alarm Receiving Centre
HSCP	Health and Social Care Partnership
LA	Local Authority

Key Findings

The study collected a large amount of data on telecare services and how they are delivered. The figures below provide a summary of some of the key findings of the Landscape review.

TELECARE SERVICES AND SERVICE USERS

141,918
telecare service users in Scotland



121,985 LA/HSCP
19,933 Housing Providers

Around half of Providers define a service user as an individual, the others as a household. Most Providers include grouped scheme communal areas in this total



Providers expect service user numbers to increase by **10%** over the next **3 years**

An average of **20%** of LA/HSCP
13% Housing Providers' service users leave the service per annum.



72% LA/ HSCP
61% Housing Providers' service users aged **75 or over.**



35% LA/ HSCP
27% Housing Providers' service users aged **over 85.**

Top five telecare use cases:

1. Facilitate independent living
2. Carer support
3. Peace of mind / reassurance
4. Facilitate early / safe hospital discharge
5. Prevent hospital admissions



LA/HSCP's service users have



Housing Providers' service users have



71% of service users have a **"basic"** package.



29% of service users have a **"complex"** or **"other"** package.



Average weekly cost of a basic package: **£3.73**
complex package **£2.81**

Approx. **50%** of Providers

have plans to introduce services using consumer technology (only 1 uses them at present).



24 LA/HSCPs / **4** Housing Providers offer a response service

5 LA/HSCPs / **2** Housing Providers use family responders

3 LA/HSCP / **1** Housing Provider don't currently offer a response service.



Results based on data from all 32 Local Authorities / Health and Social Care Partnerships (LA/HSCPs) and 9 Housing Providers



DELIVERING TELECARE

Call Handling

23 ARCs
21 located in Scotland, 2 in England.

15 LA/HSCPs
handle their own calls (non-shared ARC).

17 LA/HSCPs
use shared ARCs.



5,024,890
incoming calls handled during FY **2022/2023**.

Top 6 call reasons (by call volume):

1. No speech / No response
2. False alarm
3. Fallen
4. Test call
5. Personal Care
6. Reassurance



On average, ARCs have **1 call taker per 351** service users.

90% of ARCs said their call handling staff completed other tasks in addition to answering calls.



Technology

LA/HSCPs replace their dispersed alarms every **7.1 years on average**.

Housing Providers replace their dispersed alarms every **7.7 years on average**.



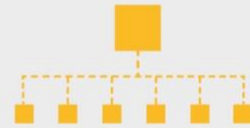
Grouped scheme systems are replaced every **10 to 20 years**.



The median annual technology refresh budget per service user is **£41.59**

On average, each LA/HSCP Provider uses **4,377 peripheral devices**.

Housing Providers use **5,697 peripheral devices**.



On average a **complex package** uses **6 peripheral devices**.

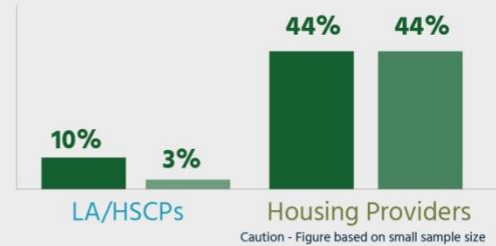
16% of peripheral devices are replaced in a **typical year**.



Digital Telecare



■ Proportion of Dispersed Alarms **Digital Capable**
■ Proportion of Dispersed Alarms **Operating Digitally**



■ Proportion of Grouped Schemes **Digital Capable**
■ Proportion of Grouped Schemes **Operating Digitally**

£31.9 million estimated spend for completing transition to digital.

Spend to date: **£9.9 million**.

Based on figures from **29 LA/HSCPs** and **4 Housing Providers**.



Results based on data from all 32 Local Authorities / Health and Social Care Partnerships (LA/HSCPs) and 9 Housing Providers

Recommendations

Data

Current position:

- Data on telecare services can be difficult to access and extract
- Accuracy of data varies
- Definitions and consistency of data varies

Recommendations:

- There is enthusiasm amongst providers for the opportunities offered by data-driven services
- Data driven use cases and best practice should be developed and shared
- Quick wins need to be identified to demonstrate the benefits of better use of data

Benefits

Current position:

- Most data collected on telecare services is operational
- There is very limited data collected on the benefits telecare delivers to service users, providers and the wider health and care system

Recommendations:

- Providers see the value in having data on the quantifiable benefits telecare provides
- This data will support providers in developing business cases for expanding and developing telecare services
- There should be a more structured approach to collecting benefits data

Telecare Potential

Current position:

- There is frustration amongst some providers that telecare is not being used to its full potential
- Telecare is often seen as a standalone service, and not well integrated into wider care packages

Recommendation:

- Awareness of telecare, and the benefits it can offer should be improved amongst service users, social workers, and occupational therapists. Some providers in Scotland are already completing this process, meaning there is existing best practice that could be expanded
- Proactive telecare services should be offered to help reduce pressure on homecare services

Technology and Innovation

Current position:

- Telecare technology development and resource is currently focussed on the shift of services to digital
 - Most digital shifts of telecare are being completed on a like-for-like basis
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Recommendations:

- There is interest amongst providers in expanding the uses of consumer smart technology as part of the care offering
 - There is existing best practice that can be expanded in promoting the benefits of smart tech and technology 'try before you buy' loan services
 - There is also interest amongst providers in the wider use of Activities of Daily Living technology – to support (re) assessments, re-enablement, and as a longer-term care solution
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