

2020 - 2021

# TELCARE BENCHMARKING IMPACT REPORT



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# EXECUTIVE SUMMARY

## Key findings 2020/21

Based on data submitted by participating HSCPs.

- 73% of people in receipt of telecare were aged 75 year and over.
- The most common reason for referral for telecare was 'to improve safety/reduce risk of harm' (64% of referrals).
- The most common sources of referral were open/self/family/carer (34%), social work (27%) and hospitals (24%).
- The proportion of referrals that were to support hospital discharge ranged from 4% to 46%.
- The average number of days between referral and installation was eleven days (range 4-35 days).
- On average, around 23% of activations required a physical response, with responder services providing the majority of responses (62%).
- Significant variation between HSCPs in call reasons was observed, including the number of responder service contacts (range 4% to 95%), false calls (range 6% - 24%), reassurance calls (range <1% - 21%) and test calls (2% - 24%).
- The proportion of alerts requiring an emergency response was 3% (6,099 calls), but ranged from 7% in quarter 1 to 2.8% in quarter 2.
- The most common devices activated were community alarms (51%).
- The average number of weeks that a service user had telecare prior to service withdrawal was 160 weeks. There was notable variation between HSCPs (range 55 - 275 weeks).

## Actions for TEC, supported by SHN, where relevant

- Address barriers to participation.
- Support wider participation, specifically for those partnerships who have committed to participation but have experienced difficulties with implementation.
- Develop minimum data set and associated definitions.
- Support participants to use benchmarking findings to make service improvements locally.
- Commission full cost/benefit analysis of the telecare programme.
- Encourage senior management 'buy-in' to benchmarking and data insight.

## Recommendations from SHN for 2020/21

- All reporting HSCPs to report consistently each quarter.
- Increase in the number of HSCPs submitting.
- Use the minimum data set to agree some KPIs to monitor performance against.
- Individual partnership to work collaboratively, facilitated by the benchmarking workshops, to share best practice and understand reasons behind service variations.

# EXECUTIVE SUMMARY

Scotland's Housing Network (SHN) has been providing benchmarking services to Scotland's Technology Enabled Care (TEC) programme since 2017.

Telecare benchmarking workshops are held quarterly for Health and Social Care Partnerships (HSCPs) that are either actively participating in the telecare benchmarking programme, or are interested in doing so.

At every workshop in 2020/21 participating HSCPs have positively engaged and continued to commit to future data submissions. Workshops have developed to explore themes at each session, with an interactive approach to best practice sharing.

It is important for the long-term effectiveness of benchmarking that we reach a critical mass of HSCPs returning data, consistently, every quarter. There are a number of barriers that prevent HSCPs returning data, including: lack of human resource to prepare the data return; temporary short staffing, including due to COVID; IT systems being unable to provide accurate reporting; challenges extracting data from alarm receiving centre (ARC) systems, and senior managers not prioritising the work.

It is important that we look at ways to overcome these barriers and to support and enable HSCPs to collect, extract and submit data, and fully participate in the benchmarking programme.



# INTRODUCTION

## 1. About Us

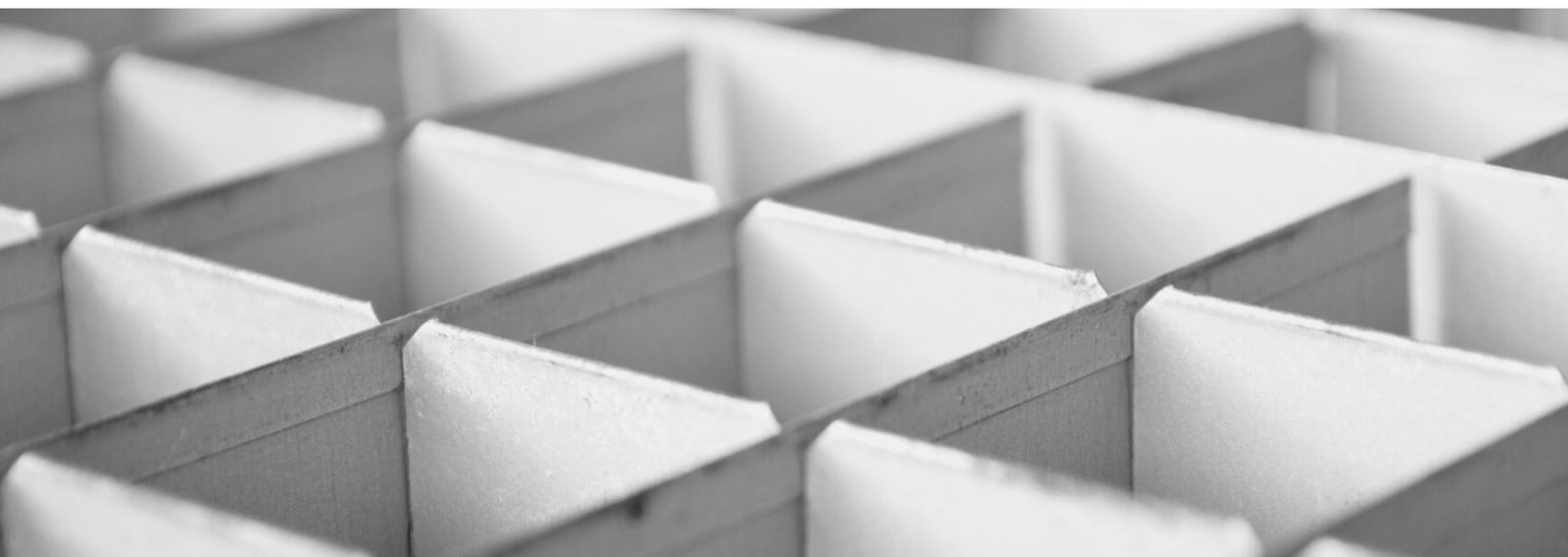
1.1 Scotland's Housing Network (SHN) is a registered Scottish charity (SC042381) and is a limited company registered with Companies House (SC401352) and is governed by a Board of Trustees.

1.2 SHN provides benchmarking services, a wide range of practice exchange forums, value for money services, access to business intelligence and self-assessment tools, as well as a range of additional value-added services to social housing landlords across Scotland. Scotland's Housing Network adheres to the European Benchmarking Code of Conduct.

1.3 The TEC programme was launched in 2014 with oversight from the Scottish Government. The programme was established to support service transformation in the backdrop of ever-increasing demands on health and social care providers.

1.4 Scotland's Housing Network and the TEC telecare programme have worked together since 2016. SHN provides benchmarking services against a number of agreed metrics. As well as providing benchmarking services, which includes support to HSCPs joining the programme, SHN also hosts quarterly data workshops to share the findings of the benchmarking with both the HSCPs that return data, and those that are interested in engaging in benchmarking in the future.

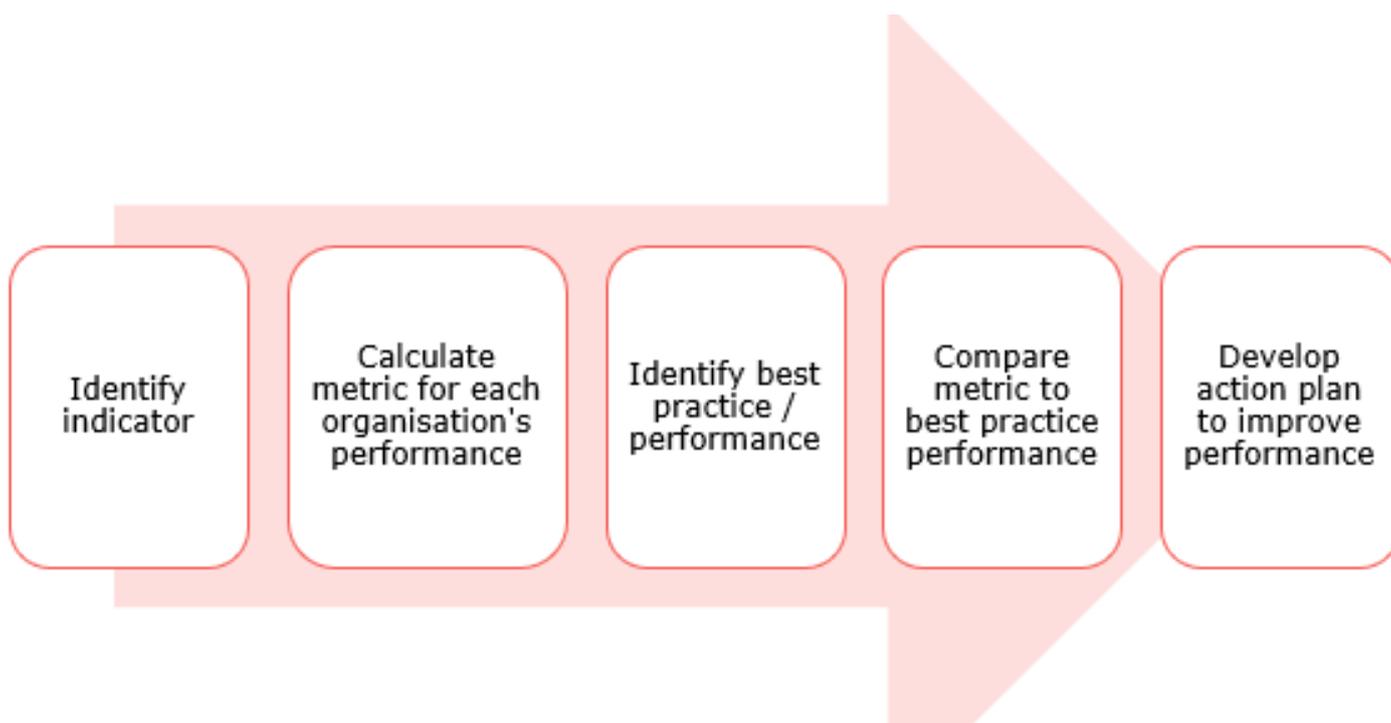
1.5 This report provides a summary of activity over 2020/21 and recommendations and actions for 2021/22.



# INTRODUCTION

## 2. What is Benchmarking?

2.1 Benchmarking is a powerful tool that is often used in organisations to drive continuous improvement, and in the case of telecare services, for service transformation. Benchmarking is a process of comparing the performance of an individual organisation with their peers, and more broadly across the sector. A specific indicator is identified, a metric of performance is calculated, and it is then used to compare against others' performance, and sometimes, internally or externally set, Key Performance Indicators (KPIs). It is crucial that findings from benchmarking are used to drive improvements in performance.



