Analogue to Digital (A2D) Transition 2023/24

Report by Hannah Cairns, Chief AHP and Digital SRO, Health and Social Care

Report for Decision

1   Recommendations

That Capital Plan and Asset Management Board:

Note the report and endorse the recommendation to approve capital funding or capital receipt flexibility for 2023/24 in light of the Integration Joint Board (IJB) discussion on the 16 March 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 A2D transition and estimated associated funding required.

Date: 24-03-23

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3   Background

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 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. 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 clear 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 below.

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 individuals 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	Description	Consequence
Risk of alarm failure	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 ultimately potential litigation and compensation costs to the organisation.
Finance	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.
Risk of inaction	Procuring equipment from a nascent supplier marketplace	The global supply chain issues with technological kit is impacting suppliers adding to scarcity at a time with the whole UK industry is needing to react. Cost and availability are considerations here.
Risk of not establishing a foundational infrastructure	Developing a model of Digital Telecare	With the arrival of *digital* 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, 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 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 senor, movement sensor, bed sensor, etc) goes 'off-line' then the telecare package is no longer providing care.

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 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 fits 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 premise 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 premise business critical applications.

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.