FarrPoint

Proactive Telecare Services

Final Study Report

December 2020

Contents

1. Executive Summary

In late 2019 FarrPoint completed a review into Telecare Call Handling. The review established the call handling arrangements currently used in Scotland and recommended several improvements to the scope of telecare services and how they are delivered. One of these recommended improvements was for telecare partnerships to offer proactive services.

This study was commissioned to complete further investigation into proactive services. Its objectives were to establish:

- What are Proactive Services? Establish the potential scope of proactive telecare service(s) in Scotland.
- Why offer Proactive Services? Determine the benefits offered by the services from a service user, service provider, and wider health & care perspective.
- How to deliver Proactive Services? Examine how proactive services could be implemented within the existing Scottish telecare call handling arrangements.

To deliver this study, FarrPoint held consultation meetings with a range of stakeholders and completed desk-based research into existing outbound calling and proactive service offerings. COVID-19 occurred during the completion of this study meaning that timescales were extended, and we were unable to complete consultations with some of the originally planned organisations. However, as part of their response to COVID-19, several telecare providers started to use outbound calling which provided useful additional experience of the benefits and practicalities of delivering these services.

The study developed and uses the following definition of proactive telecare:

> *Proactive telecare: Support to maintain or improve a person's health and wellbeing, or to anticipate and prevent crises, provided using an outgoing call made to a person's home (or home-like setting). Outgoing calls are made regularly based on a person's choice, or in response to a need or another trigger event.*

This study focusses on *telecare* and so the definition specifies proactive services that are based on *outgoing calls* to a person, meaning some closely related preventative services are excluded from its scope. The definition also specifies that proactive telecare services provide *support to maintain or improve a person's health and wellbeing* and so excludes services that use outbound calling predominantly as a means of delivering existing care services more efficiently (although this report does outline the impact these services can have on efficiency as this is potentially an area for future study).

A review of existing and planned service offerings delivered in Scotland, the rest of the UK, and worldwide has shown that there is a broad range of potential proactive services that can be provided, as shown in Figure 1. The most common service offering is the wellness or wellbeing check, where a person is called regularly to ensure they do not need assistance. Services aimed at tackling loneliness can also be found, largely offered by the third sector. Most existing outbound calling services provide one, or a small number of the offerings shown in the figure, with a small number of examples found of organisations offering (or planning) a wider range of integrated proactive service offerings.

These proactive services offer a range of benefits to service users, which we broadly group under the three headings shown in Figure 1. Whilst proactive services have the potential to offer some operational benefits to telecare Partnerships, the services offer more benefit to the wider health and

care system through a person's increased ability to live independently and so delaying or reducing the need for statutory services, and improved health and wellbeing reducing demand for health services. However, our study found that there is limited existing evidence to demonstrate the benefits of proactive services, and so it will be necessary for any new proactive service to validate and quantify these potential benefits.

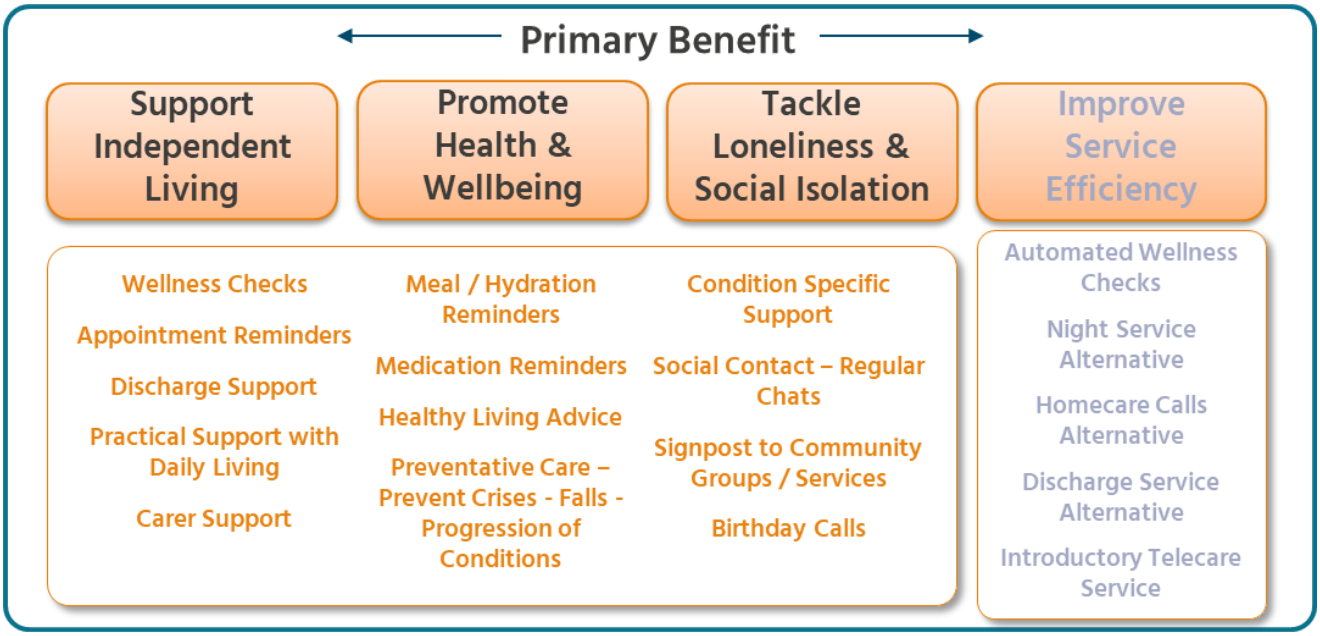

Figure 1: Potential Proactive Service Offerings and their Primary Benefit

Proactive telecare is fundamentally not a technology-led service, in its most basic form it is delivered using existing alarm receiving centre solutions, or just a telephone, to a person's home phone or telecare alarm. Instead, the range of services provided, and number of people offered the services, is defined by the number and skills of the staff available to deliver the services.

Proactive telecare enables a deeper relationship to be established with the service user. The conversations held could highlight a wide range of support needs. Providing this support could involve a range of care, support, and health providers, including the third sector and community groups.

Some telecare services are not currently delivered as part of a co-ordinated health and care offering. The reliance of proactive services on a wide range of staff and skills means that this non-integrated delivery approach is likely to limit the scope of proactive services that can be provided. To deliver the full range of proactive services requires a co-ordinated approach, with care and support for some service users being provided by a range of providers. These providers will each deliver part of the care and support required, using their specialist resources and skills. Key to providing this care and support is the co-ordination role. This role, which may be fulfilled by staff from any of the health and care organisations (i.e. not necessarily the telecare provider), is responsible for working with the service user to agree the range of care and support required, and then for liaising with the other organisations to deliver, monitor, manage and re-assess all the elements of care.

We believe it will be necessary to take an iterative approach to implementing proactive telecare services in Scotland as:

- Existing examples of proactive services worldwide either have a relatively narrow service scope, or are in relatively early stages of deployment. This means that there are not existing mature operational processes covering the complete proposed service scope that can be directly transferred to a Scottish service and so these will need to be developed.

- There is currently limited direct evidence to quantify the benefits of proactive telecare services, meaning initial implementations to demonstrate the value of services are likely to be required prior to national-scale implementation.
- To deliver all the identified proactive service elements requires co-ordination between health and care providers, including the third sector and community-based services, that is likely to require time to put in place. Initial limited scope proactive service offerings based on the existing telecare delivery model can be implemented, then broadened in scope, introducing additional service elements as increased levels of co-ordination are put in place.

This study also examined the likely impact of proactive services on existing telecare call handling. Much of this impact is defined by:

- The scope of the proactive service being offered;
- The elements of the service the telecare Partnership delivers itself, and the elements passed to other organisations to deliver;
- The range of organisations responsible for service delivery;
- The number of people offered the service, and the degree of service personalisation offered.

Common to all potential service offerings is the impact on call handler resource. The potential resource required to deliver proactive services was examined using a "typical" Scottish telecare Partnership with 4,500 service users and 16 FTE call handlers. Several scenarios were examined, with a selection shown in Figure 2. Although this analysis is based on several assumptions, it shows that providing proactive services is a staff resource intensive activity. Call handling resource is likely to need to be significantly increased to deliver the services, with the level of resource being dictated largely by the number of people offered the service, and the frequency of calls (the duration of calls also impacts resource, but to a lesser extent). Estimated annual costs for this additional call handler resource vary significantly, from £41.67 to £277.78 per service user. This cost estimate relates only to call handler resource; if proactive services require other staff or partner organisations to deliver elements of the integrated care and support, further costs could be incurred.

The nature of proactive telecare calls are likely to be different to existing telecare alarm and response calls. This could impact on call handler skills, training, grading, and qualifications. This in turn, could limit Partnerships' ability to move call handlers between alarm response and proactive call duties, potentially meaning a need for separate teams.

As outlined above, existing examples of proactive telecare services are limited, especially examples of broad scope co-ordinated services. This means that availability of operational best practice and demonstrable benefits are also limited. This report recommends that initial implementation projects to trial proactive services be used to start to develop this best practice and generate evidence of benefits.

Objectives of the initial implementation projects should include:

- Determining which proactive service elements can be provided using the existing non-integrated telecare delivery approach, and what elements of integration can be introduced as a first step towards a co-ordinated service;
- Determining the cohort of people that should be offered the proactive services;
- Developing operational best practice for the delivery of these proactive service elements;
- Developing and implementing arrangements to capture and quantify the benefits of the proactive services. These benefits are likely to include:

- Service users' perception of the impact of the service on their wellness and ability to live independently. Measured on commencement of the service, and regularly over time.
- Measuring for impact on service user outcomes: For example, alarm calls, response service callouts, falls, ambulance callouts, health outcomes, etc.
- Measuring longer term impact of the service: For example, period people remain on the service, delay or reduction in requirements for statutory care, etc.
- Measuring impact on the wider telecare service. For example, reduction in incoming calls, or call peaks.

- Determining how proactive telecare services impact on other services, for example the number of referrals to Occupational Therapy.
- Determining how future iterations of services can be broadened by partnering with other organisations and developing arrangements for co-ordinating this support.

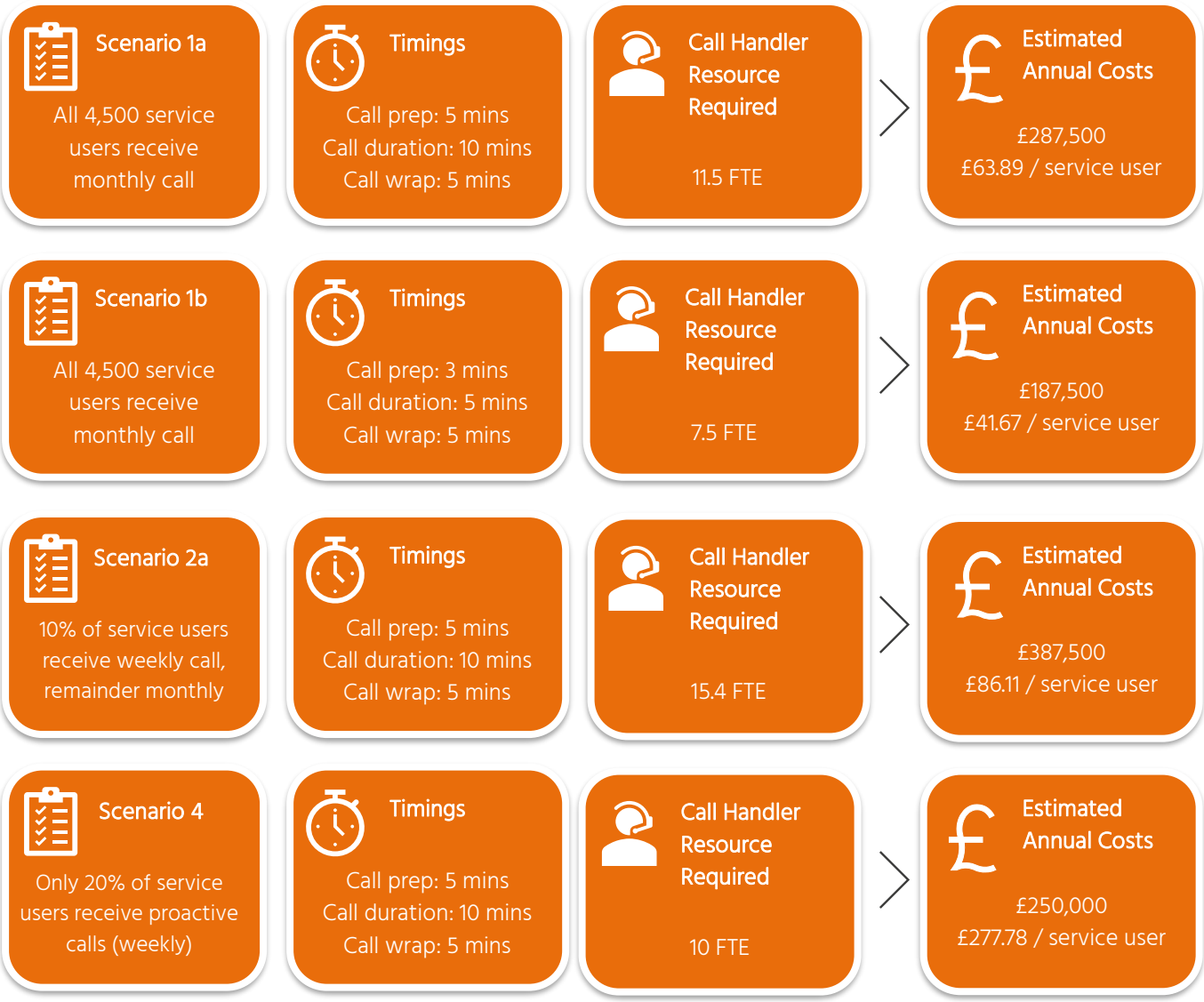

Figure 2: Selected Proactive Call Handling Scenarios and Annual Cost Estimates for a 'Typical' ARC

2. Introduction

2.1. Background and Scope

In late 2019 FarrPoint completed a review into Telecare Call Handling for COSLA, the Scottish Government, and the Digital Office[1]. The review established the call handling arrangements currently used in Scotland and recommended several improvements that could be made to the scope of telecare services and how they are delivered.