## 3. Background to Telecare Benchmarking

3.1 Scotland's Housing Network has been providing benchmarking services across the social housing sector in Scotland for over 25 years. In 2017, SHN and the TEC programme agreed data and contextual indicators to pilot for the telecare benchmarking project.

3.2 A total of seven HSCPs took part in a benchmarking pilot (Clackmannanshire, Edinburgh, Glasgow, Highland, Renfrewshire, Perth & Kinross and Stirling), five have continued to take part during this reporting year. The pilot took place in quarter one of 2017, and in November 2017 a review of pilot group feedback was concluded.

# INTRODUCTION

3.2 The first version of the current toolkit was released in 2018 and it was reviewed again with a subsequent release in 2019. Participating HSCPs are asked to provide, quarterly:

- Transaction data, which relates to referrals and installations;
- Withdrawal data; and
- Grouped call data, which relates to call handling, response and review.

In addition, HSCPs are asked to submit annual contextual information, which provides an overview of how their service is delivered.

3.3 Since November 2020, there has been extensive consultation with participating organisations to develop the next iteration of the toolkit. Each data workshop has focused on a different aspect of the data collection tool, for example: transaction data, grouped call data etc. Participants' views were sought as to the usefulness of the performance metrics and, crucially, the definitions used. Any data gaps were also identified.

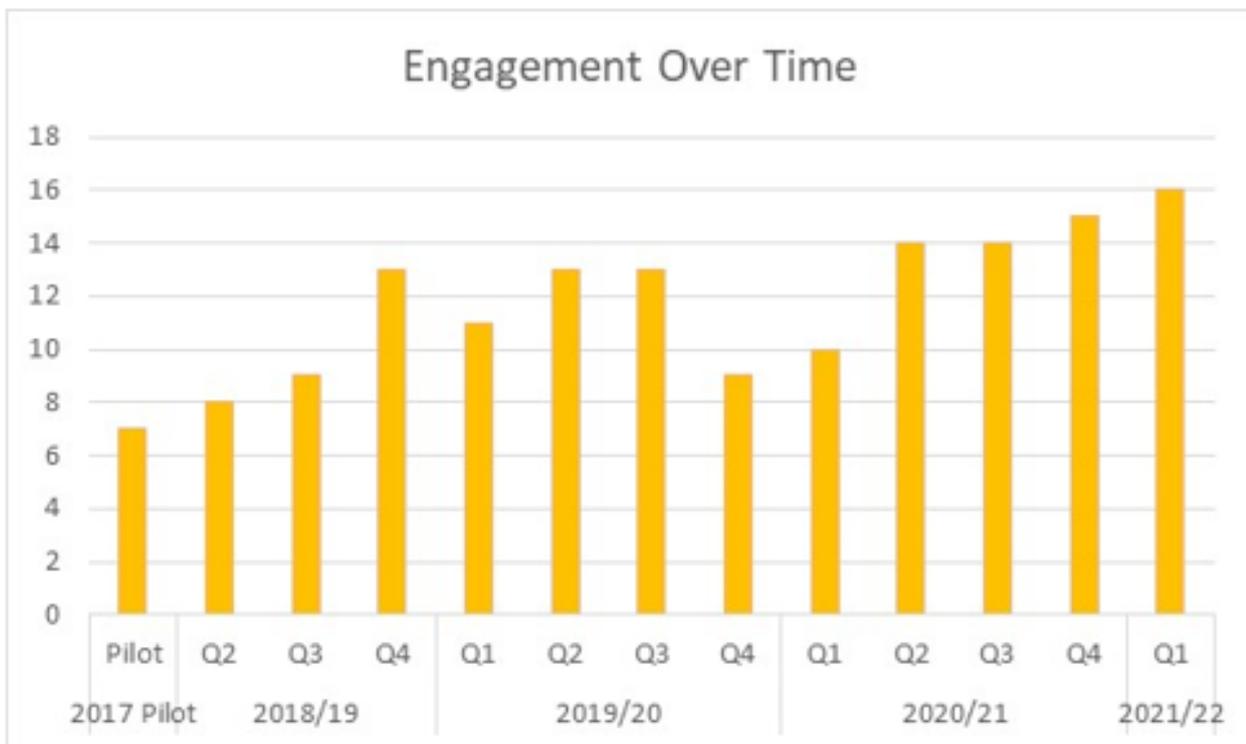
3.4 It was agreed with the TEC programme, SHN and participating HSCPs that changes to the toolkit would be made holistically, because a piecemeal approach had potential to lead to confusion and issues gathering data. The TEC programme has analysed the proposed changes and will align them with the telecare minimum data set, which is in development. SHN will amend the toolkit accordingly when directed by the TEC programme.



# ENGAGEMENT AND LIMITATIONS

## 4. Engagement and Coverage

4.1 Engagement has doubled since the initial telecare benchmarking pilot in 2017 (see below), however, to realise the full potential of benchmarking, it is important that all HSCPs fully participate in the benchmarking programme and do so on a consistent basis. This will allow an accurate national picture of the telecare programme, including its performance.



4.2 The mean number of reporting HSCPs in 2020/21 was 13.25, up from 11.5 the previous year. In the first quarter of 2020/21 only ten HSCPs submitted data, rising to 15 in the last quarter (the highest number to date). It is suggested that the lower number at the beginning of the reporting year is due to the impact of the COVID pandemic.

4.3 Over the reporting year a total of 17 HSCPs submitted data at least once, with nine partnerships submitting data every quarter. Three partnerships submitted data for three quarters, three partnerships for two quarters and two partnerships were new to reporting in quarter 4 and thus submitted only once.

# ENGAGEMENT AND LIMITATIONS

4.4 During the reporting period Clackmannanshire and Stirling HSCP began to report joint data, thus charts and analysis will at times refer to Clackmannanshire or Stirling as a discrete partnership and at other times it will show Clackmannanshire & Stirling to denote that the data is combined.

4.5 A further five partnerships have committed to returning data in 2021/22 which will bring the number of partnerships returning data to 23.

4.6 It is evident from feedback that a number of HSCPs are still struggling to submit data regularly due to staffing pressures, and for some, a lack of importance placed on benchmarking and the associated data analysis. Other notable reasons reported by HSCPs is that it can be time consuming to manually extract the relevant information from systems and cleanse the data making it suitable for submissions. Some partnerships recruit business support staff to collate and complete the benchmarking return, these staff are often not directly involved with telecare services and so may not fully appreciate the potential impact on service improvement. Additionally, the data is often held in different systems, with different reporting requirements, including alarm receiving centre platforms.

4.7 It is imperative that buy-in is sought at senior levels for this exercise to continue to grow and deliver the meaningful service improvement that it has capacity to do.



# ENGAGEMENT AND LIMITATIONS

## 5. Limitations

5.1 This report will make both comparisons and judgements and will use 'national averages' at points throughout the report. The term, 'national average' as used within this report, refers to the totals of all HSCPs that have returned data. It is acknowledged that not all HSCPs return data, nor do all the HSCPs that have returned data, do so on an ongoing and consistent basis. Comparisons and judgements are made whilst acknowledging these limitations.

5.2 Due to inconsistencies in the reporting of data it makes analysis over time particularly difficult. This is unfortunate and with consistent data reporting it is something that SHN wish to progress towards in the future.

5.2 Additionally, a number of indicators have a large proportion of 'unknown or other' data returns. When these generic, catch all, responses are used it does not provide meaningful information about the service user, or the performance of the service. This issue will be addressed in the next version of the toolkit.

5.3 It is also noted that there are no agreed KPIs to indicate 'what good looks like', initial work to develop KPIs forms part of the minimum data set workstream being conducted by the TEC programme.



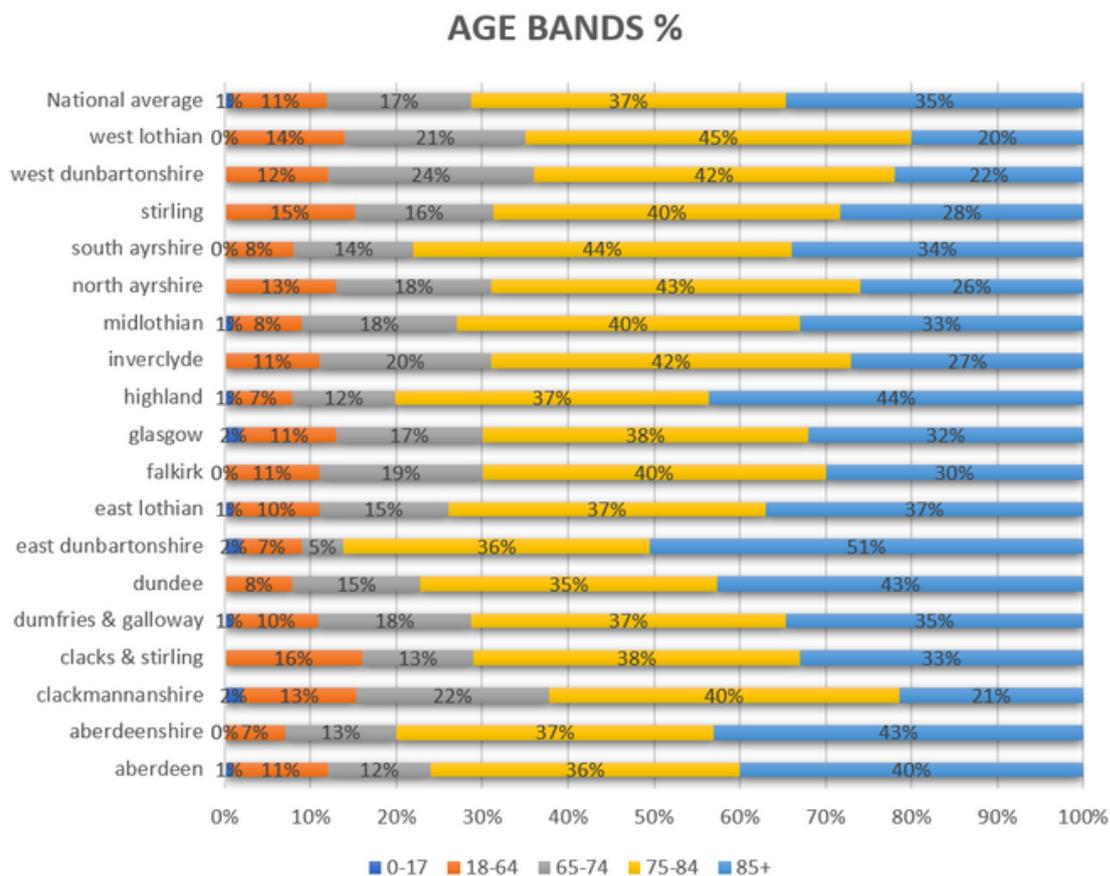
# FINDINGS 2020/21

## 6. Demographics

### Age of people in receipt of telecare

6.1 Most telecare service users are aged over 75 years, nationally this accounts for 73% of all reported service users. This is unchanged from 2019/20, it also corresponds with data from Public Health Scotland [1], which suggests 70.13% of telecare users in Scotland are aged over 75 years.

