

Analogue to Digital (A2D) Transition 2023/24

**Report by Kevin Anderson, Executive Director – Place and
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Report for Decision

1 Recommendations

It is recommended that Council;

- i. Notes the report and,
- ii. Approves capital funding in 2023/24 considering the Integration Joint Board (IJB) discussion on the 16 March and 13 April 2023 in relation to the 2023/2024 resource allocation.

2 Purpose of Report/Executive Summary

The purpose of this report is to provide background on the requirement for investment to implement the Analogue to Digital (A2D) transition and estimated associated funding required.

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3 Background

3.1 National Infrastructure

In 2017 it was announced by all the main telephony providers in the UK that their existing analogue telephone infrastructure would be decommissioned and replaced with a digital internet protocol (IP) service by 2025. Updates provided by these suppliers indicate acceleration of these timescales in some cases with an end date of 2023. Although many users will be unaware of any change to their telephony service following this transition, this announcement causes significant implications for telecare service providers, and for citizens in Scotland who are currently in receipt of these essential services within their home.

Over the past few years, the Local Government Digital Office (LGDO) has been working in partnership with TEC (Technology Enabled Care) and COSLA to develop best practice, strategic guidance, and operational support to Scottish telecare service providers for the planned transition from analogue to digital telecare.

The LGDO worked collaboratively with a group of telecare service providers to identify the requirements to ensure a smooth, safe, transition to a digital service delivery model. This learning and collaboration has been captured and collated and now forms the basis of the Digital Telecare Playbook which provides a Once for Scotland approach to transformation, reducing effort, time, and costs, and streamlining the process.

Midlothian Health and Social Care Partnership (HSCP) elected to work collaboratively with the Scottish Borders and East Lothian HSCP's to carry out the required A2D transition. The tri-partite arrangement successfully applied for 2-year funding for a Project Manager, hosted and managed by Midlothian HSCP. The project manager has begun work and a project team and project steering group have been established with representatives from the three areas and led by the HSCP Digital Programme Manager and overseen by the Digital SRO (Senior Responsible Officer). Work is underway with *Midcare*, Midlothian's telecare service, to safely transition the service over to digital technology.

In carrying out the exploratory work within the A2D project, there is unmistakable evidence of a need for a large capital spend programme (for replacement alarms and peripherals) to mitigate the effect of the digital telecom's switchover.

Considering a discussion at the IJB Special Meeting on 16 March 2023 in relation to the Council's resource allocation to the IJB for 2023/24, it was suggested that a request for this funding from the Capital Plan and Asset Management Board be submitted. There is a requirement for the IJB Meeting of 13 April 2023 to set a budget for 2023/24 and agreement regarding the A2D project is important within this context.

The anticipated costs and risks of not approving funding are outlined in [Section 4.1](#).

3.2 Midcare

In Scotland, around 20% of people aged over 75 are in receipt of a community alarm/telecare service. Telecare consists of equipment and services which can support people at home or in a community setting, including a care home or supported accommodation to get help or assistance¹.

Midcare is Midlothian's in-house telecare service, provides alarms and a wide range of sensors to support people at home or in their homely setting. As part of the health and social care system, for over 15 years *Midcare* has been supporting remote care to enable independence at home or in a homely setting. Collectively, this system enables a Human Rights Based approach to care delivery, reduces Scottish Ambulance Service (SAS) callouts, reduces Home Care demand, supports hospital flow, enhances safety, and enables independence to people and reassurance to their families. Though not a statutory service, *Midcare* has become a mainstay service and crucial component of infrastructure to the wider health and social care system.

The consequences of the national infrastructure change on this service are profound as it will limit existing kit obsolete and inoperative. Failure to provide a transformation programme (in keeping with services across the rest of Scotland) would thus result in cessation of telecare monitoring with system-wide consequences to the benefits outline in the paragraph above.

Absolute growth in our population (including our over 75 population) is also bringing altered social demography with families cast further afield and a shift to single occupancy housing ([Appendix 1](#)). Evidence tells us that these trends are associated with increase healthcare utilisation^{2,3}. One of Midlothian Council's three main priorities is: 'Individuals and communities in Midlothian will be able to lead healthier, safer, greener and successful lives by 2030' and therefore reducing support to enable citizens to be maintained in their home risks undermining that focus and adding additional resources demands in an already stretched system. Once we have established a safe foundation for the service there is also the potential to look for development opportunities though data informed practice at a population level and to explore opportunities associated with the advances in digital consumer technologies.