COSLA, the Scottish Government, and the Digital Office accepted the findings of the review and are completing work, in conjunction with Partnerships, to implement the "quick win" improvements. The report also highlighted the potential benefits associated with telecare providing proactive services and recommended that further investigation of these services be completed. FarrPoint was engaged to complete this further investigation and this report presents our findings.

Building on our previous Call Handling findings, the objectives of this study were to establish:

- What are Proactive Services? Establish the potential scope of proactive telecare service(s) in Scotland.
- Why offer Proactive Services? Determine the benefits offered by the services from a service user, service provider, and wider health & care perspective.
- How to deliver Proactive Services? Examine how proactive services could be implemented within the existing Scottish telecare call handling arrangements.

2.2. Methodology

To deliver this study, FarrPoint has held consultation meetings with a range of stakeholders and completed desk-based research to obtain detail of existing and potential proactive services, their benefits, and the operational practicalities of delivering them.

The following stakeholders were consulted and we are grateful to the organisations and individuals participating for sharing their views with us:

- Stirling and Clackmannanshire HSCP
- Edinburgh HSCP
- East Ayrshire HSCP
- East Lothian HSCP
- SB Cares (Scottish Borders)
- Argyll and Bute HSCP
- Wheatley Group
- Good Morning Service
- Blackwood Group
- Delta Wellbeing
- Junta de Andalucía, Agency of Social Services and Dependency
- Care Inspectorate
- Tunstall
- Legrand

2.4. COVID-19 Response

COVID-19 occurred during the completion of this study which meant that timescales for the study were extended and we were unable to complete consultations with some of the organisations originally planned to be part of the study.

However, as part of their response to COVID-19, several Scottish telecare providers delivered outgoing call services to some of their service users and FarrPoint has engaged with a number of these Partnerships to gather feedback on this experience. In addition, the study linked with the work being completed by Scottish Government TEC and the Digital Office to develop and deliver proactive service test of change projects.

3. Proactive Telecare Definition & Policy Context

3.1. Definition

The term 'Proactive Telecare' potentially encompasses a wide range of service offerings and technologies. For the purposes of this study we have developed and use the following definition of proactive telecare:

> ***Proactive telecare:*** *Support to maintain or improve a person's health and wellbeing, or to anticipate and prevent crises, provided using an outgoing call made to a person's home (or home-like setting). Outgoing calls are made regularly based on a person's choice, or in response to a need or another trigger event.*

The scope of this study focusses on *telecare* and so is limited to proactive services that are based on calls with a person. Given this, although the definition of proactive telecare includes support *to anticipate and prevent crises*, it deliberately specifies support made using an *outgoing call*. This means that the definition excludes lifestyle monitoring proactive/preventative care services that use devices in the home to monitor a person's wellbeing and identify potential risks or health deterioration, for example Just Checking[2], or ARMED[3].

The definition also specifies that proactive telecare services focus on providing *support to maintain or improve a person's health and wellbeing*. This means that the definition excludes services that use proactive calling predominantly as a means of delivering existing care services more efficiently. However, this report does comment on the impact proactive services can have on efficiency, as some services offer both service user and efficiency benefits, and the use of proactive services to improve efficiency is potentially an area for future study.

3.2. Policy Context

The definition of Proactive Telecare means that the services will potentially support a number of Scottish Government policies and objectives:

Proactive telecare supports several of the objectives contained in the Scottish Health & Social Care Delivery Plan[4] and Scotland's Digital Health & Care Strategy[5]. Specifically, the aim to help people "*live longer, healthier lives at home or in a homely setting*", and a focus "*on prevention, anticipation and supported self management*".

The Scottish Government has a strategy for tackling social isolation and loneliness: A Connected Scotland[6]. Proactive telecare services can potentially support several of the Priorities defined in the strategy by: creating opportunities for people to connect; working closer with the third sector to tackle loneliness; helping people connect with their community; and using digital technology to add value to the lives of the older age group,

Proactive telecare services can also support some of the outcomes detailed in The draft National Falls and Fracture Prevention Strategy[7]. This includes the ambition to "*take action earlier: working together across sectors and with individuals and communities to cultivate a shared responsibility for recognising and exploiting valuable opportunities to take earlier preventative action when signs of frailty and functional decline are first recognised*". The draft strategy also recognises the important role of Technology Enabled Care in delivering on its objectives.

4. Proactive Telecare in Scotland

This section provides an overview of the types of Proactive Telecare currently being offered in Scotland. This includes outbound calling services that provide useful learning and could potentially form part of a Proactive Telecare service.

The summary is based on the consultation meetings held for this study and so is not an exhaustive list of all services currently available. Most of the service examples found are in a trial stage or at an early stage of deployment and so evidence of their impact is currently limited.

4.1. Wellbeing Checks

Many of the services being planned and delivered can be described as Wellbeing Checks, where the primary focus is to make regular checks on people to ensure that they do not require any assistance. However, these regular calls can also be used as an opportunity to provide a range of services and support, meaning Wellbeing Checks should be seen as a loose definition which could overlap with other types of proactive service.

Bield and Wheatley Care

The previous FarrPoint study found one example of outbound calling services being offered in Scotland, the Surecall service offered by Bield[8]. This service makes regular automated calls to residents to check wellbeing, and to remind them to take medication. A similar service to Bield's is offered by Wheatley Care to some of its residents.

Both the Bield and Wheatley Care services use an automated call to make the initial contact with the resident. Residents are asked to respond daily at an agreed time or when called, typically the response involves pressing a specified button on the phone. Failure to respond, or a response requesting assistance, will result in further action. This can either be a call from a telecare call handler or contacting friends/family asking them to call the resident.

The service is offered to all Bield residents. Wheatley initially offered the service to around 950 of its residents, focussing on those in sheltered and very sheltered accommodation. In response to COVID-19, the Wheatley service was extended to a further 200 residents in all housing types; these people being identified by housing staff as being without care services or other support, or who were socially isolated. The Wheatley service is currently being delivered as a trial which will undergo independent evaluation.

The service:

- Provides a regular check on the wellbeing of residents. Which the providers say delivers peace of mind to the resident and their family.
- Provides social contact to residents to help tackle loneliness and social isolation.
- Provides an opportunity for call handlers to check for changes in a resident's health, behaviour, and activity levels to highlight potential need for preventative care.
- Provides a means for residents to report housing issues or other issues which impact their daily living - potentially extending the period they can live independently in their own homes.
- Provides a means for the housing provider to provide information to the resident, for example, announcements relating to their housing, local events, etc.

- Improves efficiency and reduces costs of service delivery compared to the previous arrangements where housing staff / wardens were responsible for checking residents. Prior to using the Surecall service, Bield used wardens to visit or call each resident to complete wellbeing and medication checks. Using proactive calling to complete these tasks has reduced the time required to complete the checks from 70 hours per day, to 35 minutes[9].

Bield deliver the service using their own telecare system (Jontek Answerlink[10]) and call handling staff. Calls are made to residents' landline or mobile phones. The Wheatley service is provided by Alertacall[11], with calls being to dedicated handsets that contain buttons for residents to indicate whether they require assistance.

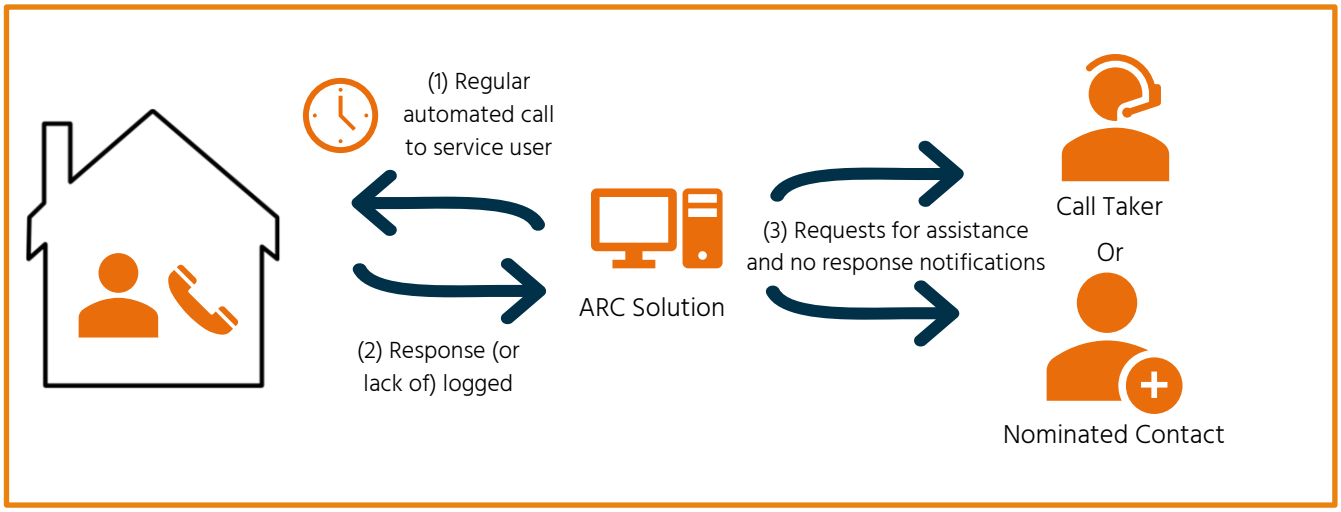

Figure 3: Overview of Automated Wellbeing Check Call Flow

Blackwood Housing & Care

Blackwood provides residents with a welfare check using its Clevercogs[12] application. Calls, which are completed by housing staff, are made to residents daily or weekly, depending on vulnerability. Calls can either be video or audio based, with the preference being to use video where possible.

The nature of the service is currently to check on wellbeing and to provide practical advice and support where required. The service is not intended to provide a form of social contact, with residents instead being encouraged to use Clevercogs' video calling features to stay in touch with family and friends: the service has seen a 500% increase in video calling during COVID-19. Residents can use the Clevercogs tablet to access the Internet, which also helps tackle social isolation.

Blackwood say that the service provides peace of mind to residents and their families. Family members can access Blackwood's care notes on the system (where the resident has given permission for this) to provide further reassurance and updates on the resident's wellbeing.

The service has not resulted in a reduction in the number of incoming calls to the alarm receiving centre. This is because of the nature of the service users and their care needs, meaning incoming calls are largely requests for personal care.

During COVID-19, the Clevercogs service was used to provide information to residents via the tablet device. COVID-19 also resulted in Blackwood extending the proactive service to people who live in their own homes (where Blackwood is commissioned by other organisations to provide services to these people). The decision on whether to retain these services post-COVID-19 will be determined by the service commissioners and may be subject to an assessment of how the costs of the service compare with those for physically visiting service users.

Blackwood is planning to further develop its proactive service offering, aiming to use proactive calling to better connect its residents with the community, and tackling loneliness and social isolation by signposting service users to likeminded individuals, local groups and services.

Third Sector and Commercial Wellbeing Services

Section 5 of this document includes an overview of other Wellbeing Call services offered across the UK by the third and commercial sectors.

4.2. Loneliness & Social Isolation

Some current Proactive Telecare and outbound calling services focus on tackling Loneliness and Social Isolation.

Stirling and Clackmannanshire HSCP

Stirling and Clackmannanshire HSCP initially planned to trial its "Lets Talk Together" proactive service with 10 people identified as being socially isolated. The scope and number of people offered the service were broadened as part of the response to COVID-19, however, the description below relates to the original planned offering.

Telecare call handlers make calls to the service user at an agreed time and frequency. Calls are made to the service users' own telephones, rather than to dedicated equipment. Calls take the form of a chat and an opportunity to signpost service users to other services, support, and activities.

The service is an extension of an existing limited outbound calling offering, where people are called to provide medication reminders and birthday/Christmas calls. Stirling also currently offers health and wellness advice to some service users with specific conditions using a dedicated health trained staff member.

As well as tackling social isolation, with the associated improvement in service user outcomes, the benefits of the service are expected to include:

- Better management of call handling, with outgoing calls being scheduled for quieter periods and regular proactive contact with service users resulting in a reduction in unscheduled incoming calls;
- An opportunity to spot health and daily living issues developing and provide early preventive support.

Potential future broadening of the service offering could include:

- Proactive calling to support re-enablement following falls / hospital discharge – potentially in conjunction with, or replacing, elements of homecare;
- Potential to offer proactive calling for early-stage telecare service users to help prevent or slow progression of care needs;
- Potential to use proactive telecare to check on service users who are reluctant/scared to raise an alarm call;
- Potential to use proactive services to assist in the delivery of night services.

Good Morning Service

The Good Morning Service[13] is a social enterprise that provides a telephone befriending and alert service to around 350 older people in Glasgow and South Ayrshire. The service's aim is "*to support older people to lead fulfilling lives where they are and feel connected, safer and valued, and as such are better able to retain their independence*".

Older people (the average service user is 80) are either referred to the service by the HSCP, via self-referral, or by another third sector organisation. The service aims to build relationships with service users and to provide emotional and practical support to help them live independently for longer.

Service users remain on the service over the long term, building relationships with around six Good Morning Service staff. Service users will be called on average 3.5 times per week and calls typically last around 15 minutes, although can take longer if required.

As well as tackling social isolation and helping service users live independently, the service will:

- Attempt to locate service users in the event that they do not answer a call and alert friends / family, or the police, if required;
- Signpost service users to community services and events of interest;
- Provide scam advice and a bogus caller alert service;
- Host regular (physical) meet up events for service users.

Benefits of the service are measured via service user feedback, with the latest annual report highlighting:

- 99% have re-assurance to live independently;
- 99% overall sense of health and well-being is improved;
- 100% have boosted confidence and self-esteem;
- 100% have reduced feelings of isolation and loneliness;
- 100% feel better connected to the community;
- 100% are helped to retain their independence;
- 100% feel safer at home;
- 100% feel cared about.

4.3. Telecare & Homecare

During consultations, several providers raised the potential for proactive and outbound calling services to be used in place of some existing homecare services to increase efficiency; reducing the cost and resource impact of existing services and/or to allow existing resource to provide services to an increased number of people.