6.2 Thirty-eight percent of all service users are aged between 75 and 84 years, and 34% are aged over 85 years (39% and 34% respectively, 2019/20). The age profile of service users for each individual HSCP can be seen below.



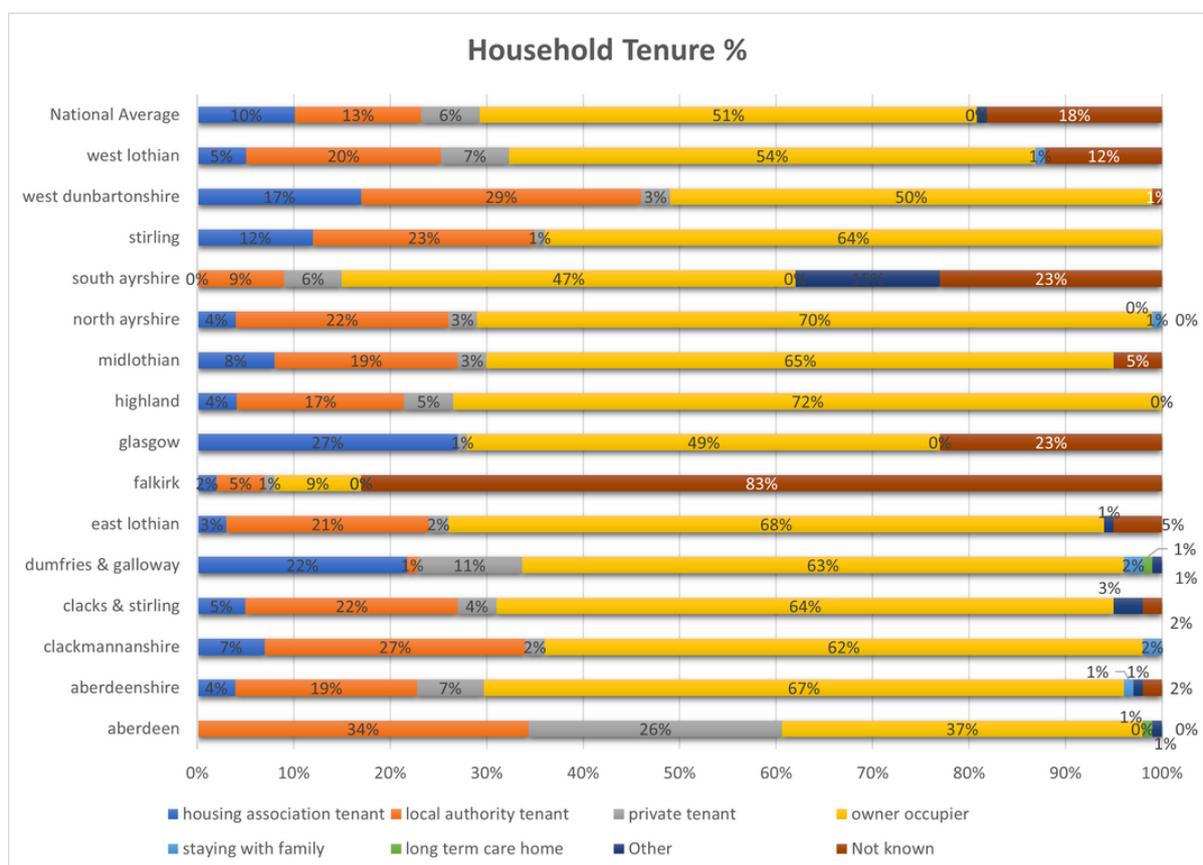
1. <https://scotland.shinapps.io/phs-social-care-equipment-201819/>

# FINDINGS 2020/21

6.3 In 2020/21 on average 10% of users were in the 18-64years old category, this compares to 11% in 2019/20. The range between partnerships is 7% to 16% in 2020/21 and 7% to 18% in 2019/20. In both years Aberdeenshire had the lowest average number of users in this age category and Stirling had the largest. The reasons for this are not explicitly known, however, we do know that Aberdeenshire had most referrals from 'open/self/carer' source (58%) with Social work (26%) following second; conversely Stirling had 34% and 55% respectively. It is recommended that patterns are explored with these two partnerships, specifically to investigate if this is connected to the demographic profile in the relevant partnership areas.

## Household Tenure

6.3 The majority of service users are owner occupiers, 51%, an increase from 44% in the previous year. Social housing tenants account for almost a quarter of telecare users (23%), there are however notable differences between HSCPs, for example West Dunbartonshire record 46% of telecare service users living in social housing, whereas in Falkirk this is 7% and South Ayrshire this is 9%. SHN recommend that this is explored further with partnerships and their housing colleagues.



# FINDINGS 2020/21

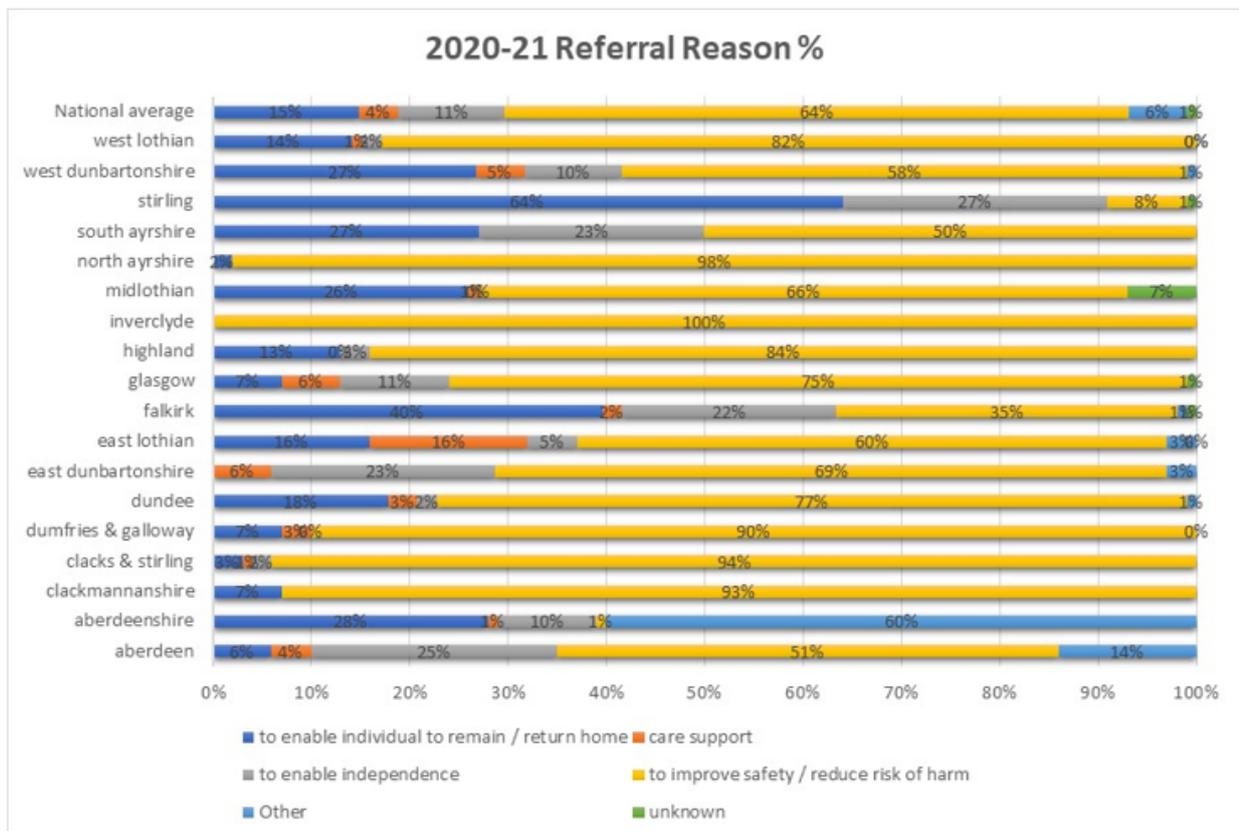
6.4 Partnerships are able to identify the household tenure of their telecare service users with greater accuracy in 2020/21, with HSCPs reporting 18% of telecare users as 'unknown' (down from 28% in 2019/20).

6.5 Most partnerships report less than 10% of telecare users living in privately rented properties, except for Dumfries and Galloway (11%) and Aberdeen City (26%) – it is suggested that the high levels shown by Aberdeen City is a residual effect from previous incorrect coding of owner occupiers (52% in 2019/20).

## 7. Referrals

### Referral Reason

7.1 'Reason for referral' indicates the reason why an individual was referred to the service, based on the intended outcome for the service user. The proportion of referral reasons reported by each HSCP can be seen below.



# FINDINGS 2020/21

7.2 Remaining unchanged from 2019/20 the most common reason for referral is 'to improve safety/reduce the risk of harm' (64%), with West Lothian, North Ayrshire, Inverclyde, Highland, Dumfries and Galloway, Clackmannanshire and Clackmannanshire & Stirling reporting substantially higher than the national average. Inverclyde recorded all reasons for referral as 'to improve safety/reduce the risk of harm'. However, there are some noticeable differences between HSCPs (see chart above).

7.3 Stirling and Falkirk reported 'to enable individual to remain home/return home' as their most common reason for referral (64% and 40% respectively). It is reassuring to see the percentage of 'unknown' reasons for referral reduce from 9% in the previous reporting year to 1% in the current year. The total percentage of 'other' reasons for referral remain relatively static at 6% (7% previously), however, it is worth noting that Aberdeenshire is reporting 60% and Aberdeen City 14% of the 'other' categories and thus account for most of this figure.

7.4 Finally, it is noted that East Lothian is reporting the highest proportion of referrals specifically for 'carer support' (16%), whilst this has decreased from 2019/20 (27%) they remain the partnership with the highest percentage of referrals for this reason.

On further analysis of reasons for referral in East Lothian HSCP, it shows that when comparing 2020/21 and 2019/20 there was a 11 percentage point reduction in the number of referrals for 'carer support' and a further 10% percentage point decrease in referrals to 'enable independence', however, these were offset by a 30% point increase in referrals to 'improve safety/reduce risk of harm'. Understanding the reasons for these variances, and the large number of referrals for carer support, should be explored in the benchmarking workshops.