¹ [Telecare | TEC Scotland](#)

² [Older people living alone are 50% more likely to visit A&E than those who live with others \(health.org.uk\)](#)

³ [The association between living alone and health care utilisation in older adults: a retrospective cohort study of electronic health records from a London general practice - PMC \(nih.gov\)](#)

4 Report Implications (Resource, Digital and Risk)

4.1 Resource

| | Clients | Alarm Cost | Peripherals Package Cost |
|--|-------------|-------------------|---------------------------------------|
| Total Client Base | 1776 | | |
| 60% Basic 'average package' (Alarm + pendent + falls detector) | 1066 | £200 | £144 |
| 35% Full 'average package' (BASIC + 3 Smokes + Heat + CO + 2xFlood, + Chair Occupancy + Bed Occupancy) | 622 | £200 | £744 |
| 5% Enhanced 'average' package (FULL + Property Exit Sensor, PIR) | 89 | £200 | £1,049 |
| | | | |
| Basic 'Average' package | 1066 | £213,120 | £153,446 |
| Full 'average package' | 622 | £124,320 | £462,470 |
| Enhanced 'average' package | 89 | £17,760 | £93,151 |
| | | £355,200 | £709,068 |
| | | £1,064,268 | Total Estimated Equipment Cost |

The estimated costs are based on the current service data and are subject to change based on the 'actual' requirements when works gets underway and individual's needs, and real-time demand is realised.

4.2 Digital

It is not anticipated that resource would be required from Digital Services and Business Applications to contribute to the A2D transition.

4.3 Risk

Not approving funding would present significant risks to the Council and Health and Service Care Partnerships ability to maintain the safety of the most vulnerable people in our society as outlined below.

| Risk | Service | Description | Consequence | Likelihood 0-5 | Impact 0-5 | Mitigation |
|--|----------------------|---|---|-------------------|---------------|--|
| Risk of alarm failure | Midcare | Call failing due to progression digitalisation for the network. | There is a risk that an emergency call fails to connect when required due to loss of service. This could result in the most severe injury to a person and potential litigation and compensation costs to the organisation. | 5 | 5 | <ul style="list-style-type: none"> A2D Replacement programme Client comms Interim analogue SIM based unit when alerted/discovering faults. |
| Finance | Midcare | Wasting public resources | While we continue to buy alarms that we expect to become obsolete before the end of their serviceable life, we are wasting resource. | 5 | 5 | <ul style="list-style-type: none"> A2D Replacement programme |
| Risk of inaction | Midcare | Procuring equipment from a nascent supplier marketplace | The global supply chain issues with technological kit are impacting suppliers adding to scarcity at a time with the whole UK industry is needing to react. Cost and availability are considerations here. | 3 | 4 | <ul style="list-style-type: none"> Continue to engage with suppliers through Scotland Excel procurement frameworks and Local Digital Government Office |
| Risk of not establishing a foundational infrastructure | Midcare/ Homecare | Developing a model of Digital Telecare | With the arrival of <i>digital</i> equipment there is a convergence of Telecare and smart home/assisted living/consumer tech. There are likely to be increasing cases where, through the convergence of Midcare with Home Care, Reablement, Home first, proactive frailty support, etc, | 2 | 4 | <ul style="list-style-type: none"> A2D Replacement programme – must provide a safe and stable core telecare service (which clients currently contribute £4/week payment towards) |

| | | | | | | |
|---------------------------------|-------------------------------|---|---|---|---|--|
| | | | that we see opportunities to support technology adoption to facilitate connection and communication, or environmental control, or active monitoring. | | | |
| Risk of telecare system failure | Midcare | Midcare is unable to provide a proactive maintenance programme. | Installation workflow and alert response demand high – & the service carries a waiting list. If the system does not report a fault but rather a component (door exist sensor, movement sensor, bed sensor, etc) goes 'off-line' then the telecare package is no longer providing care. | 5 | 5 | <ul style="list-style-type: none"> Service Review <ul style="list-style-type: none"> Initially existing service to review processes and DCAQ (Demand, Capacity, Activity and Queue) Formal process to follow |
| Finance | Health and Social Care System | Failure to secure funds to deliver A2D transition programme | System capacity currently offered by Midcare to support clients to remain at home safely or return safely to home expediently is no longer available. This would have significant system impact on other support and frontline services. Demand for homecare packages of care would increase significantly at a time when care workforce availability is challenged. Discharges from hospital would be delayed due to longer response times for packages of care. Human Rights may well be infringed as the least restrictive care option may become unavailable. Care Home/Extra Care housing demand likely to increase. | 3 | 5 | <ul style="list-style-type: none"> Secure funding for A2D Replacement programme |