Some types of homecare visits were highlighted as having the potential to be replaced including:

- Meal and hydration reminders;
- Medication reminders;
- Welfare checks.

In some Partnerships these can account for around half of all homecare visits and the time and resource required to complete these visits can be particularly high in remote and rural areas.

Sleepover / night services were also highlighted as another area where proactive calling may be able to replace some existing physical visits.

Some of these types of visit could potentially be replaced by a proactive phone call, with homecare staff being required to visit only those service users who fail to respond or who requested assistance. This was estimated by some partnerships as being required for around 20-30% of calls.

As well as improving the efficiency with which existing homecare services are delivered, this approach could potentially help services cope with the increase in demand that comes from demographic change.

Another benefit of this approach is ensuring closer integration of telecare and homecare; potentially providing a more joined up approach to care and allowing telecare to become a more integrated part of discharge support and crisis response.

Partnerships highlighted potential issues associated with the delivery of services in this way as:

- Service user perception if an existing physical visit is replaced by a phone call. This could see the rollout of the service being restricted to new service users who have not previously received physical visits.
- The potential need for the service to be registered with the Care Inspectorate.
- The need for specialist training to deliver some elements of the service, for example medication prompts.
- Complications around charging for the service. (Some care services being funded by the Council; telecare being chargeable)

4.4. Other Findings

Our consultations found other Partnerships that were interested in delivering Proactive Services, but were not currently doing so. The rationale for this interest included:

- Reduction in social isolation, which is seen as an increasing issue, and the reason for a significant proportion of alarm calls received by telecare services.
- Reducing incoming alarm calls and allowing calls to be better scheduled around busy periods.
- Ability to signpost service users to other support and services to improve wellness, and potentially reduce the number of incoming telecare calls.
- Ability to provide preventative care and support, reducing falls and progression of conditions. Benefits include enabling people to live independently for longer and to delay / avoid the need for statutory care services.
- Linking proactive calls with falls prevention pathways, to identify service users at risk of falling and to deliver prevention plans, advice, and follow-up checks.
- The ability to use telecare to provide some homecare services more efficiently. Reducing the need to visit homes as frequently, with the associated reduction resource and travel time.
- Proactive services being offered as a standalone telecare offering (i.e. with no dedicated telecare equipment being provided to a service user) – a “reassurance only” service.

- Potential to extend proactive telecare using video calling services.

Issues highlighted that could restrict or prevent proactive services being offered included:

- Proactive services not being seen as falling within the remit of the telecare offering.
- The cost and resource impact of delivering proactive services, and the ability to demonstrate quantifiable benefits to justify the investment.
- The potential for calls to stray into areas that require specialist training/skills, for example mental health, or condition specific advice, or areas outside the health and care arena, for example, housing or money issues, issues with family, pets, etc.
- The lack of integration of health and care providers making it difficult to provide a joined-up service i.e. knowing if a care package has changed, if a hospital admission/discharge has occurred, etc.

4.5. Proactive Services During COVID-19

COVID-19 struck during the period in which this study was completed, and the pandemic appears to have acted as a significant catalyst for care providers to start planning and delivering proactive and outbound calling services.

The recent COVID-19 response survey completed by the Scottish Government's TEC team found that 58% of Partnerships (from 26 responses received) stated that they had delivered outbound calling as part of their response to COVID-19. A further four Partnerships responded that they were not delivering outbound calls, but that they were being provided to their service users by another organisation.

The outbound calling services delivered were largely welfare calls, similar to those detailed in Section 4.1. Typically, people were called regularly to check on their health and wellbeing, to ensure they had no issues with daily living, such as obtaining shopping or medication, and to provide advice on shielding and how to stay healthy during lockdown.

The calls were typically targeted at specific people, including:

- People who are shielding or self-isolating;
- People not in receipt of any other services;
- People without a named contact;
- People who had not used their alarm for a significant period;
- People living in rural areas.

Calls were made by telecare staff or other care staff, including calls being made by staff from their own home where they were self-isolating or shielding.

Anecdotal feedback from service recipients has been positive meaning some Partnerships are considering the benefits and practicalities of continuing the service post-COVID-19.

"Feedback from individuals has been very positive and many older people look forward to the weekly calls as many have been isolated for a long time."

Clackmannanshire & Stirling HSCP.

"This is a new initiative, however, given the success plans are under way to identify how this continues beyond the impacts of COVID 19."

City of Edinburgh HSCP

Source: Submissions to the Scottish Government's National COVID19 Response Survey

The Scottish Government's TEC programme is also seeking to sustain and build on the proactive calling completed during COVID-19 and is funding Test of Change projects to allow Partnerships to scope, trial, and evaluate sustainable Proactive Services. The projects will seek to understand the benefits, risks and practicalities of delivering these services. The Test of Change projects will be linked with the output of this study to provide learning and best practice that can be shared with other care providers.

5. Proactive Telecare Outside Scotland

FarrPoint completed research to identify examples of proactive telecare being delivered outside Scotland. This research was mainly desk-based, supplemented with discussions with care providers, where possible. As with the previous section, this analysis includes outbound calling and other remote care services that provide useful learning and could form part of a Proactive Telecare service.

5.1. Rest of UK

Although not yet widely available, there is evidence of proactive and outbound calling services being delivered by several providers in the rest of the UK. This includes services being delivered by Councils, the third sector, and commercial organisations. Some examples are outlined below.

East Sussex County Council offers older and vulnerable residents its *Telecheck* service[14]. The service is delivered on behalf of the Council by Wellbeing, a commercial provider. The service makes regular calls to service users, with the aim of helping them to maintain their independence. The service:

- Checks service users are safe and secure;
- Signposts service users to community resources;
- Helps maintain their independence in the community;
- Offering brief social contact;
- Provides a telecare service.

Wellbeing state that on average each person receives 37 calls per month, with a call lasting around 2 minutes.

Wellbeing also offers a commercial proactive calling service direct to consumers UK-wide[15]. The service costs £14.90 (+VAT) per month and makes calls for:

- Medication reminders;
- Social contact;
- Reassurance;
- Welfare check;
- Condition management;
- Carer support.

Similar services are offered by other commercial organisations, for example CareCalls[16] delivers wellbeing checks and medication reminders using automated calling. Calls can be delivered in a variety of ways; pre-recorded messages for reminders, personalised recorded messages, or familiar voice recorded messages. Service users need to acknowledge the call by pressing a button on the phone. The service can be paid for by the individual (£12/month) or, depending on a person's needs and location, the service may qualify for funding via a care package.

AgeUK[17] offers a telephone friendship service in partnership with The Silverline[18] charity which aims to help tackle loneliness. The service is free, offering service users weekly chats with a volunteer

who shares similar interests. The service also offers a 24-hour helpline which service users can contact if they are in need of conversation, help or advice.

A similar befriending service is offered by several AgeUK regional teams across the UK. The *Good Day Call* service offers daily calls to service users, with AgeUK staff making the calls. As well as offering conversation, the calls act as a wellbeing check, with friends and family being contacted if a call is not answered.

Kent, Essex and Suffolk County Councils[19] are offering service users a tablet device that supports regular incoming wellbeing checks and allows them to contact friends and family. The service is delivered using technology from Alcove[20]. The service has been expanded by the Councils as part of their response to COVID-19 to provide a safe alternative to some homecare visits, to check on wellbeing, and to help tackle isolation. Alcove also offers a commercial version of the service direct to the public which provides service users with a tablet device on which they receive regular 15 minute video calls.

5.2. Wales

Wales has one of the few examples of an existing broad-scope proactive telecare service.

A trial of proactive telecare services is being completed under the *Delta Connect* project[21]. The project is funded by the Welsh Government and is being completed by Delta Wellbeing in partnership with Carmarthenshire, Ceredigion and Pembrokeshire County Councils and Hywel Dda University Health Board. The aims of the project are to help people live independently and provide preventative care. The service is based on the model used by Televida in Barcelona (see next section), with adaptations to suit the needs of Welsh citizens and the wider Welsh health and care system. The trial is delivering proactive services as part of an enhanced package of care services, including access to Community Wellbeing Officers, a response service, and community-based services and activities.

The Delta Connect service has been recruiting service users via self-referral and referral from other agencies since January 2020. As of October 2020, there are around 1,103 service users, with the project aiming to reach 5,500 by the end of the trial (current Welsh Government funding ends in March 2021). Service users fit into one of three categories: Low need "Prevent", around 65% of service users, moderate need "Reduce", around 30%, and high need "Delay", around 5% of the total. Service users currently come from a 'typical' telecare demographic, but it is expected that the expansion of the service, and the fact that it is not reliant on using telecare equipment (with potential associated stigma), will mean that a younger demographic may start to use the service.

Upon joining the service, the service user works with a Community Wellbeing Officer to develop a Wellbeing Plan. This plan defines the wellbeing goals of the service user and the level and type of support that will be provided to help them meet them. These plans are then used as the basis for the proactive calls made to service users, with progress being measured and support provided, as required. Calls can encourage service users to make lifestyle changes aimed to improve health and wellbeing, signpost service users to community groups and resources, and provide coaching and mentoring.

Proactive calls are made weekly, monthly, or quarterly based on need. Call frequency can also be increased for a short time, if required, in response to crisis or following a fall, for example. Calls are currently being made by Response staff (not Community Wellbeing Officers or telecare call handlers), although responsibility for making calls may be shifted to a dedicated team of proactive call handling staff as service user numbers increase. Calls use the wellbeing plan and notes on a service user's interests, family, etc to establish and steer the conversation. Calls are also loosely scripted to guide staff to identify triggers based on Activities of Daily Living[22] that may indicate that a service user's

support needs have changed or a condition has progressed. If the conversation identifies any need for support/assistance that cannot be provided on the call, or a potential change in care needs, this is flagged to the Community Wellbeing Officer, who can meet with the service user and liaise with other agencies, as required.

DELTA CONNECT

What's the CONNECT project?

The **CONNECT** project provides an **enhanced lifeline** and **telecare service** across Carmarthenshire, Pembrokeshire and Ceredigion. The pilot project, which is the first of its kind in Wales, has been funded by the **Welsh Government's Transformation Fund,** enabling the **West Wales Care Partnership** - which brings together Carmarthenshire, Ceredigion and Pembrokeshire County Councils, Hywel Dda University Health Board and representatives of the third and independent sector - **to work together to help shape the future of health and social care services across west Wales.**

What's the aim?

The aim of the project, which is the first of its kind in Wales, is to support a **prevention and early-intervention care system** through pro-active wellbeing calls. These can help identify any potential health and wellbeing issues at the earliest opportunity to ensure needs are supported accordingly, providing a **specialist response service** and via **community-based support** whenever individual's need it.

CONNECT also offers **flexible Technology Enabled Care (TEC) support packages** tailored towards an individual's **specific needs** to help them **live independently** for as long as possible. In addition, we are in the process of creating a **new digital app** called **CONNECT 2U** to help reduce loneliness and isolation through the use of a 'virtual' online community network, keeping individual's in touch with family, friends and community groups across the West Wales region.

CONNECT 2U DELTA

5 STEPS TO CONNECT

Contact Us

Firstly, a client would **get in touch** with one of our friendly Advisors on **0300 333 2222**. This could be a self-referral, via a family member or through a social care or health professional.

Wellbeing Assessment

We would then undertake a Wellbeing Assessment to identify what **level of support** the client requires to live well and establish what their priorities are - i.e food shopping, loneliness, social interaction, managing a health condition.

Pro-active Wellbeing Calls

The assessment also determines the **frequency of follow up wellbeing calls** to support the client's welfare. This could be weekly, monthly or even a few times a week depending on the client's specific needs.

Wellbeing Activities

We'd also **support wider wellbeing activities,** such as re-engaging with the local community (virtually currently, but physically in the long term). This could be identifying and providing support to attend community groups of interest such as gardening or dancing groups etc or by connecting like-minded individuals through the **CONNECT 2U** app.

Community Response

We will aim to provide an appropriate **24/7 Community Response** service supporting non-injurious falls and welfare needs, giving clients complete peace of mind knowing help is always available should they ever need it.

For details about the CONNECT service and applicable charges contact our friendly team on:

0300 333 2222 @Deltawellbeing www.deltawellbeing.org.uk

Proud to be working in partnership with: Cyngor Sir Gâr Carmarthenshire County Council; Cyngor Sir Ceredigion County Council; GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Hywel Dda University Health Board; WWCP Partnership Gofal Gorllewin Cymru West Wales Care Partnership; Ariennir gan Llywodraeth Cymru Funded by Welsh Government

Figure 4: Leaflet Advertising Delta Connect Service to Potential Service Users. Source: Delta Wellbeing.

Calls are made via the Tunstall PNC system to service users' home or mobile phones (and in a small number of cases to a telecare alarm). Calls are scheduled using the Tunstall ICP Triagemanager application and typically last around 10 minutes, though can be longer, if required. In August 2020 the service made 1,089 outgoing calls.

The impact of Delta Connect is measured using a *Wheel of Wellbeing* assessment in which service users score themselves against six criteria, based on the Anatomy of Resilience Toolkit[23]:

Figure 5: Delta Connect Wheel of Wellbeing Assessment Criteria. Source: Delta Wellbeing.

Service users score themselves against these criteria on joining the service and then again after 6 - 12 months. Delta Wellbeing expects to start receiving these updated assessments for the initial service users in the near future. Delta Wellbeing is also developing an app that will allow service users to complete their Wheel of Wellbeing assessment on a smartphone. Service users will be encouraged to complete the assessment regularly, potentially allowing Delta Wellbeing to identify where a service user is reporting a drop in one of the measures, triggering a call to see if additional support is required.

The service is also expected to provide benefits to the wider health and care system. The outcomes for service users will be measured to determine whether the service increases the amount of time that they can live independently or delays the requirement for statutory services. Given the longer term nature of these benefits, these impacts of the service have not yet been quantified.

During the trial period the Delta Connect service is being provided free to service users –who just pay a standard telecare service fee of £3.18/week; the enhanced services offered by Wellbeing Connect (wellbeing plan, proactive calls and support, and response service) are currently provided at nil cost. Delta Wellbeing is currently completing service user surveys to establish appropriate charging levels for the service when the funded pilot project ends in March 2021.