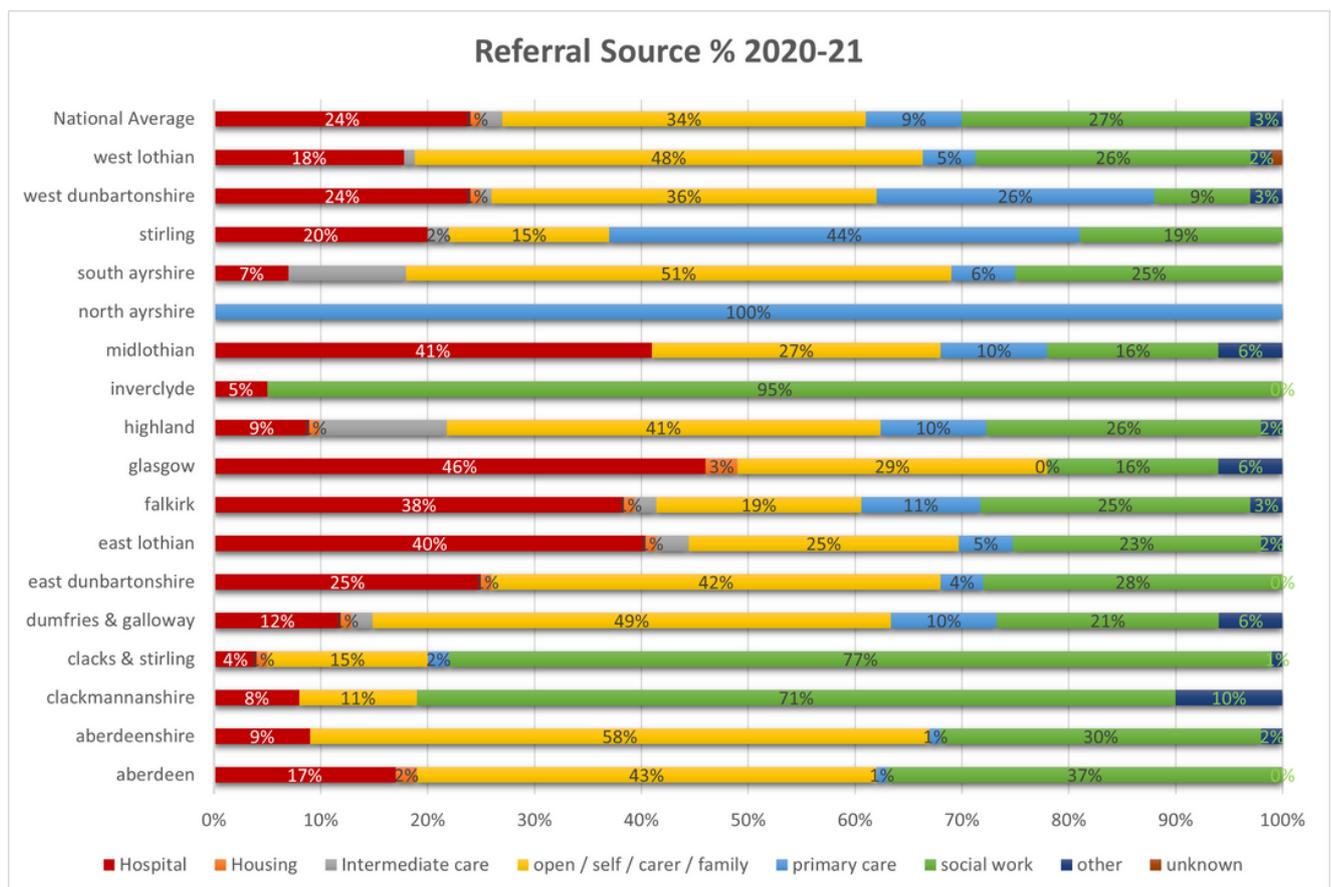
7.5 'Reason for referral' should be a useful indicator for understanding how telecare is enabling people to achieve the outcomes that matter to them. However, the usefulness of this indicator is currently limited by the indicator's definition. Further work is underway to redefine this indicator as part of the data review and minimum data set workstream.

# FINDINGS 2020/21

## Referral Sources

7.6 Open/self/carer/family (34%), social work (27%) and hospital (24%) were the most common sources for referrals. These are the same top three sources from the previous year where comparative percentages were 29%, 37% and 21%. Perhaps the reason we have seen less family referrals and more social work is due to more prospective service users staying with family members due to the COVID pandemic (being able to isolate together).

Again, there is considerable variation between HSCPs, as shown below.



# FINDINGS 2020/21

7.7 Inverclyde report 95% of referrals from social work and Clackmannanshire 71%, other individual partnerships have less than 37% of their referrals from social work.

7.8 In 2019/20 the range of referrals from hospitals was 28 percentage points, in 2020/21 this is now 42 percentage points (excluding 0 values). It is widely accepted that the installation of telecare equipment can support hospital discharge, therefore given the pressures on social care services, SHN recommend that the reasons for the significant variation in the proportion of referrals originating from hospitals is explored and better understood.

Additionally, what impact, if any, does this have on referral to installation times. For example, Midlothian (41%), Glasgow (46%), Falkirk (38%) and East Lothian (40%) all have a relatively high number of referrals originating in hospitals. However, there are significant differences in the annual average number of days between referral and installation – Glasgow (6) and East Lothian (7) are below the overall reported average and Midlothian (16) and Falkirk (25) are above the overall average. What impact, if any, did hospital referrals have on this?

7.9 Nationally the percentage of 'unknown' referrals is 0% and 'other' is 3%, at an individual partnership level it would be interesting to understand what partnerships are classifying as 'other', however low percentages on a national level make this statistically insignificant.



# FINDINGS 2020/21

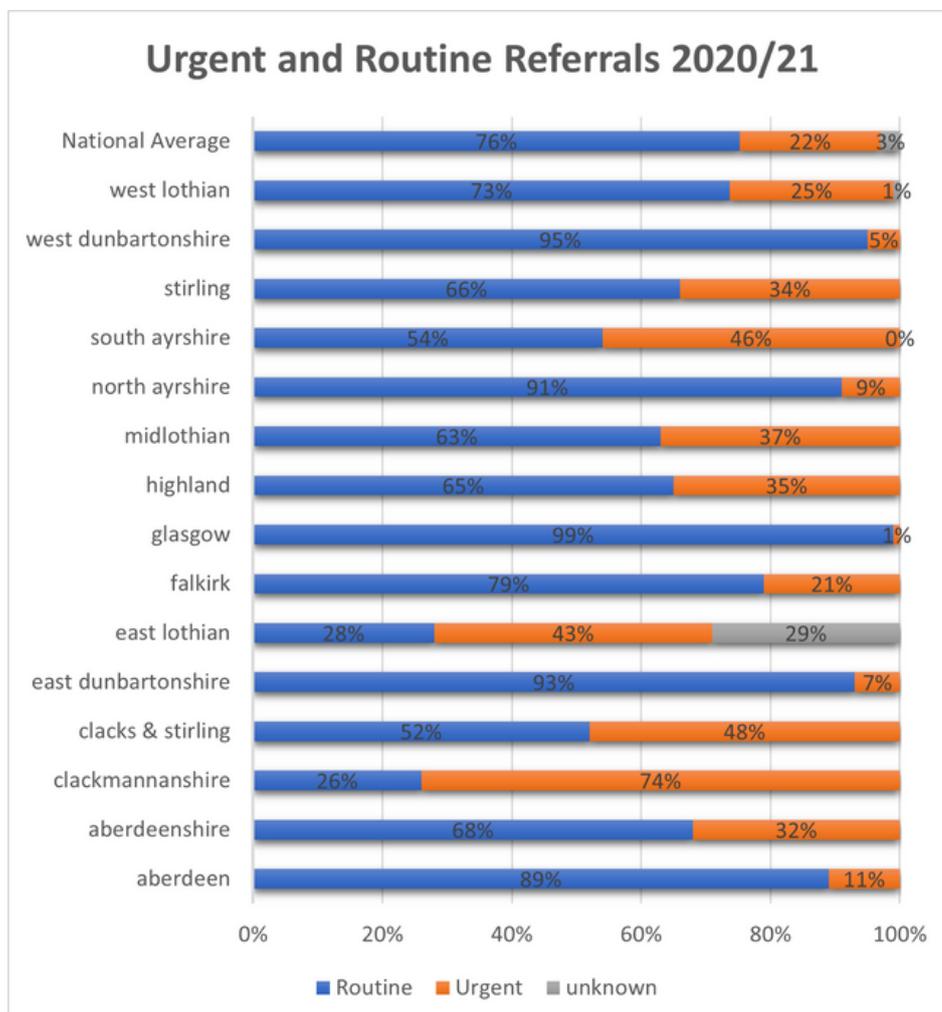
## 8. Referrals and Installations

8.1 Except for Clackmannanshire, all HSCPs reported more routine referrals than urgent referrals; this is surprising during a pandemic when it became paramount to free up hospital beds and to ensure people were safe in their own homes (wherever possible).

Clackmannanshire reported 74% of their referrals as being urgent. Looking across other indicators Clackmannanshire had a significant proportion of their referrals (71%) originate from social work, with the most common reason for referral being 'to improve safety/reduce the risk of harm' (93%).

Glasgow only reported 1% of referrals as being urgent, this corresponds with 0% in the previous year. It is recommended that this is explored in more detail to establish why only Clackmannanshire reported significantly higher urgent referrals.

On average three quarters of referrals are routine and a quarter are urgent. Individual HSCP data can be found below.