| | | | | | | |
|--------------------------------|--|--|--|---|---|---|
| | Council/ HSCP | Revenue implications of A2D switchover | Unlike analogue telecare which relied on a client having a landline, the recommended digital telecare model in Scotland uses a 3G/4G SIM card to make voice and data calls. This change introduces a revenue pressure of ~£60/alarm/annum (~£100k/annum for current Midcare clients). Though this is cheaper than a traditional landline, the A2D switchover and mobile phone ownership is leading to a changed relationship with landline ownership and the cost of having one is now largely wrapped up in a broadband package at no additional cost for rental just calls. How we meet this additional pressure remains unresolved. | 5 | 5 | <ul style="list-style-type: none"> Agreed with Finance for initial overage on budget due to dependencies in Capital requirements to be resolved to ensure lead times for new kit Review Mid care revenue budget |
| Risk loss of trust in telecare | Health and Social Care System | Need to alert clients to the issue of alarm failure and offer a solution | Information on the impact of analogue to digital switchover to telecare is available from telecoms providers. Nevertheless, we need to write from the service and advise them. When we do this, we need to be able to offer reassurance of an alternative or clients may well lose confidence in the very technology we have provided to give them confidence in remote support being forthcoming when required. | 3 | 5 | <ul style="list-style-type: none"> Secure funding for A2D Replacement programme A2D Replacement programme Client comms Interim analogue SIM based unit when alerted/discovering faults. |
| | Midcare/ Health and Social | Loss of revenue income | Failure to provide reassurance in alternative kit being forthcoming may cause clients to question the £4/week | 3 | 5 | <ul style="list-style-type: none"> Secure funding for A2D Replacement programme |

| | | | | | | |
|--|-------------|--|---|--|--|--|
| | Care System | | charge that is being levied for the telecare package. If this happened at scale it could collapse the Midcare revenue stream that tops up the operational budget. This is a risk over the next 2 years either way if clients were to question paying for a service at a rate where we could not factor in prioritising these clients within prioritisation plans. | | | |
|--|-------------|--|---|--|--|--|

4.4 Ensuring Equalities (if required a separate IIA must be completed)

Not required.

4.5 Additional Report Implications (See Appendix A)

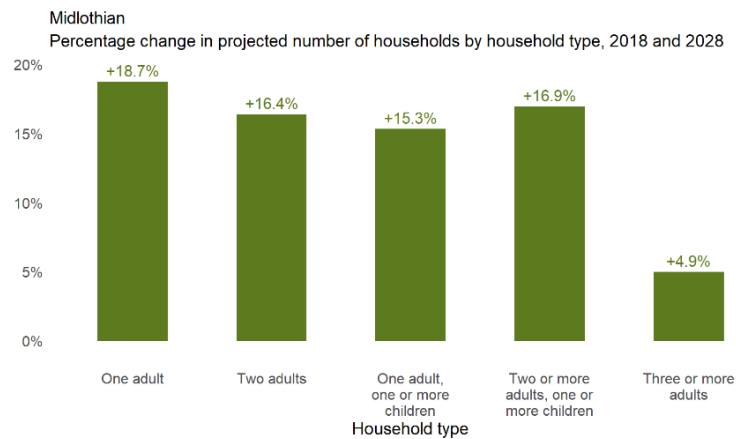
Not applicable.

Appendices

Appendix 1

Between 2018 and 2028, each household type increased in number. The household type "One adult" is projected to see the largest percentage increase (+18.7%).

[View Source Table](#)



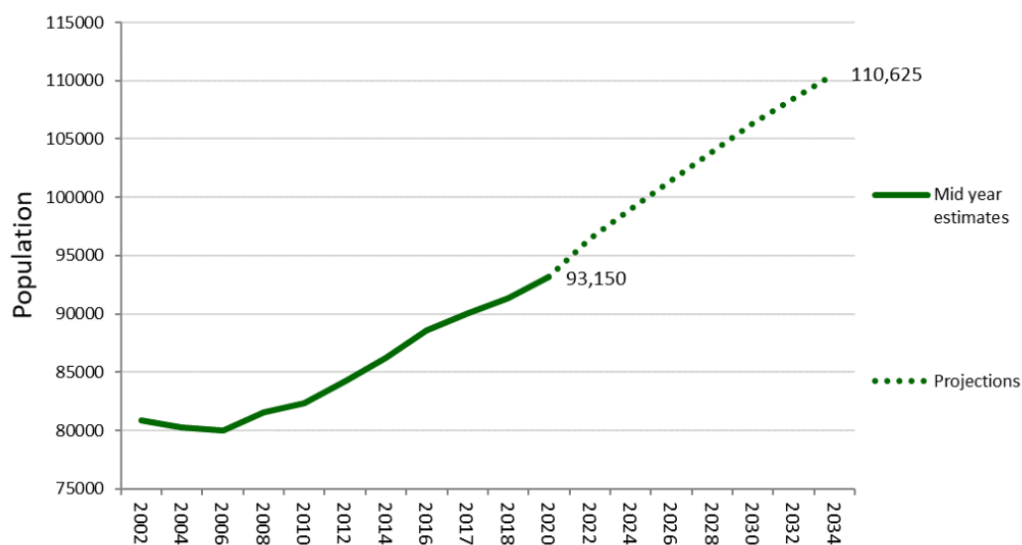
REF: [Midlothian Annual Performance Review](#)

The Midlothian population has been growing. The 2018 projection predicts a population of 100,000 by 2025, a 20% increase on the 2011 census population of 83,400.