5.3. Spain

Spain has been regarded as being at the forefront of proactive telecare for several years. This section provides two examples of the proactive services currently offered in the country.

The Regional Government in Andalucía (*Junta de Andalucía*[24]) has been offering telecare services since 2002 to all residents over 65, and to anyone else assessed as having a dependency need. The service currently has 235,000 service users, with calls being handled by two alarm receiving centres, in Malaga and Seville. Service charges are means tested, being either: Free or €3.60 / month, or €10.80 / month.

The telecare service includes proactive calls provided as standard to all service users. Service users are called monthly, predominantly to check on wellness and that their care needs have not changed. Additional proactive calls can be made if required, for example, if a service user has requested a reminder call (such as for a medical appointment), on a birthday, or to check on wellbeing more regularly following a crisis, such as a fall, bereavement, or hospital discharge.

Although the Andalusian service sees loneliness as one of the largest reasons for service users making incoming calls to the telecare service, the proactive service is not seen as a primary form of social contact for service users, although calls do provide an element of conversation. If proactive calls identify loneliness as an issue, this will be highlighted to the service user's family to address, although the service will talk longer with service users if they don't have friends and family to help.

The proactive service does not offer health advice to service users, with the exception of two campaigns annually which provide advice in summer on how to cope with hot weather and flu immunisation advice heading into winter. If a service user has a health issue (highlighted via either an incoming or outgoing call), the service uses a triage process to determine which health organisation the call should be referred to; either an existing telephone health advice service, or an emergency service. The call handling solution allows the call to be transferred to the relevant health organisation along with details of the service user's conditions and care history.

Outgoing calls from the two alarm centres outnumber incoming calls by around three times. This is demonstrated in Figure 6, which shows total incoming and outgoing call volumes for a month in 2018. Outgoing calls are made to service users' (currently analogue) telecare alarm boxes, rather than to their landline/mobile.

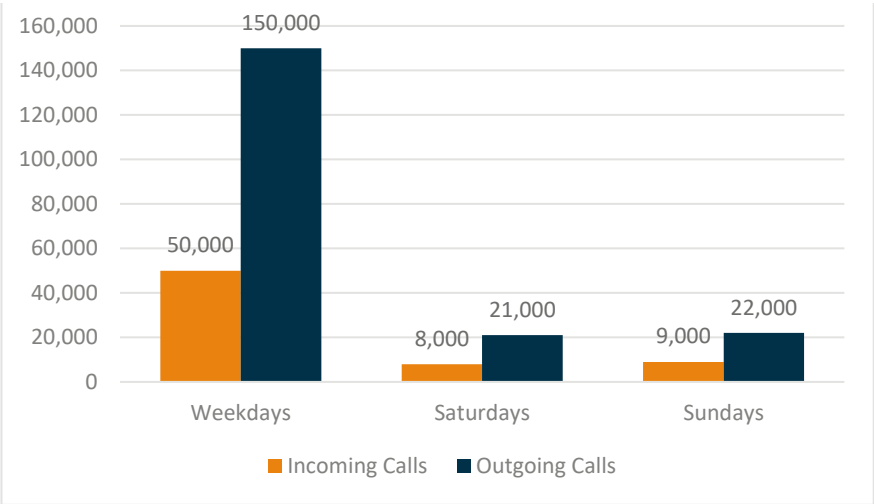

Figure 6: Total Monthly Incoming and Outgoing Call Volumes for Sample Month in 2018.
Source: Junta de Andalucía, Agency of Social Services and Dependency.

The service currently uses Tunstall PNC6 to manage telecare calls and is looking at options for future call handling systems, including consideration of a move to more open standards based systems that allow a range of devices (such as IoT) to connect. The service is staffed by around 220 call handlers, known as '*Telecarers*', across the two centres on weekdays, around 140 on Saturdays, and around 120 on Sundays. Call handlers are all moved regularly between incoming and outgoing call handling tasks for variety and cross-skilling. The initial greeting used in outgoing calls is scripted, the rest of the call is not. Call handlers do not require any formal qualification or certification to deliver the service, although they are recruited based on their communication and inter-personal skills, and receive regular training on telecare processes and standards, including the triage processes for health-related calls.

Managing outgoing calls can be a challenge, both in terms of the capacity of the service to make outgoing calls (it has a peak capacity of around 182,000 outgoing calls / month, which does not allow the service to meet its target of calling every service user monthly), and the logistics of scheduling and tracking outgoing calls.

The service measures service user satisfaction, and regularly sees satisfaction levels of around 97%. Data is not currently available on the impact on service users' wellness and outcomes, although the service is seeking to develop more formal measures of benefits, using the large amount of data it collects on service users. Anecdotally, service users report that the service improves their wellbeing, levels of loneliness, and provides them, and their families, with peace of mind.

The Junta is looking to develop its telecare service which is likely to include moving to a more personalised service, and integration with IoT devices. More widely, the Junta is implementing a single social record for citizens, which the telecare service will integrate with.

Another example of proactive telecare in Spain is the service Tunstall Televida[25] provides in the Diputació Barcelona[26] area. *Note: It was not possible to speak with Tunstall Televida as part of this study, and so the summary below is based on the information from our previous telecare call handling report together with white papers recently published by Tunstall.*

Tunstall Televida provides telecare services to around 95,000 people in the Barcelona region. In addition to telecare call handling services, Tunstall also provide a response service throughout the area.

The telecare service is proactive, with over half of calls being outgoing. The proactive call approach is based on providing advice to service users based on "let's speak about" themes. Tunstall works with commissioning bodies to develop the content of each of the themes; these could include tackling isolation, active aging, nutrition advice, handling hot weather, home security, etc.

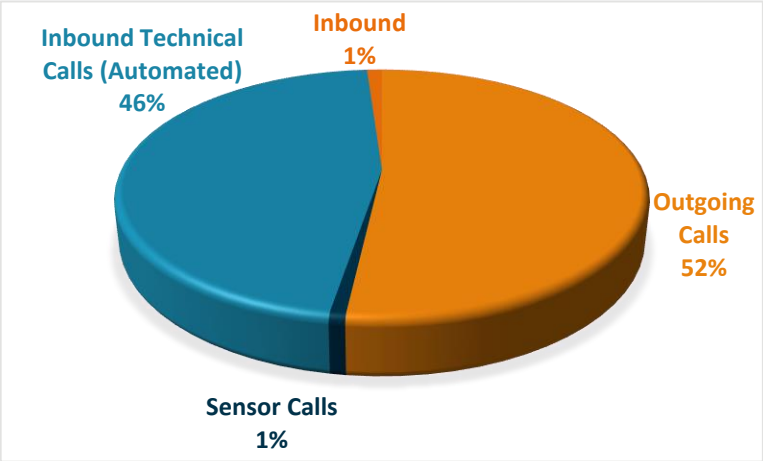

Figure 7: Call Types for Diputació Barcelona.

Source: Tunstall Televida, 2017.

As part of the assessment process completed when a person comes onto the service, the frequency of calls (based on the level of risk), and themes relevant to the person are identified in order to provide a degree of personalisation of the service. This assessment is completed by a social worker from the commissioning body, as Tunstall does not have direct access to the person's health and care record.

Service users are called regularly and provided with the advice relevant to them. Calls are also used as an opportunity to assess the service user, completing this on an on-going basis, rather than at fixed intervals. In addition to regular calls, service users will also be contacted more frequently following events such as discharge from hospital or following an emergency call/fall.

The benefits of the service are improvement in service users' health, safety, and feeling of inclusion. Since introducing the service, Tunstall has seen the average length of time people remain on the telecare service, increasing from 2.99 years in 2010 to 4.13 years in 2016. This increase benefits service

users, enabling them to live at home for longer, as well as offering savings to the public sector in terms of reduced admissions and delaying the need for long-term care. A recent study published by Tunstall estimates that the telecare proactive service enables service users to stay independent at home for an average of 8.6 months longer than those with 'standard' reactive telecare. Other benefits include a 54% reduction in emergency calls and a 36% reduction in ambulance mobilisations. 96% of service users report that the service makes them feel significantly safer, 78% feel more self-sufficient, and 98% felt the service provided peace of mind.

The service in Barcelona is currently a purely social care offering, not health care. Service users are not currently offered advice relating to their health conditions, although these are considered when developing a person's care plan.

Future developments of the service could include a health element. Tunstall is also looking to develop the service to take account of the additional functionality offered by digital technology, such as Internet of Things devices and the use of predictive analytics. These developments align with Tunstall's definition of four telecare 'tiers' (Figure 8):

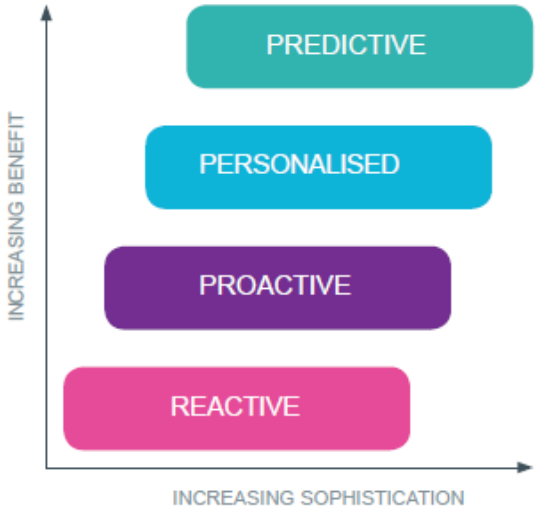

Figure 8 - Tunstall's Four Telecare 'Tiers'.
Source: Tunstall

5.4. Rest of World

Our research reveals that similar types of proactive and outbound calling services are provided throughout Europe, North American, Australia and Asia. These typically include wellbeing checks and services to tackle loneliness and social isolation, in most cases these services are delivered standalone, with limited links to other forms of care and support, but there are examples of these services forming part of a wider integrated care approach.

The City of Helsinki's Remote Care service[27] provides a proactive service to around 1,000 people. Service users are provided with a tablet device which is used to contact them regularly to check on wellbeing, to provide medication reminders, to take health readings (e.g. blood glucose), or to direct exercise sessions. In addition, the tablets are used to help social isolation, including a scheme to organise virtual lunch groups. As well as delivering benefits to the service user, the service offers significant efficiency savings to the city as the virtual sessions are used in place of visits that were previously completed in person.

Nationaal Ouderenfonds (The National Elderly Fund) is a charity that focusses on combatting loneliness amongst the elderly in the Netherlands. One of its services is *Zilverlijn* (Silverline – Note, unrelated to the UK Silverline charity outlined in the previous section)[28] which offers service users a weekly call with a volunteer that lasts around 20 minutes for "*a nice chat, a good conversation or a listening ear*". The charity states that "*1 in 4 elderly people living in the Netherlands feel* lonely" and that "*4 out of 5 older people indicate that they feel less alone because of the phone calls*.". The Silverline service is offered alongside a range of other activities aimed to tackle loneliness, including face-to-face events, training to help get older people online and able to complete video calls with friends and family, and a *Schrijfmaatje* (writing buddy) service which pairs an elderly person with a volunteer as pen pals.

The Singapore Ministry of Health has developed a *Community Care Vision for 2030*[29] in which proactive calling forms part of an integrated community-based support system. The aims of the system are:

- *"First, we want to keep our seniors physically and cognitively well for as long as possible, so that they enjoy their golden years.*
- *Second, we want to keep them socially connected with the community, pre-empting loneliness and isolation.*
- *Third, we want to enable them to age well in place for as long as possible, minimising unnecessary acute care episodes or premature institutionalisation in nursing homes."*

This is delivered using a system which is:

- *"proactive in going upstream to support seniors, pre-empting issues of social isolation and ill health more effectively;*
- *broad-based in serving seniors, beyond those who are low-income and frail; and*
- *integrated in weaving together social and health support to support seniors."*

Part of this integrated system includes a *Care Line "tele-befriending"* service offered to older people who live alone. Service users are called regularly to check their wellbeing, to provide medication reminders and to encourage them to participate in the activities in their community offered as part wider active ageing programme.

Figure 9: Proactive Calling as Part of an Integrated Community-based Support System.
Source: Singapore Ministry of Health.

Alone[30], a charity based in Ireland, offers a range of support to older people including a Support & Befriending Service aimed at "*anyone who is over 60 and has limited social contact or feels particularly isolated and lonely*". The service provides weekly social contact with a volunteer, either face-to-face, or via telephone. The role of the volunteer is to:

- *"Provide companionship by visiting or calling at least once a week.*
- *Provide small practical supports where necessary and appropriate.*
- *Volunteers are **not** there to support with home help or care assistants' tasks."*

The befriending service is delivered as part of a range of integrated support offered by the charity in partnership with other support organisations and families. Alone also offers its *BConnect* service that provides technology and associated training to support independent living. This includes a *BHome* service and associated *BWell* app that use smart devices in the home to monitor activity.

Friends of the Elderly Ireland[31] is a charity that aims to "*bring friendship and companionship to older people living alone or who feel lonely*". The charity offers a range of services aimed at tackling loneliness, including home visits, social clubs, and outings. The charity also offers *The Friendly Call Service* which provides regular calls with volunteers to share conversation and offer advice. The service can also be used as an opportunity to signpost service users to the other social activities offered by the charity.