# FINDINGS 2020/21

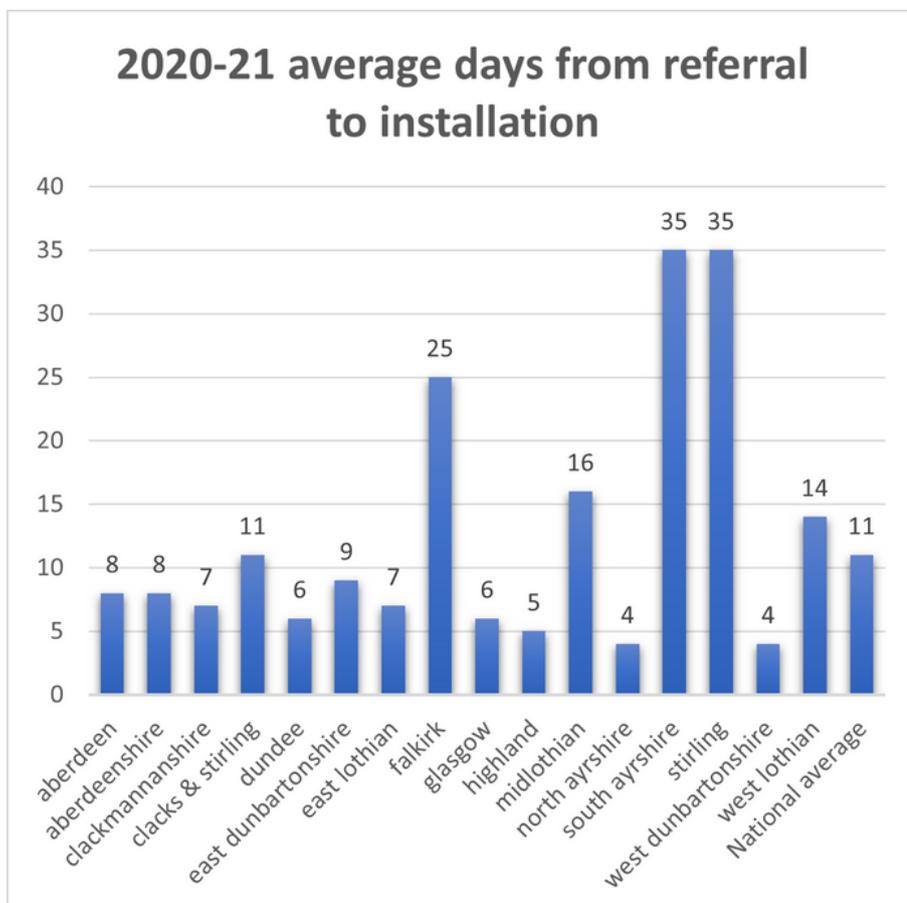
## Referral to Installation

8.2 The average number of days between referral and installation for 2020/21 is eleven days, an increase of two days from 2019/20. The range has also increased from 12 days to 31 days. It is probable that this increase is a COVID factor, due to a combination of increased sick leave, staff self-isolating and those staff with (certain) long term conditions shielding. There are some significant differences between HSCPs, see below.

8.3 West Dunbartonshire, North Ayrshire and Highland have an average of 4 or 5 days between referral and installation. Whereas Stirling and South Ayrshire have an average of 35 days.

West Dunbartonshire and North Ayrshire have more than 90% of their referrals categorised as routine. Highland have 65% of referrals categories at routine, South Ayrshire 54% and Stirling 66% .

SHN recommend that the benchmarking group invite West Dunbartonshire, North Ayrshire and Highland to share their best practice in minimising the time between referral and installation.



# FINDINGS 2020/21

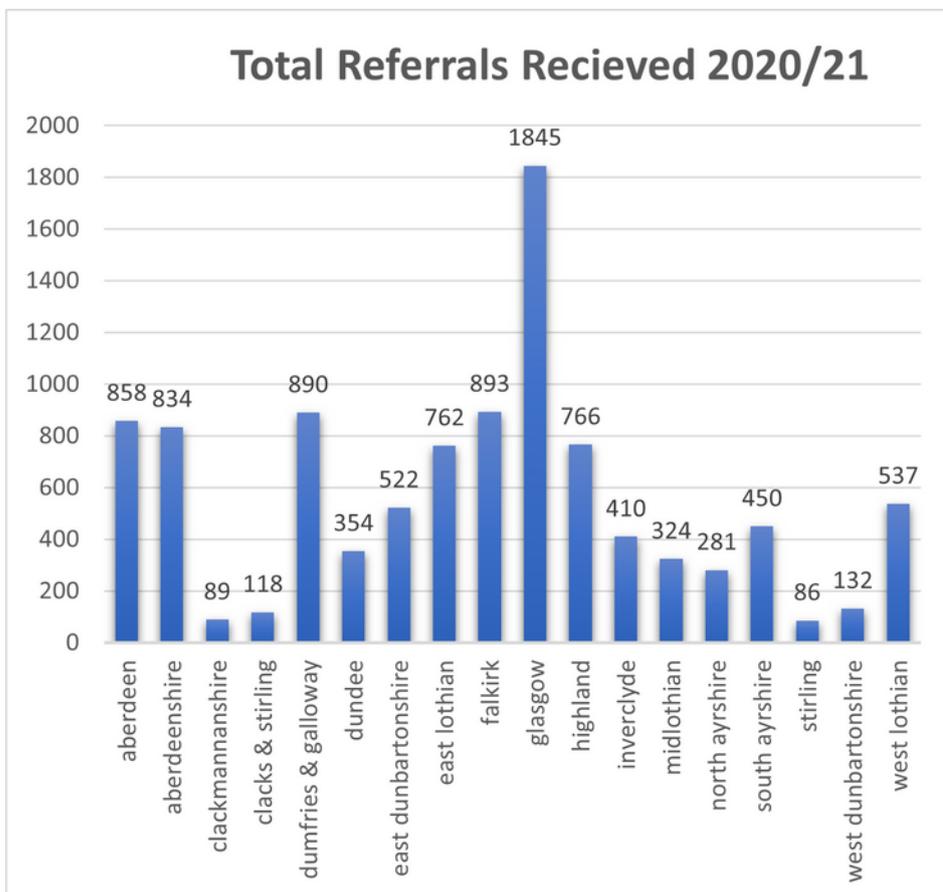
## Total Referrals Received

8.4 Over the period 2020/21, 10,151 referrals were reported by benchmarking participants (see below), down 3.75% compared to the previous year. In 2019/20 there was a total of 46 returns, this compares to 53 returns in 2020/21.

Partnerships had anticipated a significant increase in referrals due to Covid, however, as reported in the 'Delivering Telecare Services during the COVID- 19 Outbreak' report [1], this did not occur during the earlier stages of the pandemic.

8.5 Further analysis reveals that the percentage of referrals in Q1 was considerably lower than in subsequent quarters, again this is assumed to be as a result of COVID, with the strictest restrictions being in place March 2020 to June 2020.

	Q1	Q2	Q3	Q4
Percentage of referrals	15%	26%	29%	30%



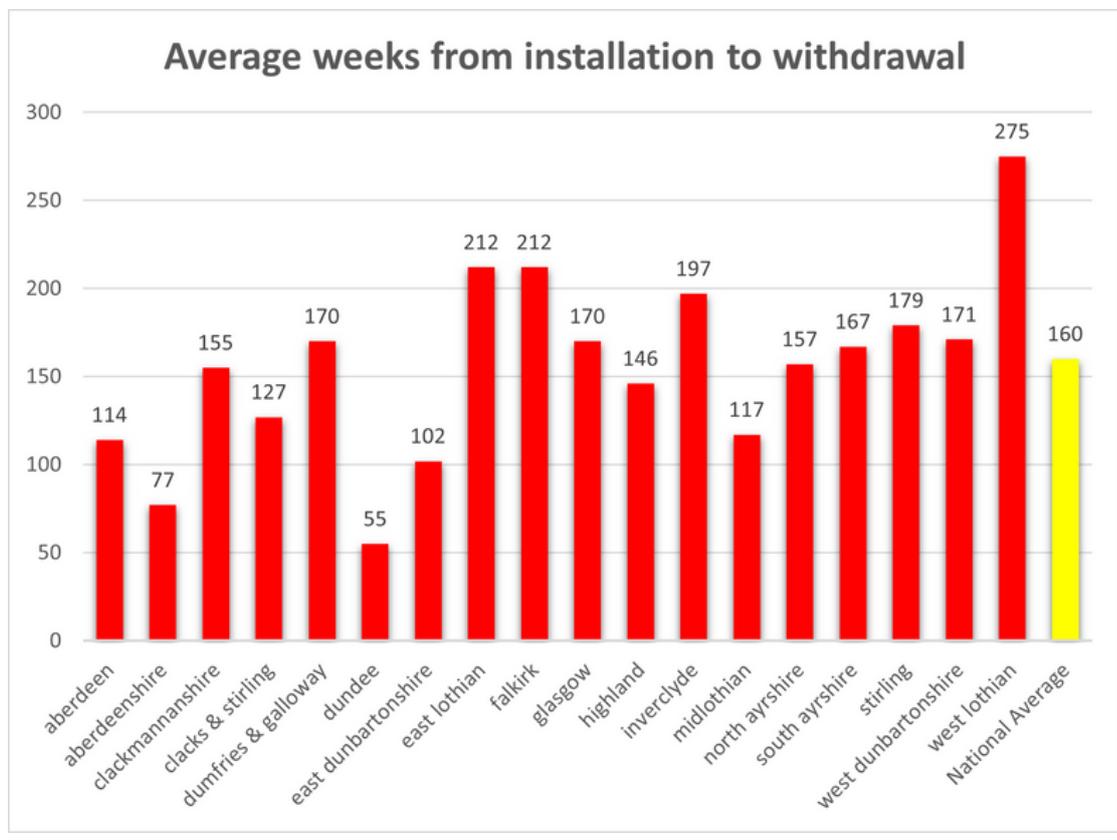
[1] Proactive Outbound Calling to Telecare Service Users During the COVID-19 Outbreak (tec.scot)

# FINDINGS 2020/21

## 9 Withdrawals

### Average number of weeks from installation to withdrawal

9.1 The average number of weeks that a service user has telecare prior to withdrawal of service, for any reason, is 160 weeks (up from 154 weeks in 2019/20), or a little over three years, there are some significant differences across HSCPs, which can be seen below.



9.2 The average number of weeks that service users retain telecare equipment has continued to increase year on year since the publication of the Telecare Feasibility Study in 2017 [1].

9.3 The Telecare Feasibility Study (pg. 43) estimated that there would be 9,611 new telecare users (aged 75+) in 2020. Our findings show that amongst the HSCPs reporting data (mean 13.25 HSCPs, 17 in total) there were 10,151 new telecare referrals, and of those, 73% were from the 75+ age category (7,410).

SHN recommends that health economists are invited to carry out a full cost benefit analysis of telecare services, across all age ranges. .

[1] 2017-11-20-TELECARE-FEASIBILITY-STUDY-REPORT-FINAL-1.PDF (EHEALTH.SCOT)

# FINDINGS 2020/21

9.4 The average duration for services users to retain their equipment in Dundee is 55 weeks, whereas in West Lothian it is 275 weeks, a range of over 4 years. Dundee and West Lothian are the same partnerships which straddled each end of the range in 2019/20. Two thirds of partnerships are within 1 std dev of the mean, the exceptions are Aberdeenshire, Dundee, East Dunbartonshire, East Lothian, Falkirk and West Lothian.