The largest percentage increase will be in those aged 75 and over.

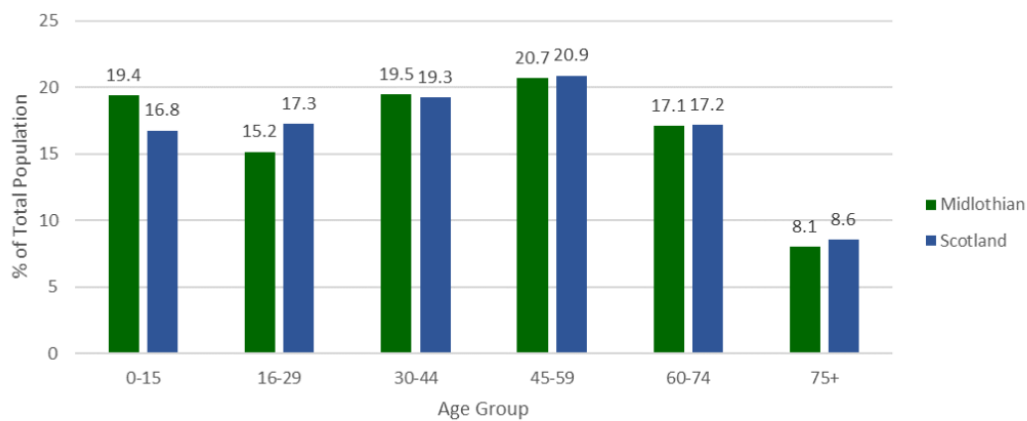
By 2040, the number of households in Midlothian is projected to increase to **52,266**. In 2018 there were **39,122** households.

Population Projections (2018 based) with mid-year Estimate Population (2002-2020)



REF: [Population, Age, Gender & Sexual Orientation - Midlothian Health and Social Care Partnership](#)

Populations of Midlothian and Scotland by Age (2020)



REF: [Population, Age, Gender & Sexual Orientation - Midlothian Health and Social Care Partnership](#)

APPENDIX A – Report Implications

A.1 Key Priorities within the Single Midlothian Plan

Not applicable.

A.2 Key Drivers for Change

Key drivers addressed in this report:

- ☐ Holistic Working
- ☐ Hub and Spoke
- ☒ Modern
- ☒ Sustainable
- ☒ Transformational
- ☒ Preventative
- ☐ Asset-based
- ☒ Continuous Improvement
- ☐ One size fit one
- ☐ None of the above

A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- ☐ One Council Working with you, for you
- ☒ Preventative and Sustainable
- ☒ Efficient and Modern
- ☐ Innovative and Ambitious
- ☐ None of the above

A.4 Delivering Best Value

Based on the recommendations above, approving capital funding would help maintain and secure on-premises business critical applications.

A.5 Involving Communities and Other Stakeholders

Internal stakeholders have been consulted during the preparation of this report.

A.6 Impact on Performance and Outcomes

Based on the recommendations above, approving capital funding would help maintain and secure on-premises business critical applications.

Council will note that in the “Capital Plan Prioritisation – Update Report” paper that was approved by Council on 21 February 2023, that the Loan Charges arising from capital expenditure within the General Services

Capital Plan is expected to significantly exceed the Loan Charges levels as per the Council's approved Medium Term Financial Strategy over the period 2023/24 to 2027/28.

The paper considered by Council on 21 February 2023 approved the deferral, pause or deletion of £10.604 million of capital expenditure, against a target of £71.901 million (the level required to bring Loan Charges within the Medium-Term Financial Strategy targets). Therefore, a further £61.297 million of capital expenditure from fully approved projects and 'in principle' projects still need to be deleted from, paused, or deferred within the General Services Capital Plan.

This proposal would therefore increase the challenge to the Council to bring overall capital plan expenditure within prudent, affordable, and sustainable limits that is proportionate to the authority's financial capacity.

A.7 Adopting a Preventative Approach

Based on the recommendations above, approving capital funding would support those living with long term conditions and frailty and reduce the need for hospital admission and long-term care.

A.8 Supporting Sustainable Development

Not applicable.