In the USA, wellbeing check and companionship services can be found operating across the states. These services are typically operated by private companies offering different levels of paid subscriptions locally or nationally. Example services include:

- Based in Pennsylvania, but offering services to people across the US, Towne Care[32] offers outbound calling services made as either a live call and or using automation. The live calls offer conversation, wellbeing checks and medication / appointment reminders (one call daily: $49.95/month, up to three calls daily: $129.95/month). Automated calls provide a wellbeing check with requests for assistance or no responses being referred to designated contacts. The service can be delivered using phone calls or text messages. The automated service costs $19.95/month for up to 3 calls daily. Similar services are offered by other commercial companies, including Commonwise[33] and Carecheckers[34].
- Based in Houston, Texas, Companion Matters[35] offers both proactive wellbeing checks and *"companion calls"*. The wellbeing and check-in calls can be used to check on the service user and to provide reminders for medication. Costs for the service vary from $99/month for a single 5 minute call daily, to $249/month for three 5 minute calls daily. The companion calls offer social interaction, with the call handler talking to the service user on topics of their choice and also checking on wellness and providing reminders, as required. Costs for the service vary from $125/month for five, 5 minute calls and two 10 minute calls weekly, to $175/month for three 5 minute calls and two 20 minutes call weekly. The company also offers a "*share a story*" service which matches callers with people with similar interests and arranges conversations between them. Charges for this service vary according to the length of conversations, with 120 minutes a month costing $125.
- Claiming to be "*the first state in the country to start a free, opt-in, telephonic service to check on Maryland's older residents*", the Maryland Department of Aging offers a free State provided Senior Call Check Program[36]. The service is available to any Maryland resident aged over 65 and offers a daily automated wellness check call. If a person fails to answer a call a nominated friend or family member is alerted. The Department has reported an increase in people signing up to the service during COVID-19.

- A number of State and charity organisations have been using outbound calling as part of their response to COVID-19. These services offer wellness checks, help with daily living, and conversations to help tackle social isolation. The services are delivered using volunteers or charity staff. Examples include:
    - The Family and Children's Agency[37]., Connecticut
    - The Tri-Country Office on Aging[38], Michigan.
    - University of California San Diego Health Services Organization[39].
    - The Area Agency on Aging of Pasco-Pinellas, Florida[40].

In Canada, the Canadian Red Cross provides a *Friendly Phone Program*[41] which offers seniors weekly phone calls with volunteer call handlers to help tackle social isolation. The service was originally available to residents of Saskatchewan, but corporate donations have been received to allow the coverage of the service to be expanded as part of the response to COVID-19. The Westend Seniors Activity Centre[42] in Edmonton, Alberta uses volunteers to deliver *friendly phone calls* to older local residents to check on wellbeing, offer conversation, and to signpost them to the social activities offered by the centre. Community Care Northumberland[43] in Ontario has been using proactive calling as part of its COVID-19 response, using calls to complete wellness checks, to provide information on shielding, and to offer social contact.

In Australia, the Red Cross[44] offers wellness checks via its *Telecross* service. Volunteers make daily calls to service users to check they are well. The service "*is for people who live alone and are at risk of an accident or illness that may go unnoticed*" and "*aims to provide reassurance as well as help to maintain independence*".

The Australian Government[45] has provided funding to use proactive calling to complete welfare checks on older residents as part of its COVID-19 response. The service is aimed at people who have stopped their homecare visits due to concerns about visitors increasing the risk of contracting the virus.

6. Proactive Service Models & Scope

6.1. Proactive Support Delivery Models

The review of existing services from Scotland and worldwide shows that there is a wide range of support that potentially falls within the definition of a proactive service. These are examined in more detail below.

Proactive calls can provide a single well-defined service focussed on a specific offering or need, however, our review has shown that proactive calls can often be used as an opportunity to provide people with several forms of support. Calls are shaped by each conversation and tailored to a person's needs.

Proactive telecare enables a deeper relationship to be established with the service user. The conversations held could highlight a wide range of support needs. This potential wide scope means proactive calls are often delivered as part of integrated care and support, with a range of organisations possibly involved in providing this support. Given this, the scope of the proactive telecare provided is likely to be defined by the organisational model used to deliver the services. These models are examined at a high level below, with further detail provided in Section 8, which examines how proactive telecare will be delivered.

The level of integration between telecare and other health and care services varies, with some not currently delivered as part of a co-ordinated health and care offering.

Figure 10: Non-Integrated Proactive Telecare Services

This non-integrated approach (as shown in Figure 10) can be used for the delivery of proactive services. Indeed, this organisational approach (or a variant of it) is currently used to deliver some of the initial proactive and outbound calling services being offered by partnerships in Scotland, and is similar to that used for a number of the example services described in Section 5. However, this delivery approach potentially places limits on the proactive services that can be provided, both in terms of the amount of support that can be provided, due to resource limitations within the telecare service, and the scope of the proactive services, due to the need for specialist skills, training, and resource from a range of bodies to deliver a wider range of care and support.

To deliver the full range of potential proactive care services requires co-ordinated support from several groups and organisations providing health and care (Figure 11). These organisations each deliver part of the integrated care and support, using their specialist resources and skills.

Key to providing this integrated support is the co-ordination role. This role is responsible for working with the service user to agree the nature of the care and support they require, and then for liaising with organisations to put all the elements of care in place. Once care is in place, the co-ordination role has on-going responsibility for overseeing the delivery of the service, including monitoring progress and completing reassessment, as required.

Figure 11: Proactive Telecare as Part of Integrated Care and Support

Responsibility for the co-ordination role could sit with one of the organisations involved in the delivery of support (not necessarily the telecare service) or be a dedicated standalone team. The Delta Connect service described earlier in this document uses a dedicated team of "Community Wellbeing Officers" to complete this role.

The two examples shown in Figure 10 and Figure 11 represent two extremes of possible delivery models, with a completely standalone service and a fully integrated service between a large number of disparate organisations. In reality, a delivery model is likely to sit between these two extremes,

involving care and support of a more limited scope, delivered using a degree of co-ordination between a smaller number of providers, with an example of this shown in Figure 12.

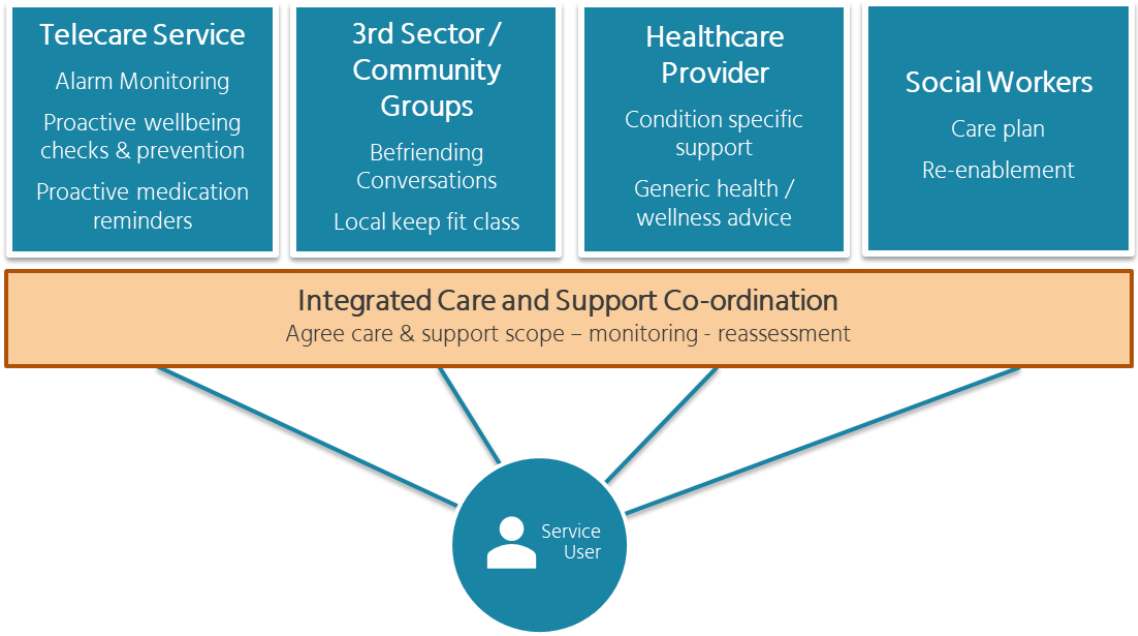

Figure 12: Example Service Scope for a Service User Involving Co-ordination of Care / Support Between Four Organisations/Groups

As outlined above, initial deployments of proactive telecare and outbound calling services in Scotland are largely based on the non-integrated model with services being provided by the telecare service (or in some cases, homecare/social work). Proactive services could continue to be based on the existing telecare delivery model initially, with co-ordination between services being introduced as the scope of the service grows. This approach is examined in more depth in Section 8.

6.2. A Range of Proactive Support

As outlined above, there is a wide range of support that potentially falls within the definition of a proactive service. Figure 13 presents a summary of the types of support identified during our research which could potentially form part of a proactive service offering. The figure also shows the primary benefits proactive services offer and these are used in the following sections to group services, however, in reality proactive calls are likely to provide several elements of support, offering a range of benefits to the service user.

Several proactive services were identified that have a primary benefit of helping to deliver telecare and wider care services more efficiently. These are shown in grey in Figure 13. These services fall outside the scope of this study, which focusses on services where the primary aim is to maintain or improve a person's health and wellbeing.

An overview of each of the proactive services identified is provided below. Later sections of this report provide more detail on each of these services, examining their benefits, and how they can be delivered.

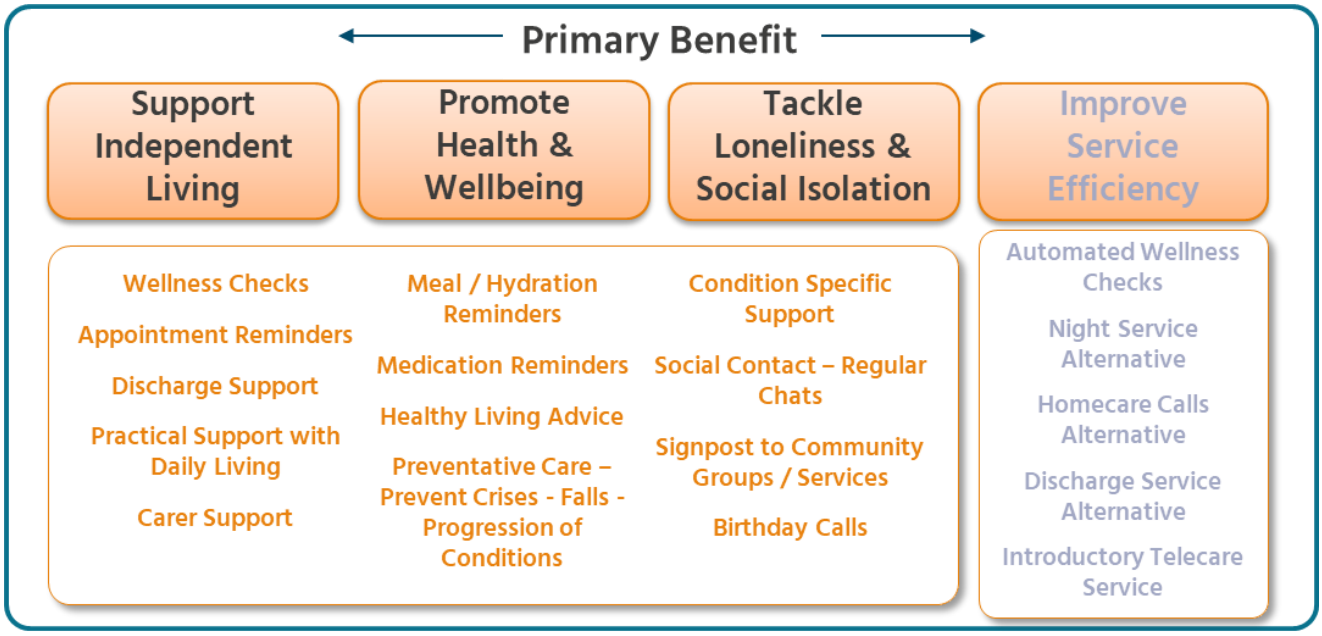

Figure 13: Potential Support Offered as Part of Proactive Services and their Primary Benefit

6.3. Support Independent Living

Wellness Checks are the most common forms of proactive support currently offered, both in the UK and worldwide. The service is based on call handlers (note we have classed automated wellness checks as an efficiency focussed service) making calls to service users on a regular basis to check that they are well and to check whether they are in need of any form of assistance.

The frequency of calls can be tailored to a person's need and can be increased in response to trigger events, such as following a fall, bereavement, or discharge from hospital. Proactive calls can also be used as appointment reminders, for example for medical checks, housing repair visits, etc.

If a service user needs assistance this could either be provided by the call handler, by alerting family and friends, or by alerting another organisation. The approach taken will depend on the nature of the assistance required, the resources available to the service provider, and the scope of the service being offered.

Assistance could include providing practical support with daily living, for example arrangements for obtaining medication or groceries, organising housing repairs, etc. Assistance of this nature has been particularly relevant during COVID-19 to check on people who are shielding and to provide updates on the latest guidance.

In addition to providing support to telecare service users, proactive calling can also be used to provide support to carers. Again, this could include providing practical support, social contact, or arranging respite care.

6.4. Promote Health & Wellbeing

Proactive calls can be used as an opportunity to provide support and advice to promote health and wellbeing. This could be theme-based and provided to all or groups of service users, or service user-specific, tailored to an individual's conditions and needs.

Theme-based advice could include healthy living advice, for example, exercise or dietary advice, or health campaign related (for example annual flu vaccinations). This approach has been used by some Partnerships during COVID-19 to update people on the latest shielding guidance and advice. As detailed in Section 5.3, the Televida service in Barcelona delivers this kind of advice based on themes, with service users being associated to one or more themes, dependent on their personal circumstances and needs.

Proactive calling can also be used to provide reminders such as meal and hydration reminders, or medication reminders. These kinds of reminders are already being used by some Partnerships, either in place of or alongside homecare visits.

Proactive calling offers regular contact with service users that can be used as an opportunity to provide preventative care. This could include issues identified by call handlers during regular conversations which highlight that a person's health condition is progressing, or that they are struggling with elements of daily living. This could include call handlers asking focussed questions that aim to identify where a person may be at risk and existing structured questions, such as those developed for falls prevention, could be used as part of this process.

Focussed advice could be provided to service users with specific health conditions to help them manage their condition(s), potentially linked to the information already collected by projects such as Home and Mobile Health Monitoring. The nature of the advice provided, and the skills/training required to deliver it, will be defined by the conditions targeted.

6.5. Tackle Loneliness & Social Isolation

The telecare provider could be directly responsible for providing social contact, where service users would be called on a regular basis over a long period, with call handlers being responsible for providing the required emotional and practical support and advice.

An alternative, or complementary, approach could see the telecare provider making calls to a service user over a shorter period of time, with the aim being to refer/signpost them to other organisations and groups that can provide the required social contact and support.