9.5 The variation raises questions around when and why telecare is deployed, and crucially what, if any, eligibility criteria do providers use when assessing service users for community alarm and telecare equipment and services.

The ideal duration for a service user to be receiving telecare services should be dependent upon need, however, HSCPs need to be assured that they are providing an individual with the right devices and service at the right time in their lives.

9.6 Deloitte's Telecare Feasibility Study (2017) [1] reports that turnover of service users has an impact on the benefit to cost ratio of investment, with higher overall benefit to cost ratio, the longer a person is in receipt of the service. The use of a Health Economist, to analyse the benefits and impact of telecare, would provide an accurate, update to date, national picture of the effectiveness of the telecare programme.



# FINDINGS 2020/21

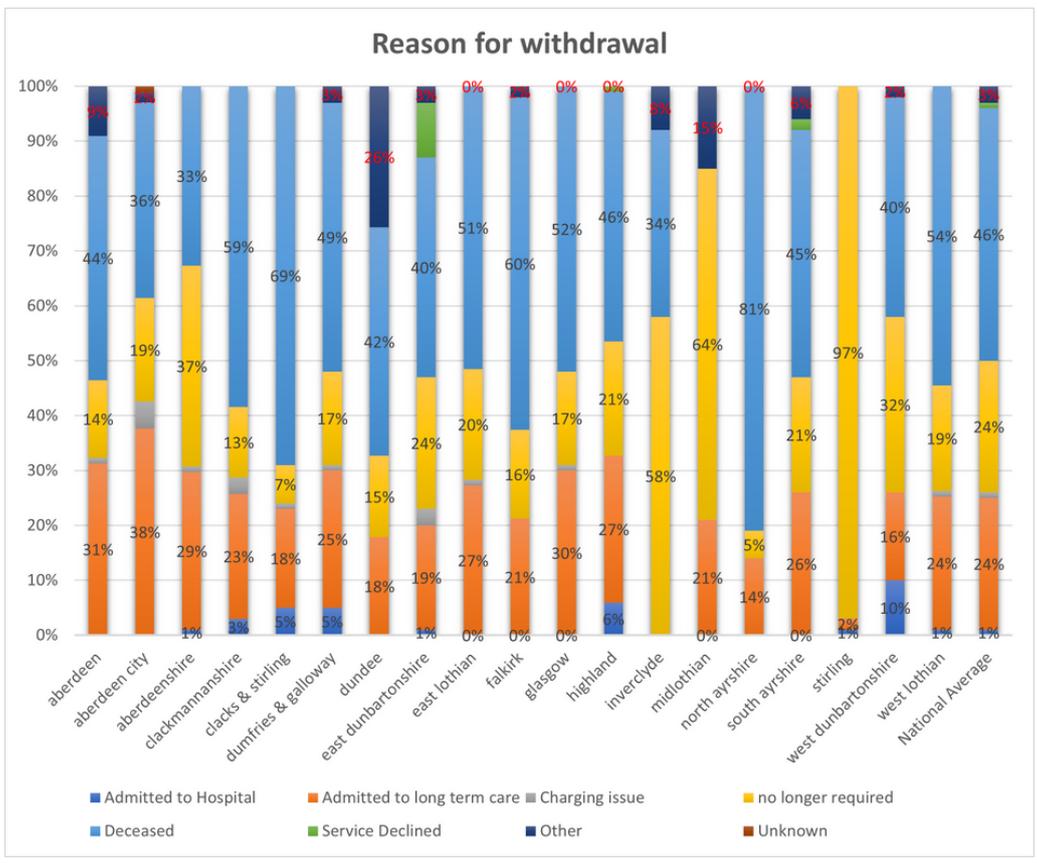
## Reasons for withdrawal

9.7 On average, 46% of withdrawals of service were due to the individual being deceased (previously 38%). The 8 percentage point variance between years is interesting, one potential reason for this could be that service users are staying at home longer, rather than being admitted into care homes? The range between partnerships is also significant, from 0% to 81%, SHN suggest that individual HSCPs explore this as part of the benchmarking workshops.

It is also noted that 24% of users had equipment withdrawn as it was 'no longer needed'. This is a broad definition and therefore difficult to draw any conclusions from the data.

For an average of 24% of service users, service withdrawal was a result of admission to long term care, this is similar to previous years, which is somewhat surprising given the prevalence of COVID within care homes.

9.8 It is assumed that Midlothian and Stirling are including deceased service users within the 'no longer required' category, it is recommended that this is addressed for future submissions to provide more accurate data.



# FINDINGS 2020/21

## 10. Grouped Data

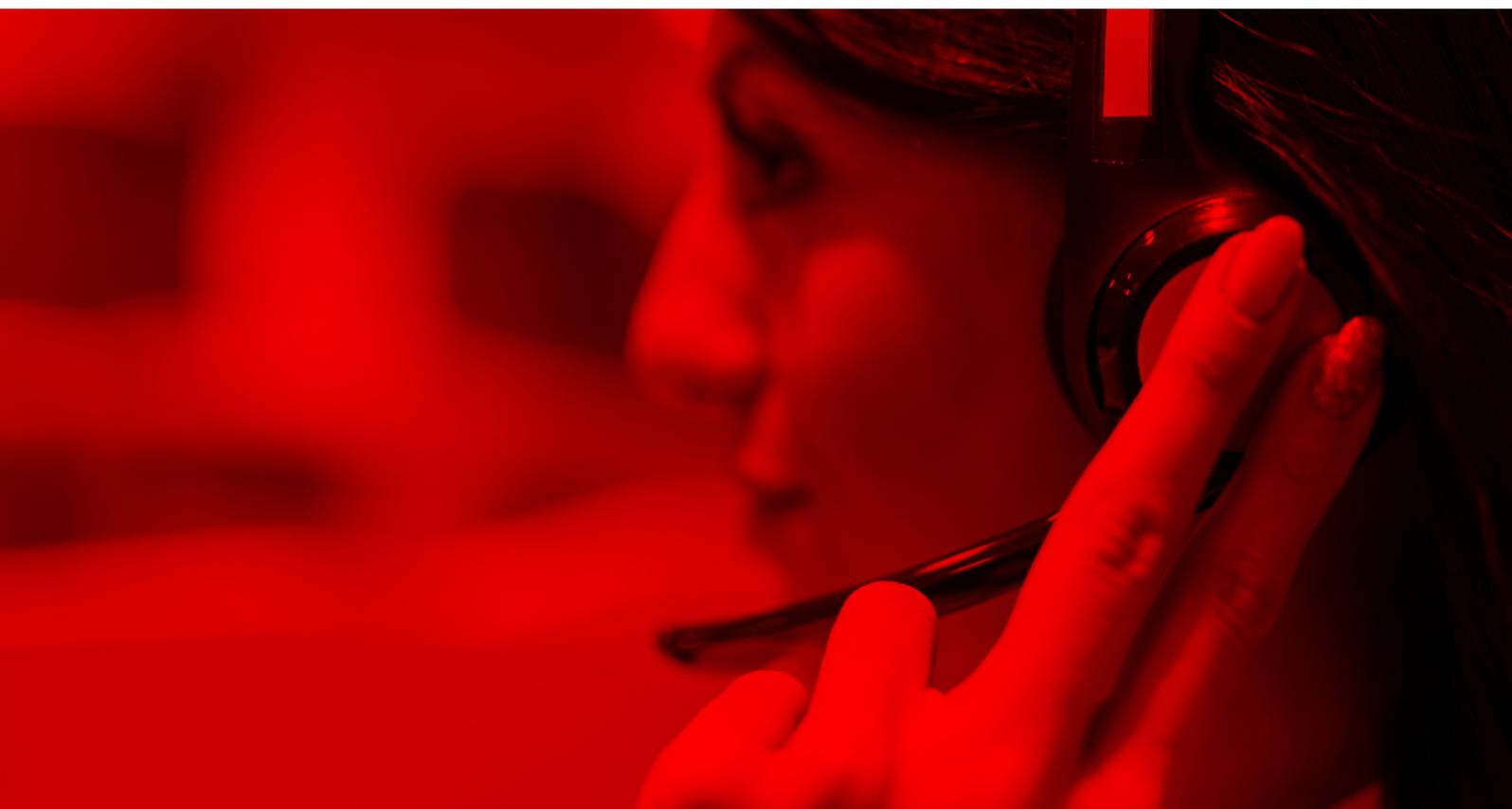
### Alarm Activations

10.1 Over 2020/21 participating HSCPs reported 1,199,211 calls. The calls were categorised as follows, the 2019/20 percentage for call reason is shown in brackets.

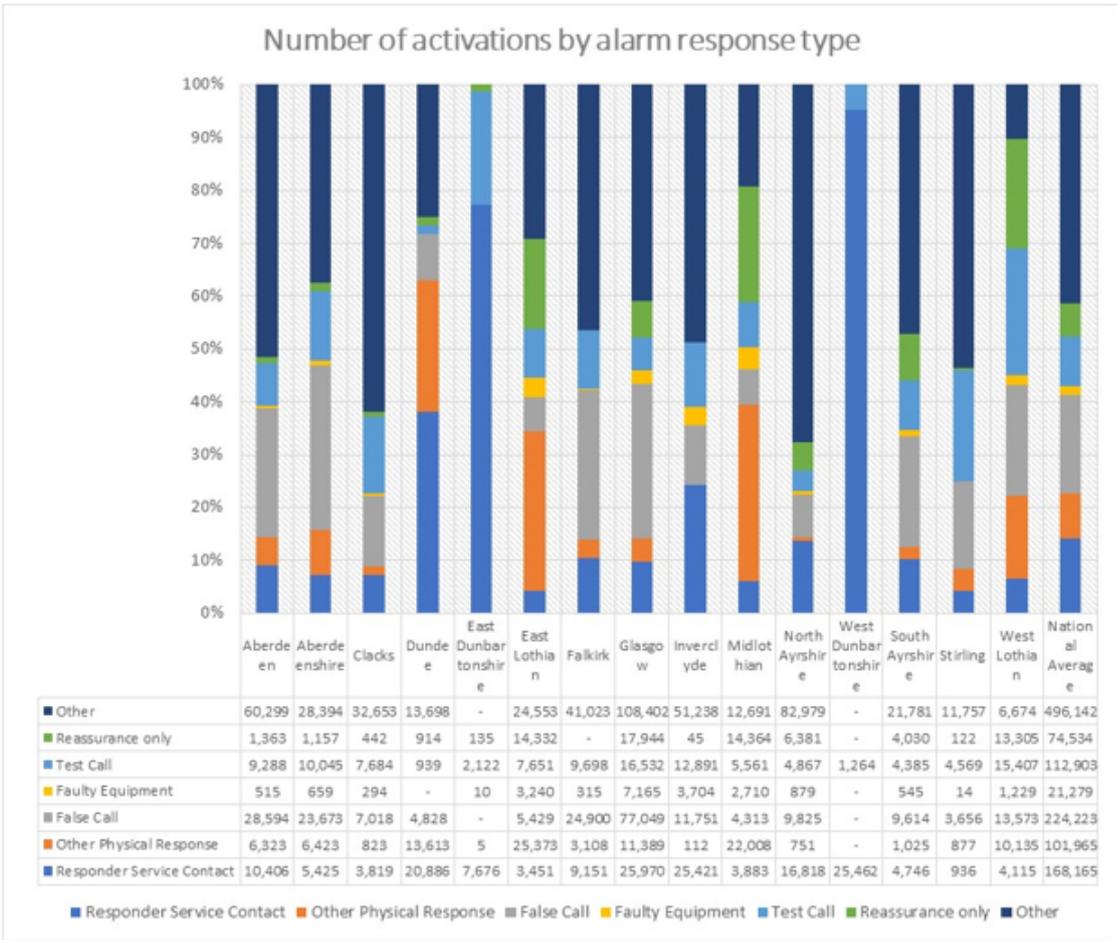
- 74,534 or 6% (7%) calls requiring reassurance;
- 112,903 or 9% (10%) test calls;
- 21,279 or 2% (1%) faulty equipment calls;
- 224,223 or 19% (21%) false calls;
- 168,165 or 14% (12%) responder service response; and
- 101,965 or 9% (8%) calls requiring 'other' physical response.