In both the above approaches the frequency, duration and content of calls will be defined by service user need.

These approaches are already in use in Scotland. Using telecare call handlers to provide social contact is being trialled by Stirling and Clackmannanshire HSCP and forms part of the support offered to residents by Wheatley Care. This approach is also used by the Good Morning Service, working with many service users referred by the local HSCP. The signposting approach is used by Partnerships including Edinburgh and East Lothian where a service user is identified as being socially isolated.

6.6. Efficiency-Focussed Proactive Services

The review highlighted several potential proactive service offerings with efficiency as their primary benefit. These services fall outside the scope of this study, however, they are outlined below as they are potentially an area for future further study.

Automated Wellness Checks are automated calls made to service users to check that they are well and do not need assistance. These calls are similar to the Wellness Checks detailed in the previous section, however, they are delivered using an automated system, rather than using call handlers. They also differ from the previously detailed wellness checks in that their primary focus is offering a more efficient alternative to staff manually calling or visiting service users.

Although the initial call is automated, where a service user indicates that they need assistance (or does not respond), the call is routed to a call handler, and assistance is provided in a similar way as detailed in Section 6.3. This service is currently being used by some housing providers in Scotland and could also offer benefits to other telecare providers in both grouped schemes and dispersed alarm settings.

As detailed in Section 4.3, proactive telecare services can potentially be used as a cost-effective alternative to some physical homecare visits. The types of service users and visits that are suitable for this service would need to be determined, however, examples provided to this study include:

- Homecare visits: Meal and hydration reminders, medication reminders, and welfare checks.
- Discharge support: Used as part of a care package, in place of some homecare visits.
- Night service: In place of a sleepover service.

Proactive calling could be used as a form of introductory telecare service offering an alternative to a 'traditional' telecare service requiring the installation of dedicated alarm devices in the home. Service users would receive a regular call to their landline or mobile telephone in a similar manner to the wellness checks outlined in previous sections. The benefits of this from a service user's perspective is, similar to wellness checks, that they have peace of mind that someone is checking on them regularly. Given that the service is not reliant on dedicated telecare equipment, it potentially allows telecare services to be expanded to people whose needs may not have justified a telecare installation, for example those in the early stage of a condition. The solution is potentially also useful for people who are resistant to having telecare equipment installed given its associations with old age.

7. Benefits of the Services

Proactive services potentially offer benefits to service users, telecare service providers, and to the wider health and care system.

A challenge faced by this study is that there is limited existing evidence available that quantifies the benefits of proactive telecare services (a study completed into Tunstall's Barcelona telecare service[46] being the only report dedicated to proactive service we found). However, there is evidence demonstrating the potential benefits associated with some of the aims of the suggested proactive service elements, for example, tackling social isolation. This evidence, and the anticipated benefits highlighted during our consultation meetings and desk-based research is summarised in this section.

Given the current lack of direct evidence, this section outlines **potential** benefits of proactive telecare. To validate these benefits the scope of any Scottish proactive telecare implementations needs to include measures to collect and quantify the benefits the service delivers. This should include whether the potential benefits detailed below are obtained, and to what degree. Benefit measurement is examined in more detail in a later section of this report.

Supporting Independent Living

- Service users' peace of mind
- Service users' family and friends peace of mind
- Enabling people to live independently for longer
- Delaying / reducing costs of residential and statutory care
- Providing support to Carers

Promote Health & Wellbeing

- Opportunity to provide healthy living advice
- Opportunity to provide condition-specific advice and support
- Reduce risks relating to hydration and not taking medication
- Opportunity to provide support and guidance for personalised health & wellness objectives
- Preventative care through early identification of crises, difficulties with daily living or progression of health conditions
- Reduce falls and other adverse events with associated positive impact on hospital admissions, ambulance call outs, and service users' wellbeing and independence
- Support re-enablement as part of a package of assistance

Tackle Loneliness & Social Isolation

- Reduces loneliness and social isolation
- Better connects service users with their community
- Reduces health risks associated with loneliness with associated benefits for health and care system

Operational Benefits

- Potential to reduce incoming telecare alarm calls with reduction in call peaks and better management of call handler resource
- Provides regular contact with all service users, including those who are currently scared or reluctant to make an alarm call
- Regular calls offer opportunity to ensure service is operational and service user records are accurate
- Proactive services can help support a larger number of telecare service users
- Potential to use proactive services as an introductory telecare service

Figure 14: Summary of Proactive Service Benefits

The contact offered by proactive telecare services offers peace of mind to service users and their family and friends that someone is regularly checking on their wellbeing. This benefit can be seen in the feedback received by the Good Morning Service (see section 4.2), which includes: 100% of service users reporting they feel safer at home, and 100% that they feel cared about. Similar results are seen in the study on the Barcelona proactive telecare service completed for Tunstall which found 96.1% of service users indicating an increased perception of safety, with service users' self-scores of their perception increasing from an average of 5.9 to 7.9 (out of 10). In addition, 98% of service users reported that their families had been provided with peace of mind, with average scores increasing from 5.7 to 7.8. Anecdotally, the research completed during this study has highlighted the importance of family and friends' peace of mind on service users remaining in their own homes and living independently given that the decision to move into long-term care can often be made, or be influenced by, family rather than the service user themselves.

Proactive services also have the potential to enable people live independently for longer, although there are many factors that can impact on this. Feedback from the Good Morning Service shows 99% of service users reporting that the service provides them with re-assurance to live independently. Tunstall's study shows 78% of service users reporting that proactive telecare gives them an increased sense of self sufficiency, from an average score of 5.7 to 7.8.

The ability of a service user to live independently may be improved by using proactive services to provide healthy living advice and as part of a preventative care system., aligning with the Scottish Health & Social Care Delivery Plan and the Scotland's Digital Health & Care Strategy. Regular contact provides an opportunity to identify where a service user is having difficulties with daily living activities, or if a health condition is progressing, allowing early intervention with preventative care.

The Tunstall study is the only source we identified that quantified the impact of proactive telecare on service users' ability to live independently. This study found that the Tunstall proactive telecare service increased the mean time that people were able to live independently before requiring residential care by an average of 8.6 months. As well as the benefits this provides to the service user, there is an associated benefit to the care system in terms of delaying and potentially reducing the costs associated with providing residential care. Although not measured by the Tunstall study, there is also potential for increased independence to reduce or delay the need for other statutory care services. This is an expected benefit of the Welsh Delta Connect project although, given the longer term nature of these benefits, data of the impact of the project is not yet available.

Regular calls to service users offer an opportunity to provide healthy living advice. This could potentially be generic advice relating to health campaigns, such as flu vaccination, ensuring that service users are staying hydrated and are adhering to any medication prescriptions, or providing support and guidance to help service users meet personalised health and wellness objectives, for example, condition-related dietary advice, increasing activity levels, or smoking cessation. Although data is not available to quantify the benefit of this proactive and preventative support and advice, the increased ability to identify and address risk factors could help avert crises, such as falls, with the associated benefits of reducing hospital admissions, ambulance call outs, and the longer term impacts of crises on a person's wellbeing and independence.. Where adverse events do happen, proactive telecare can be used as part of a re-enablement package alongside or in place of other forms of support.

This healthy living advice could be expanded to provide service users with health condition-specific support, for example relating to hypertension, diabetes, COPD, etc. However, as examined more in the following section, the qualifications and training this would potentially need call handlers to have may mean that this service needs to remain outside the scope of support offered.

A study by NHS Health Scotland[47] found that 11% of adults in Scotland often feel lonely and 38% feel lonely sometimes. It also found that levels of loneliness can be adversely impacted by factors

including age, disability, mental health, and social deprivation. Proactive services have potential to help tackle loneliness and social isolation through regular direct contact with the service user, by offering referrals to befriending services, and helping them connect with community-based groups and events. Feedback collected by the Good Morning Service includes: 100% of service users reporting reduced feelings of isolation and loneliness; 100% feel better connected to the community and 100% feel cared about. The Tunstall study reported two measures relating to perception of loneliness, with the two showing differing levels of impact: 92.3% of service users reported that telecare has improved their perception of being alone, however, the percentage demonstrating no signs of loneliness increased modestly from 52.8% to 55.8%, indicating that, whilst proactive telecare helped to alleviate the problem, a significant proportion of people still experienced loneliness.

A range of research (as summarised by the Campaign to End Loneliness[48]) has shown how loneliness can increase the risk of heart disease, stroke, hypertension, depression, dementia, and death. This suggests that any positive impact proactive telecare has on the level of loneliness also offers potential for a corresponding benefit to the health and care system. This is detailed in a Position Statement from The British Geriatric Society and Royal College of Psychiatrists[49] which summarised research showing that "*older patients living alone are 50% more likely to access emergency care services, and 40% more likely to have more than 12 general practice appointments over a 12-month period, compared to older patients not living alone*". The report also highlighted how tackling loneliness can enhance wellbeing and delay or reduce the demand for institutional care.

In addition to providing support to telecare service users, proactive services could also be used to support their carers. CarersUK reports[50] that 81% of carers have felt lonely or socially isolated as a result of their caring role. Proactive telecare services could potentially have a role in helping address this by providing social contact and referrals to carer support resources.

Proactive telecare services also have potential to offer several operational benefits to telecare service providers.

- Some early implementations of proactive services (pre-COVID-19) have resulted in a reduction in incoming telecare alarm calls. This has helped Partnerships with call handling arrangements, reducing call peaks and using the increased ability to schedule calls to better manage call handler resource. It must be highlighted that this benefit was not seen universally, with the impact on incoming calls being determined by the nature of the telecare services being offered and the calls being taken.

- Proactive calls provide regular contact with all service users, potentially including those that are currently scared or reluctant to make an alarm call. Regular contact provides an opportunity to ensure that the telecare service is operating correctly and to update records.

- Proactive services could provide a means to expand the number of telecare service users; either using proactive services as an alternative to providing a traditional 'button and box' telecare service, or as an 'introductory telecare service' providing support to people who would not meet the criteria for a traditional service, such as those in the early stages of a condition. The 2017 study completed by Deloitte[51] quantified the benefits of increasing the cohort for telecare services and the additional benefits accrued the longer a person has the service. The report recommended that telecare use amongst the over 75s should be increased from the current level of 20% to 33%. It showed that this generated a benefit to cost ratio of 1.2:1 for 1 year's use of the service, increasing to 1.8:1 for 3 year's use. Although it has yet to commence, the review of social care services included in the recently released Programme for Scotland[52], and the potential for a National Care Service could also result in an increased role and demand for telecare services, which proactive services could help to address.

8. Delivering Proactive Services

8.1. Overview

We believe it will be necessary to take an iterative approach to implementing proactive telecare services in Scotland as:

- Existing proactive and outbound calling services either have a relatively narrow service scope compared to the range of potential service elements detailed in Section 6, or are in the relatively early stages of deployment. Mature operational processes covering the complete proposed service scope that can be directly transferred to a Scottish service are not yet established and will need to be developed.
- There is currently limited direct evidence to quantify the benefits of proactive telecare services, and initial implementations to demonstrate the value of services are likely to be required prior to national-scale implementation.
- To deliver all the identified proactive service elements requires co-ordination between health and care providers, including the third sector and community groups, that is likely to require time to put in place. Initial proactive service offerings based on existing telecare service delivery arrangements can be implemented, then broadened in scope, introducing additional service elements as increased levels of co-ordination are put in place.

This iterative approach can be delivered using small scale initial implementations of proactive telecare, including the upcoming Test of Change projects. The output of this study, existing operational processes, and (limited) proactive service best practice can be used to develop an outline proactive service scope and operational processes which can then be validated through the initial implementations. The output of these can be used to update and share best practice, which can be further updated as more data and experience is gained.

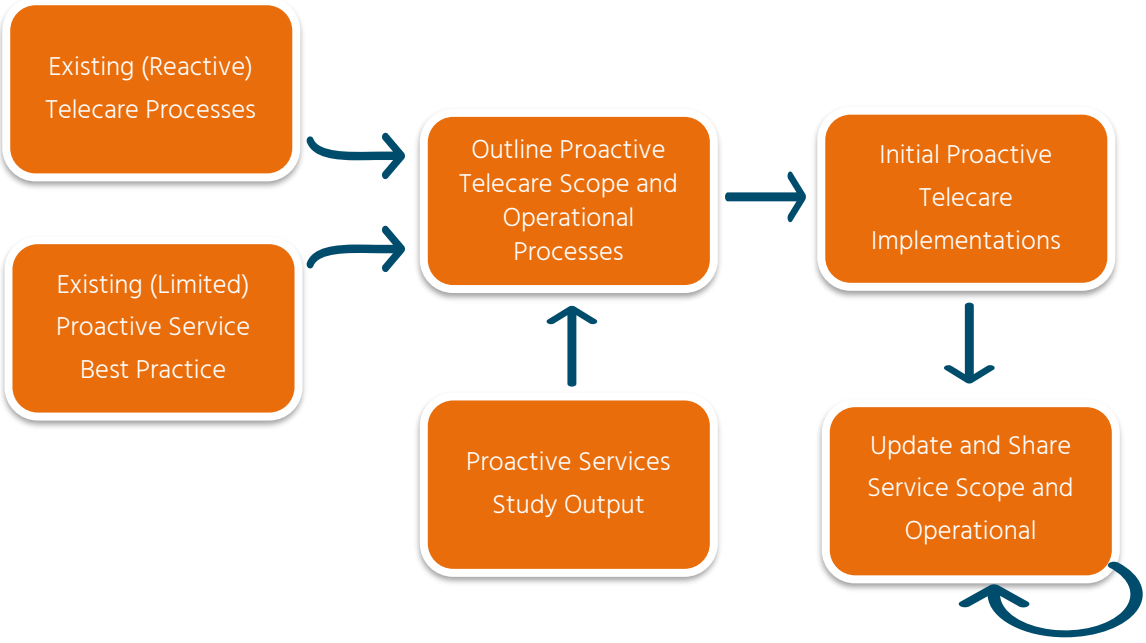

Figure 15: Proactive Service Scope and Operational Processes Development Approach

The initial proactive telecare implementations are likely to use the existing telecare delivery approach, which is not always integrated with other health and care services. As outlined earlier in

this report, the scope of the proactive services is likely to be limited under the non-integrated delivery model given the level and skills of the resource available to provide the services. Proactive service scope can be increased as greater co-ordination is put in place between care and support providers. In practice, this is likely to happen incrementally, leading to iterations of the proactive service as more organisations and further resource and skills become involved in the delivery of the services.