There are notable variances between partnerships across each category of alarm response type. For example responder service contact varies from 5% to 95% of activations, and reassurance only from 0% to 20%. SHN recommend that this is explored in more detail as part of the data workshops.

Details of calls by HSCP can be found below.



# FINDINGS 2020/21



# FINDINGS 2020/21

10.2 Calls that required a response have increased during 2020/21, again possibly as a result of COVID and family members not being able to travel, self-isolating or not wanting to put their family members at risk.

It is recommended that this is monitored in future years to identify if the pattern continues as we emerge from the COVID pandemic.

10.3 Of the grouped calls reported in 2020/21, a considerable proportion, 41.4% (496,142 calls), were reported as 'other', a similar proportion as in the previous year. The HSCPs that did not report any 'other' alarm activations were East Dunbartonshire and West Dunbartonshire, who share an alarm receiving centre (ARC).

SHN recommends that East Dunbartonshire and West Dunbartonshire HSCP, along with their ARC colleagues, are invited to share their best practice with regards to how calls are classified.

Also of note, is the variation between the figures reported by the HSCPs.



# FINDINGS 2020/21

10.4 Nineteen percent of all calls recorded were categorised as false calls. However, the percentage of false calls ranged from 6% to 31%, the range in the previous year was 4% to 40%. Identifying and eliminating the causes of false calls has the potential to release capacity of call handlers.

SHN recommends that the providers who have fewer false calls share their good practice with other HSCPs.

'10.5 Reassurance only' alarm responses also showed a significant variation, ranging from 1% to 22%. The partnerships with the highest proportion of reassurance calls were East Lothian, West Lothian and Midlothian, SHN recommend that any lessons learned are shared with the other partnerships.

10.6 Test calls are an important aspect of ensuring the service user's connection to the alarm receiving centre (ARC) is in working order. Most ARCs have a procedure in place that requests service users to test their connection at regular, time-specified intervals. Therefore, it is reasonable to question why the percentage of test calls received varies from 2% to 24% if all systems need to be checked.

What is the appropriate percentage of test calls to make each quarter? SHN recommends that this is explored in more detail with partnerships at a the data workshop, specifically in light of COVID and a reduction of in-person reviews.

10.7 It is worth noting that discussions in benchmarking workshops suggests that the underlying reason for any of these variations results from the different recording systems and coding that alarm receiving centres use. This is outwith the control of individual HSCPs, but will be addressed by the implementation of a national minimum data set.



# FINDINGS 2020/21

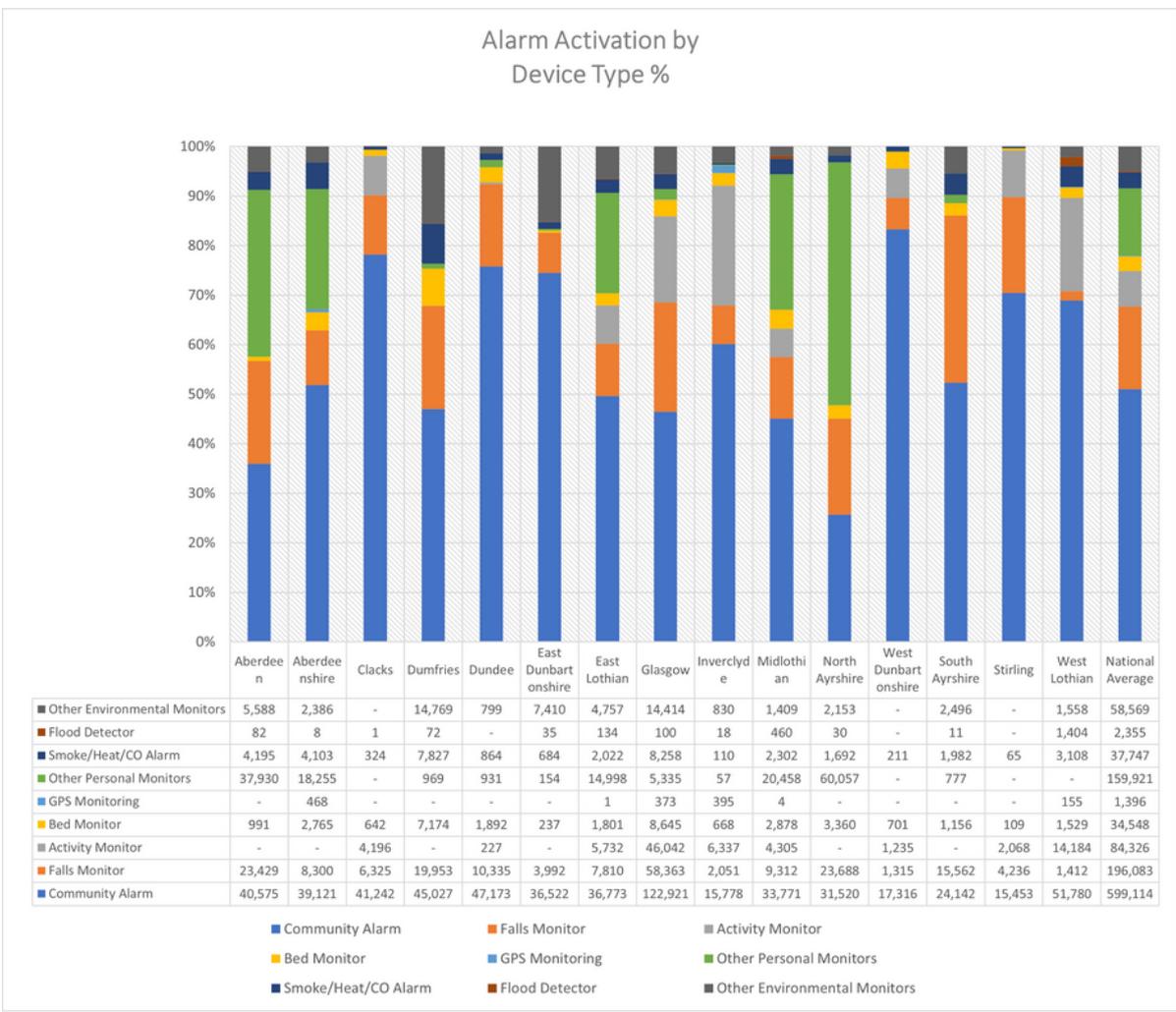
## Alarm activation by device type

10.8 The most common device type activated is community alarms – 51% of all recorded calls. Details of calls for each device type, by HSCP, can be found below.

10.9 Clackmannanshire, Dundee and West Dunbartonshire reported that over three quarters of their calls came from community alarms.

Whereas Aberdeen City and North Ayrshire reported approximately a third of their calls as originating from community alarms, interestingly both partnerships record the biggest proportion of ‘other personal monitor’ calls.

SHN suggest that this pattern is explored by the individual partnerships.



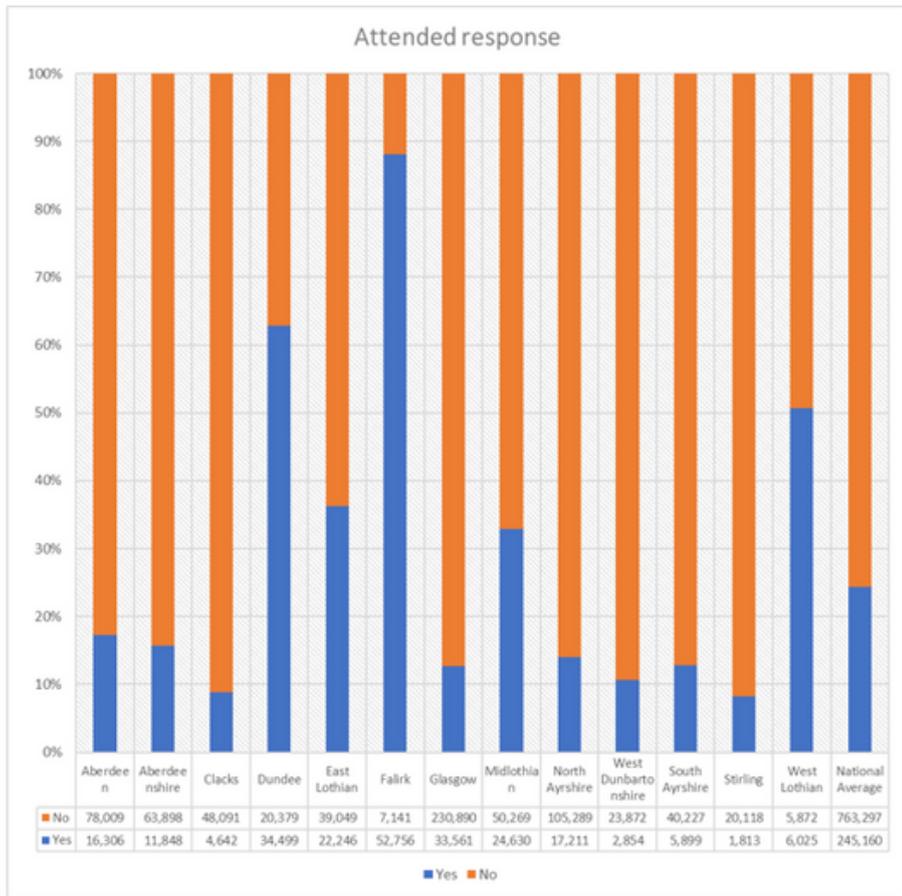
# FINDINGS 2020/21

## Attended Responses

10.10 The data suggests the majority of calls made to alarm receiving centres continue to not require an attended response. However, there is considerable variation across services – ranging from less than 10% to almost 90%. This is a significant variation.