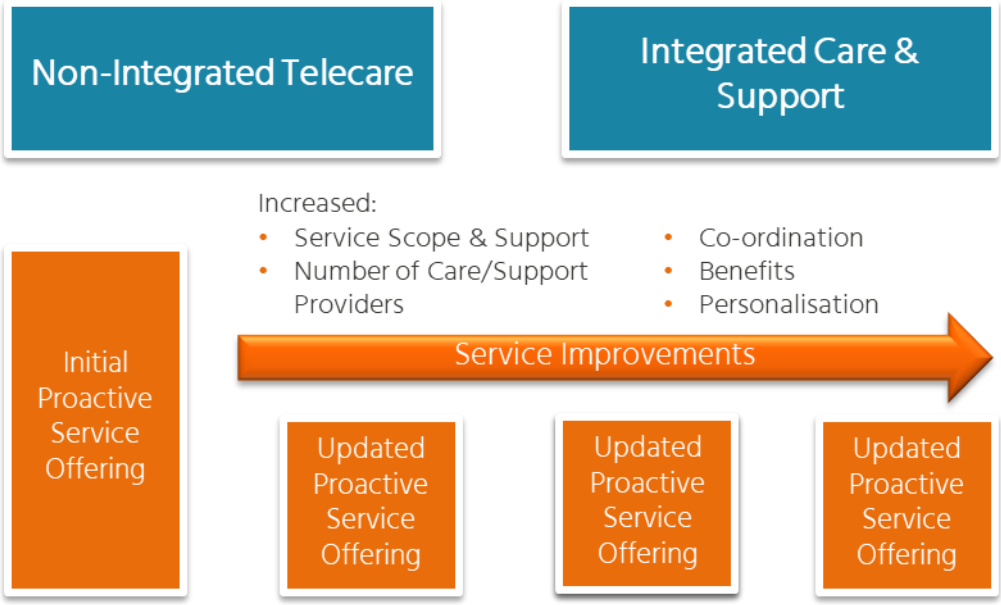

Figure 16: Service Iterations as Co-ordination between Care Providers is Implemented

The remainder of this section provides detail on the operational processes, resources and technology required to deliver proactive telecare services. As detailed above, this is designed to support the development of an outline service offering that can be validated by initial implementation projects.

8.2. Operational Processes

8.2.1. Overview

Existing telecare operational processes will need to be significantly updated to support the delivery of proactive services. This section highlights some of the operational changes that are likely to be required and the questions that initial implementation projects are likely to need to address in order to develop service delivery best practice.

It is desirable that, wherever possible, Partnerships use a common approach to delivering proactive services as this will support the development of standard best practice, data sharing, benchmarking and shared service delivery. However, it is recognised that the proactive telecare service scope detailed in this report comprises a wide range of interconnected service elements and Partnerships will need to determine which service elements they wish to offer and tailor the processes and resources required to deliver them.

To examine the operational processes required to support proactive service we have used the same high-level steps used in the Digital Telecare Playbook's Operational Process Guide (Figure 17).

User-Facing Processes

Back Office Processes

Figure 17: High Level Operational Process Steps

8.2.2. Referral

Which service users are offered a proactive telecare service?

Proactive services could be provided to all service users as an integral part of their telecare service (as in Barcelona and Andalucía), or be targeted at a sub-set of telecare service users (as in Wales and some of the initial Scottish proactive services).

The cohort provided with proactive services is likely to be defined by the service scope (a simpler, less personalised service is easier to deliver at scale than a broader or more personalised service) and the resource available to the Partnership to deliver the services.

The proactive service could be offered to existing telecare service users (or a sub-set of them), though the reasons for the change in the nature of the service would need to be explained. Alternatively, proactive services could be offered only to new telecare service users.

How are service users referred to the service?

The process for service users referral will also need to be reviewed. Existing referral mechanisms may be appropriate where proactive services are universal, but new mechanisms may be required if proactive services are only offered to a subset of service users.

8.2.3. Assessment

What level of support and personalisation can be provided?

How is the scope and frequency of support provided to a user determined?

The assessment process for proactive services is likely to be defined by the range of proactive support that can be provided, and the level of personalisation of the service that can be accommodated. This is turn is likely to be defined by the resources available to deliver the services. Some existing proactive services (such as in Andalucía) provide a standard proactive offering, others (such as Barcelona and Wales) tailor the service, to differing degrees, to service users' needs.

Where personalisation is possible, in terms of the nature or frequency of the support provided, an assessment process is required that can be used to agree appropriate support and care with the service user .

Who is responsible for completing the assessment process?

Where a proactive service involves support from a range of care providers it will be necessary to determine who is responsible for completing the assessment process. This is also a consideration for re-assessment, and on-going co-ordination of the support and care provided, as detailed below.

How often, and how, is the proactive support provided reassessed?

What events can trigger a change in the level of support provided?

Proactive telecare will provide Partnerships with more regular updates on service users' conditions, daily living, and support needs, compared to existing telecare services. Operational procedures need to be developed to determine how, and how often, this information is reviewed to determine whether a service user's support and care needs have changed. The impact of proactive telecare (re)assessment on existing telecare assessments needs to be considered.

These reviews could be completed on a regular basis, or triggered by an event, for example:

- A fall, bereavement, or hospital discharge.
- A service user reporting a change in their wellbeing, health, or support needs.
- A proactive call identifying a need for preventative actions, such as an increased risk of fall, progression of a health condition, or difficulties with daily living activities.

8.2.4. Installation

What equipment do service users require for proactive services?

Installation is an element of existing operational processes that should not need significant updates to support proactive telecare as the service should not require any additional equipment to be provided to service users.

The services can be delivered by making a call to the service user's landline or mobile, or to their telecare alarm device (or using a mix of these approaches).

If calls are made to telecare alarm devices, Partnerships need to consider the potential impact of the shift to digital telecare alarms as incoming calls to these devices can either be barred, or can incur international call charges (where the roaming SIM uses an international number). The availability of connectivity to support digital alarms is also a consideration, particularly for service users in remote and island communities.

8.2.5. Call Handling

How are proactive calls made?

Proactive calls can be made using an existing ARC solution, or any telephone.

Using the ARC solution has the advantage that calls are automatically logged and recorded (if configured). However, Partnerships will need to consider if proactive calls will impact on their existing ARC systems, specifically:

- Increases in the number of call handlers or service users meaning that the ARC solution needs additional licences or equipment upgrades to support the increased use.
- Outgoing proactive calls increasing the number of concurrent calls made by the ARC, leading to a need for additional phone line capacity, or ARC solution equipment / licences.

Alternatively, making calls from a standard telephone has the advantage of providing flexibility in who makes the calls, and from where. However, there is additional effort required to log calls, and there may be no call recording.

How are proactive calls scheduled and logged?

Calls to a service user need to be scheduled based on the frequency agreed during the (re)assessment process. Some ARC solutions provide the functionality to schedule outgoing calls, either as a standard or additional cost feature. Calls could also be scheduled using a standalone application (or even a spreadsheet) if required, though this approach may not scale well, presents some data protection risk, and introduces additional effort in terms of having to then enter call records into the ARC solution.

Regardless of how calls are scheduled, it is likely that Partnerships will need to log details of the call in a service user's record on the ARC solution in order to provide a single source of information on contact with the service user and their care needs.

What information should be stored about calls?

As above, it is likely that information on proactive calls will need to be stored in the ARC solution to provide a single source of information.

It is assumed that multiple call handlers could be responsible for making proactive calls to a service user, and so the information stored will need to allow a call handler to:

- Understand the service user's agreed mix of care and support, including the frequency of proactive calls, and the purpose of the calls.
- Establish a connection and conversation with the service user, for example through having key details on interests, family, pets, circumstances, etc.

- Know details of previous contact with the service user (incoming and proactive telecare calls, plus contact with other care and support providers, if relevant) and any information or actions that resulted from these calls.

Should calls be scripted?

Given the range and nature of proactive telecare calls that can be made to a service user it is unlikely that calls can be fully scripted. However, there could be elements of the call that are scripted, for example using a standard introductory message to explain to a service user who is calling and to provide reassurances that it is not a scam call.

Loose scripting of calls can also be used, providing call handlers with topics or questions to raise during the call, for example, questions focussed on trying to identify if a service user is having difficulties with aspects of daily living, or changes in health and activity levels. In some cases these questions could be obtained from existing best practice, for example the falls pathway.

What is the impact on call handler resource?

The amount of call handler resource required to deliver proactive services will be determined by the cohort of service users offered the services, and the nature and frequency of the services provided.

To provide an indication of the potential resource requirements to deliver proactive services, some scenarios are provided in Figure 18. These scenarios are based on a 'typical' Scottish telecare service, using data collected during FarrPoint's previous Telecare Call Handling Study.

The scenarios use the following assumptions:

- The typical telecare service has 4,500 service users, and currently has 16 FTE call handlers (for incoming alarm call handling).
- The existing call handlers are fully occupied handling incoming calls (i.e. additional resource is required for proactive calls).
- Proactive calls are made during the day, Monday to Friday.
- Proactive calls do not result in a reduction in incoming calls (a 'worst-case' assumption).
- Proactive call handlers work an 8 hour shift and are 75% utilised on call handling activity during the shift.
- To complete each call, time is required for: Call Prep - Reading the service user's notes and preparing to make the call; Call Duration - The time spent speaking to the service user; Call Wrap - Time spent updating the service user's notes and assigning actions following the call.

Although the scenarios are based on a synthetic provider and service offering, they demonstrate the potential resource impact of proactive service offerings. The scenarios show that frequency of calls has a more significant impact on resource requirements than the number of service users offered proactive services or the duration of the call itself. It should be noted that the scenarios did not include the option of offering calls more frequently than weekly; if this option is offered at scale, it is likely to have a further significant impact on resource.

Figure 18: Proactive Call Handling Scenarios and Resource Requirements for a 'Typical' ARC

Does Proactive Telecare require its own telecare call handler resource?

The scenarios provided above assume that proactive services are provided by dedicated call handler resource as existing call handling staff are assumed to be fully occupied on incoming call duties.

In reality, existing call handlers may have some time free to make outgoing calls, particularly outside the peaks in incoming calls that occur early and late in the day (see FarrPoint's previous call handling report for details of how call volumes vary during the day). If this is the case, there may be a reduction in the amount of additional resource required to deliver proactive services. However, an additional consideration is skills and training of call handlers; further detail on this is provided later in this section.

8.2.6. Response

Note: In this section Response is taken to have a broader definition than for traditional reactive telecare; encompassing all proactive care and related support provided to service users.

Who is responsible for providing care and support?

Currently Partnerships are largely responsible for providing all elements of the telecare services themselves, including support from a response service, where available.

As outlined in Section 6.1, proactive telecare services can continue to be delivered by the telecare service alone, or as part of a co-ordinated care and support delivered by a range of providers.

When planning a proactive telecare offering it will be necessary to determine the elements of proactive support that the telecare service has the resource and skills to deliver itself, and those that need to be delivered in conjunction with another care / support provider. Where other providers are involved, clear processes need to be in place for referral and co-ordination of this care (see below).

How to respond to requests from service users outside the scope of the service offering?

The nature of proactive telecare conversations are likely to be deeper and broader than some existing telecare calls, with service users potentially being asked open questions to encourage them to talk about their wellbeing and ability to cope with daily living. These conversations may lead to the service user highlighting a need for support that falls outside the scope that the Partnership can provide directly. Examples could include health condition specific questions/concerns, issues with home maintenance (for service users in private accommodation), money worries, issues with pets.

Partnerships will need to have processes in place to identify when a request is outside the scope of support that can be directly provided, and how they should be responded to.

How is support co-ordinated?

As detailed previously, where care is provided by a range of organisations, co-ordination of this support is a critical role. It will be necessary to determine how this co-ordination is provided, potentially with one of the support organisations taking this role.

Operational processes that are used by all the organisations will need to be developed to determine:

- The care/support each organisation is responsible for providing.
- How and when service users are referred to each of the organisations.

- When and how data on services users is shared and updated.
- How and when the service user will be communicated with.
- Arrangements for the on-going monitoring and co-ordination of the care and support provided.

The co-ordination role and the shared processes are likely to become increasingly important as the scope of the service, and the number of organisations involved in the delivery of support, increase.

As outlined above, the co-ordination of care will require data on the service user to be shared between organisations. This means that Data Protection and consent will need to be addressed as part of the process of developing the service and operational processes.

8.2.7. Withdrawal

As detailed in Section 8.2.4, the delivery of proactive services should not require additional equipment to be provided to service users. Given this, existing telecare withdrawal procedures are unlikely to require much, if any, updating.

Who needs to be informed when a service is withdrawn?

Where a proactive service is provided by several providers, it is likely that withdrawal processes will need to be updated to ensure that all organisations are made aware of a person's withdrawal from the service.

8.2.8. Business Continuity & Disaster Recovery

How will proactive working impact on business continuity and disaster recovery arrangements?

Partnerships' existing business continuity and disaster recovery arrangements will need to be reviewed to take account of proactive services. However, it is unlikely that significant updates will be required given that proactive services do not rely heavily on technology for their delivery and calls can potentially be made by call handlers from any location, including home (as has been used by some Partnerships during COVID-19).

The main considerations are likely to be how call handlers obtain system access to schedule calls and access and update service users' notes, and how co-ordination between organisations will be maintained (if this forms part of service delivery).

8.2.9. Technology Management

Technology management in a traditional telecare service focusses on the maintenance and tracking of alarm devices and peripherals.

As proactive telecare does not require the installation of additional devices into service users' homes, there is unlikely to be significant updates required to this element of operational processes.

Potential future developments of proactive telecare could include the introduction of video-based services, IoT devices, and integration with service users' own smart devices. These developments could impact on technology management, both in terms of service users potentially being provided with tablets and smart devices, or the need to configure service users' own devices to operate with the proactive service.

8.2.10.Training and Development

What additional training is required by call handlers?

The skills and training required to handle proactive telecare calls will be determined by the nature of the service being offered. However, in general, proactive calls have the potential to be different in nature to (some, not all) existing telecare calls. Proactive calls may require call handlers to establish a deeper relationship with service users and ask open questions to obtain a true picture of their wellbeing or ability to cope with activities of daily living.

Some proactive services, notably in Wales, use a separate team to deliver proactive calls to those handling incoming alarm calls. This is because the nature of the calls requires specialist skills and training, which alarm call handlers do not currently have. Other services, such as those in Spain, use a single team of call handlers to handle both incoming and proactive calls. It should be noted, however, that the nature of the calls being made by these Spanish services are (generally) more transactional than those being made in Wales, and so the need for specialist training and skills is less.

Proactive call handlers are likely to require strong interpersonal skills to be able to establish a connection with service users. Training requirements are likely to focus on the approach to be taken during proactive calls, including:

- How to have a "good conversation".
- Client records.
- Any elements of scripting (if used).
- The questions and pathways to use to obtain information on the service user's conditions and wellbeing.
- Process for assessment and referring and escalating care needs, issues or concerns. Including the identification of triggers.
- How and where to refer requests from service users outside the scope of the service.

Are any qualifications or registration required to deliver the services?

The need for staff to have qualifications or registration to complete their role is another area that will be determined by the scope and nature of the proactive services being offered.

The SSSC and Care Inspectorate will need to be consulted once the scope of a proactive service has been developed to establish whether there are any requirements for registration at an individual and/or organisational level.

8.2.11. Quality and Management Information

How is the quality of the proactive services provided measured and reported?

The previous FarrPoint call handling study found that the approach to measuring and reporting on telecare service quality varied between Partnerships. Where quantifiable measures were collected, these tended to focus on incoming call volumes and the amount of time taken to answer alarm calls.

Call handling information is likely to form part of the quality reporting for proactive services, measuring whether service users are receiving calls to the agreed schedule. However, given the nature of proactive services, it is likely that quality measures will need to focus on service user

outcomes, rather than call handling statistics. The measures used will be defined by the scope of the service offered, but could include:

- Service user satisfaction with the proactive service.
- Service user perception of their own wellness and ability to live independently.
- Levels of adverse events (eg: falls, hospital admissions, ambulance callouts)
- Time period service users remain on the service.
- Changes in timing or nature of provision of statutory services.

It should be noted that from our review of existing proactive services, measurement of satisfaction levels and quantifying the benefits provided by the service appear to be a challenge for many organisations, and so this should be an area of particular focus when developing operational processes. This is examined in further detail later in this section.

What quality standards and best practice exist?

Quality standards and best practice will be required by Partnerships given the wider scope of proactive services, and so the increased need for decision support and risk management.

There is some best practice available for the delivery of elements of proactive services from providers that currently provide these kinds of services, as detailed earlier in this report. However, these services are currently either relatively limited in scope, or in the early stages of development, and so it is likely that best practice will also need to be developed for a broader scope Scottish service. Initial implementations of proactive telecare can be used to start this process.

Existing telecare quality schemes, such as those offered by the TSA and CECOPS[53], will need to be updated to address proactive services. The TSA is currently updating its Quality Services Framework (QSF) and plans to include proactive services in the refreshed version. It is recommended that these organisations are engaged as part of the process of developing operational procedures for Scotland.

Is there a need for staff or services to be registered?

The need for staff or services to be registered is another area that will be determined by the scope and nature of the proactive services being offered.

The SSSC and Care Inspectorate will need to be consulted once the scope of a proactive service has been developed to establish whether there are any requirements for registration at an individual and/or organisational level.

What are the data protection considerations?

Data protection needs to be considered as part of the process of developing the service scope and operational standards. The nature of proactive services is likely to require Partnerships to collect, store (process), and potentially share, personal data in addition to that currently collected.

This will require Partnerships to complete a Data Protection Impact Assessments (DPIA) for the new services, and consider related issues, such as how service users are informed about how their data will be used, how consent is obtained, and the need for data sharing agreements with any partner organisations involved in the delivery of the service.

8.2.12. Charging

How to charge for proactive services?

Partnerships will incur additional, potentially significant, costs providing proactive services and these are examined in more detail later in this section.

From our review of existing proactive services, we found differing approaches to charging for proactive services. Some providers, such as those in Spain, see proactive services as an integral part of the care offering, and so the service charge (where paid, if means tested) includes both the alarm monitoring and proactive elements. In Wales service users do not currently pay for proactive services as they are provided as part of a Government funded trial, however, charges may be introduced once the pilot ends, with service users being charged a fee in addition to that for their standard telecare service. Surveys are currently being completed by Delta Wellbeing to establish the amount service users would be willing to pay for the additional service elements (it should be noted that these additional elements include proactive telecare services and a physical response service).

Service charging is a complex, and sensitive, area. To assist with the development of an approach to charging for proactive services it is recommended that the initial proactive telecare implementation projects are used to establish:

- The value service users believe they obtain from proactive services.
- The benefits Partnerships, and health and care providers more generally, obtain from proactive services.
- The true costs associated with delivery of proactive services.

8.3. Technology

This section examines some of the technology aspects of proactive telecare in more detail, however, fundamentally this is not a technology-led service, instead being reliant on telecare call handlers, and other care and support providers' staff resources.

From a service user's perspective, proactive telecare services can be provided using an existing telecare alarm device (where it accepts incoming calls), or the service user's own landline or mobile telephone.

To provide basic proactive telecare services, call handlers require access only to a telephone. However, as service user numbers increase, and the scope of the proactive service increases, technology, and the required digital connectivity to support it, will become more important to service delivery. Specifically, technology is likely to be required to:

- Schedule proactive calls.
- Store details of the care and support being provided, records of calls, actions, etc.
- Assist with completing assessments, risk assessment, preventative care, etc.
- Share data with partner organisations.

Some of the above functionality is available from existing ARC solutions used by Partnerships in Scotland, in some cases as a standard feature, in others as an additional cost option. Examples include (not an exhaustive list, other solutions are available):

- Tunstall PNC has an optional Proactive Care Module that offers outbound call scheduling and provides call handlers with details of the topics to be covered on each call.
- Similarly, Jontek Answerlink includes a scheduler feature as standard that supports outgoing calls, and an optional "I'm okay" feature that provides automated wellbeing check calls.
- Tunstall offers its ICP Triagemanager[54] that supports Partnerships in decision making. This includes defining algorithms to assist call handlers in assessing risk, user stratification, and call referral.

Technology is likely to become increasingly important in the delivery of proactive services as they develop and broaden in scope over time. Future developments of the services could include (all examples have been cited during stakeholder interviews):

- The use of video-technology, potentially to help tackle loneliness, to enhance calls with care staff, and to enable service users to better connect with their family, friends, and community. (*This service is currently offered by Blackwood*).
- Use of a website, or app to enable service users to score and track their wellbeing and to provide regular data on the impact of proactive services, and to trigger proactive / preventative action in the event of a service user reporting a drop in wellness. (*This service is about to launch in Wales*).
- The integration of proactive telecare services with smart devices, including IoT and wearables, to provide further information on service user activity, environment, and health. (*Use of smart devices to provide preventative care is becoming increasingly available. Integration of telecare with some smart devices is already offered as an option by some ARC providers*).
- The integration of proactive telecare services with telehealth devices, to provide an integrated view of health and wellness. (*Standalone monitoring of telehealth devices is already well established. Integration of some telehealth devices into telecare monitoring is already offered as an option by some ARC solution providers*).

8.4. Staffing

Providing proactive services is a staff resource intensive activity, and the impact on staffing is likely to be one of the most significant considerations for Partnerships looking to provide these services.

As shown in Section 8.2.5, a typical Scottish Partnership, offering its 4,500 service users monthly calls is likely to require between an additional 7.5 and 11.5 FTE call handlers, depending on average call length. Call handler resource requirements reduce if proactive calls are only offered to a sub-set of service users, and increase if calls are offered more frequently than monthly.

These estimates assume a worst-case, where existing call handlers have no free capacity to deliver outgoing calls, and where outgoing calls do not result in a reduction in incoming calls. In reality, existing call handler resource may be able to offset some of the requirement for additional staff.

The staffing estimates relate only to call handling. There is no allowance in the figures for any resource to deliver care or support that is identified as being required by the proactive calls. The figures also exclude any additional supervisor/manager resource that may be required to oversee the services and additional staff.

The skills and training required by call handlers will be defined by the scope of the proactive services offered. This scope will also determine whether staff require specific qualifications or registration.

Skills, training, and registration requirements will also potentially impact the grading of roles, Partnerships' recruitment processes, and the ability to move call handlers between alarm response and proactive telecare tasks.

8.5. Costs and Benefits

As previously noted, the cost of proactive telecare services is likely to be dominated by the additional staff resource required to deliver them.

The call handler resource figures in Section 8.2.5 can be used to provide estimated costs that could be incurred by a Partnership, these costs are provided in Figure 19. The estimated costs make the same assumptions previously used, plus:

- Costs relate to call handler resource only.
- Call handlers are dedicated to proactive service delivery.
- Call handler costs are assumed to be £20,000 + 25% on costs.
- Proactive calls are completed during normal office hours, so no shift allowance applies.
- Resource requirements are rounded up to the nearest 0.5 FTE.
- Per service user costs are apportioned only between people receiving the proactive service.

The cost estimates show that significant costs are involved in the delivery of all scenarios. The per service user cost varies significantly between the scenarios. Using this measure, monthly calls to all service users provide the lowest annual cost (£41.67 / service user) and the small-scale use of weekly calls the highest (£277.78 / service user).

To put these figures in context, the previous FarrPoint study found that the average current telecare cost in Scotland, when chargeable, is £185.12 /year, or £3.56 /week. This means that if the full cost of proactive telecare were passed to service users, charges could rise by between 23% and 150%.

As with the previous section, it is important to note that these costs relate only to resource required for call handling. There is no allowance in the figures for any resource to deliver care or support that is identified as being required by the proactive calls. The figures also exclude any additional supervisor/manager resource that may be required to oversee the services and additional staff.

Section 7 provides details of the benefits that proactive telecare services could potentially be expected to provide. Given the costs associated with delivering proactive services, it will be important to ensure that these benefits are captured and quantified, where possible. This is likely to include:

- Service users' perception of the impact of the service on their wellness and ability to live independently. This would be measured on commencement of the service, and regularly over time.
- Measuring impact on service user outcomes: For example, alarm calls, response service callouts, falls, ambulance callouts, health outcomes, etc.
- Measuring longer term impact of the service: For example, period the service user remains on the service, delay or reduction in requirements for statutory care, etc.
- Measuring impact on the wider telecare service. For example, reduction in incoming calls, or call peaks.

To support the development of best practice and benchmarking, it would be beneficial if Partnerships offering proactive services took a consistent approach to measuring and reporting these benefits.

	Timings	Call Handler Resource Required	Estimated Annual Costs
Scenario 1a All 4,500 service users receive monthly call	Call prep: 5 mins Call duration: 10 mins Call wrap: 5 mins	11.5 FTE	£287,500 £63.89 / service user
Scenario 1b All 4,500 service users receive monthly call	Call prep: 3 mins Call duration: 5 mins Call wrap: 5 mins	7.5 FTE	£187,500 £41.67 / service user
Scenario 2a 10% of service users receive weekly call, remainder monthly	Call prep: 5 mins Call duration: 10 mins Call wrap: 5 mins	15.4 FTE	£387,500 £86.11 / service user
Scenario 2b 10% of service users receive weekly call, remainder monthly	Call prep: 3 mins Call duration: 5 mins Call wrap: 5 mins	10 FTE	£250,000 £55.56 / service user
Scenario 3 Only half of service users receive proactive calls (monthly)	Call prep: 5 mins Call duration: 10 mins Call wrap: 5 mins	5.8 FTE	£150,000 £66.67 / service user
Scenario 4 Only 20% of service users receive proactive calls (weekly)	Call prep: 5 mins Call duration: 10 mins Call wrap: 5 mins	10 FTE	£250,000 £277.78 / service user

Figure 19: Proactive Call Handling Scenarios and Annual Cost Estimates for a 'Typical' ARC

9. Summary and Next Steps

This report has shown the potential range of proactive telecare services that can be offered, as well as the potential benefits they could provide to service users and the wider health and care system. It has also shown that to deliver all these proactive services requires a co-ordinated approach with care and support being delivered by several providers.

This co-ordinated approach is likely to require some time to put in place, and initial proactive telecare services may be narrower in scope and based on the existing telecare delivery approach. Proactive services can then be broadened in an iterative manner as co-ordination is put in place.

The report has also highlighted that existing examples of proactive telecare services are limited, especially examples of broad scope co-ordinated services. As a result, availability of operational best practice and demonstrable benefits are also limited.

Initial implementations of proactive telecare, including the Test of Change projects, can be used to build on the findings of this report, and to develop best practice and generate evidence of the benefits of proactive services.

Objectives of these initial implementations should include:

- Determining which proactive service elements can be provided using the existing telecare delivery approach, and what elements of integration can be introduced as a first step towards a co-ordinated service.
- Determining the cohort of service users that should be offered the proactive services.
- Developing operational best practice for the delivery of these proactive service elements. This should cover all the operational steps detailed in the previous section.
- Validating the resource impact of proactive services including additional staff, skills, training, and potential need for registration.
- Validating the costs and technology assumptions made in this report.
- Developing and implementing arrangements to capture and quantify the benefits of the proactive services.
- Determining how proactive telecare services impact on other services, for example the number of referrals to Occupational Therapy.
- Determining how future iterations of services can be broadened by partnering with other organisations and developing arrangements for co-ordinating this support.

10. Glossary

Term	Definition
ARC	Alarm Receiving Centre
DHI	Digital Health & Care Institute. https://www.dhi-scotland.com/
FTE	Full Time Equivalent
HSCP	Health & Social Care Partnership
ICP	Integrated Care Platform
SSSC	Scottish Social Services Council
TEC	Technology Enabled Care

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