It is noted that there are significant discrepancies in the reporting of 'total attended responses', 'total number of activations by alarm response type' and the 'total number of activations by device type'. To provide an accurate analysis the total from each of these indicators should be equal, however, this was only evident in 24% of relevant returns. Glasgow was the only partnership to do so on all four quarters.

SHN recommend that Glasgow share their best practice in recording data for the grouped call indicators (South Ayrshire and North Ayrshire also report these indicators accurately on each occasions they have submitted data returns). Partnerships are also encouraged to explore reasons for variances for this indicators.

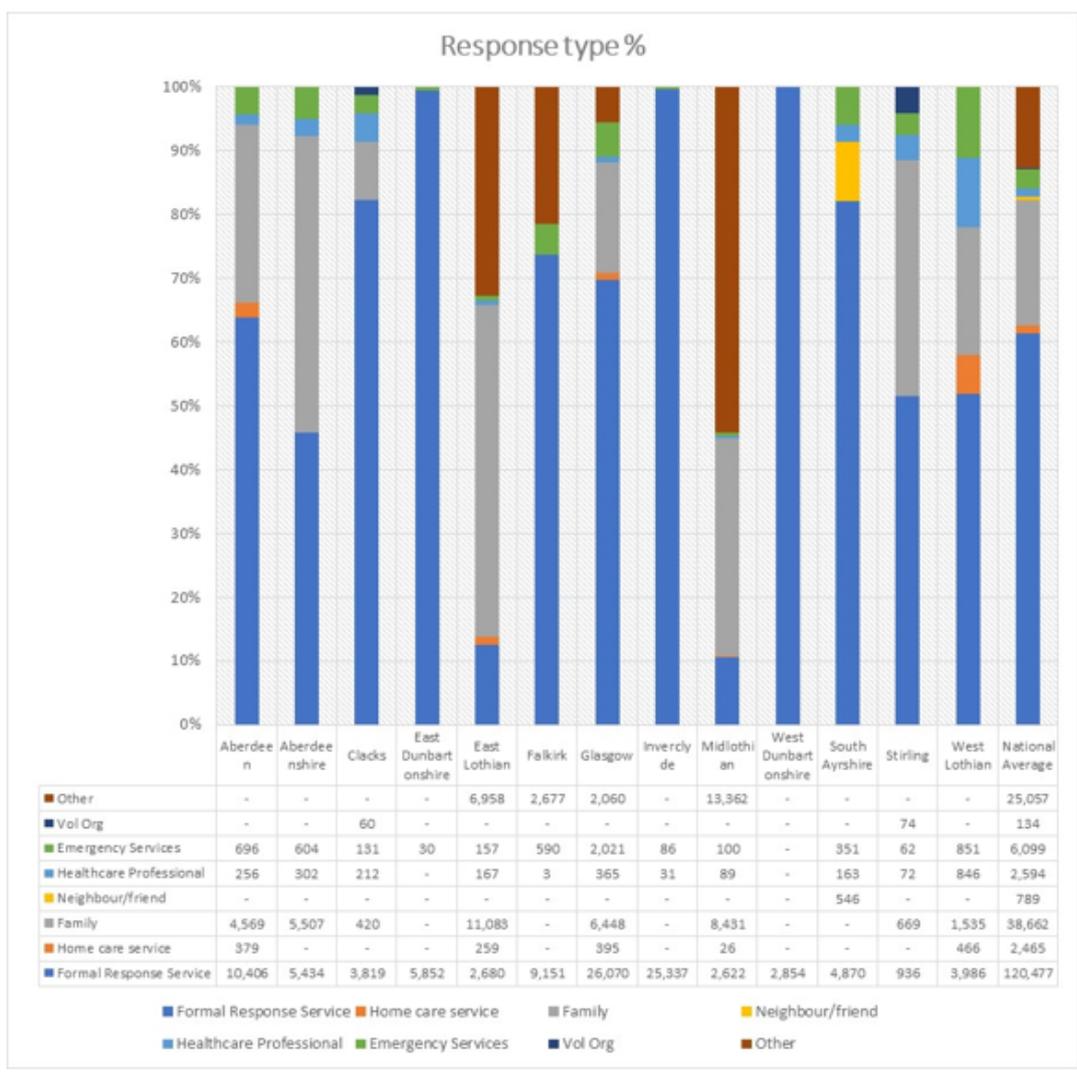


# FINDINGS 2020/21

## Response Type

10.11 Of those calls that did require a response, a majority of 61% received a response from an official responder service, with family responses (20%) the second most common response type. This compares to 61% and 23% respectively in 2019/20.

10.12 However, variation exists, Midlothian and East Lothian report around 10% of responses made by their formal response service, whereas West Dunbartonshire and Inverclyde report circa 100%. It is also worth noting that both East Lothian and Midlothian also report the highest proportion of responses from 'other', this perhaps mitigates the low number of formal responder service calls.



# FINDINGS 2020/21

10.13 The number of alerts that require an emergency response is relatively low, with an average of 3% over all reporting HSCPs, however the variance between partnerships is 0% to 11%. Of the calls where the outcome was recorded as emergency services, the majority were recorded as Scottish Ambulance Service (65%), followed by Fire (29%) and Police (6%).

10.14 On average, 13% of response types are recorded as 'other', however the proportion of 'other' recorded by Midlothian is in excess of 50%.

10.15 Where an outcome of an onsite response has been recorded, the average responses across all HSCPs showed that onsite assistance was provided on 89% of occasions, an increase of 10 percentage points from the previous year. Calls were recorded as being directed to the Scottish Ambulance Service on 2.3% of occasions, and to Scottish Fire and Rescue on 1% of occasions, with police only 0.2% of the reported outcomes. Other outcomes make up 7% of the response outcomes, down 11 percentage points from the previous year.



# ACTIONS AND RECOMMENDATIONS

## 11. Actions and Recommendations

### 11.1 Where do we go from here?

The Telecare Benchmarking Impact Report is not just about looking back, but also looking forward. The Benchmarking Programme is a continuous work in progress - a way for partnerships to track their impact and improvements over time.

This section outlines the actions and recommendations for continuing the good work done so far.



#### **No. 01 – Minimum Data Set**

Upon completion of the minimum data set working group the telecare benchmarking tool will be updated to reflect the agreed service indicators.



#### **No. 02 – Increased Participation**

SHN and the TEC programme will continue to work collaboratively to encourage wider participation from all HSCPs.



#### **No. 03 – Cost / Benefit**

SHN strongly recommend that a full cost benefit analysis is carried out on the telecare programme, as the move to digital progresses.



#### **No. 04 – Ongoing support**

SHN and the TEC programme will continue to work to support partnerships who wish to participate in benchmarking.

# ACTIONS AND RECOMMENDATIONS

11.2 The following recommendations will provide HSCPs the opportunity to gain an understanding of the differences between services, and the reasons for these differences.

The data workshops should be used as the forum to facilitate discussions around these differences and enable best practice sharing between partnerships, and to help highlight areas for service improvement.

## Demographic data

11.3 Partnerships are encouraged to consider differences in the proportion of service users within 'non-dominant' age ranges, 18 -64 years and under 18 years. Aberdeenshire and Stirling should share findings specifically relating to the 18-64 year age category.

11.4 SHN recommends that partnerships should collaborate with housing colleagues to ascertain if the proportion of service users living in social housing is representative of the population. West Dunbartonshire have the highest proportion of service users living in social housing and, Falkirk and South Ayrshire the lowest so will benefit from this exercise.

## Referrals

11.5 SHN recommend that partnerships review how they record 'reasons for referral'. Specifically, Inverclyde HSCP whom only record one reason for referral and Aberdeenshire who report 60% of referrals as 'other'.

11.6 East Lothian HSCP are invited to consider their variances in reasons for referral and share lessons learned with colleagues through the benchmarking practice sharing sessions.

11.7 SHN recommend that partnerships explore the source of referrals. North Ayrshire and Stirling are encouraged to specifically explore Primary Care referrals and, Clackmannanshire and Inverclyde are encouraged to specifically explore social work referrals. In all instances SHN recommend that partnerships share best practice in working with various agencies whom make telecare referrals.

# ACTIONS AND RECOMMENDATIONS

11.8 SHN recommend that referrals made to aid hospital discharge are investigated within partnerships, specifically to explore if it has any impact on referral to installation time.

11.9 SHN recommend that any differences in the definitions for urgent and non-urgent referrals are understood. Clackmannanshire are invited to share reasons behind the number of urgent referrals during 2020/21.

11.10 West Dunbartonshire, North Ayrshire and Highland have a lower than average number of days between referral and installation, they are invited to share best practice in this area as part of the benchmarking workshop programme.

11.11 Partnerships are encouraged to keep under review the proportion of calls that require a response as we emerge from Covid restrictions.



# ACTIONS AND RECOMMENDATIONS

11.12 East Dunbartonshire and West Dunbartonshire are invited to share best practice in how their calls are recorded (removing 'other').

11.13 SHN recommend that providers with low levels of false calls, share their best practice with other HSCPs on initiatives to successfully reduce false calls.

11.14 East Lothian, West Lothian and Midlothian are invited to share the service design principles that result in a high number of calls that only require reassurance.

11.15 SHN recommend that further work is carried out to understand the variances in the proportion of calls that require an attended response, and that learning is shared.

11.16 SHN recommend that Glasgow share their best practice in accurately recording the 'total attended responses', 'total number of activations by device type' and 'total number of activations by alarm response type'. The data variances provided to HSCPs from their ARC should be explored and remedied for future data returns.

11.17 SHN recommend that partnerships explore the variance in the percentage of withdrawals that are due to the service user being deceased. Is this because more service users are remaining at home as opposed to going into a care home? Are there any other reasons? This should be discussed in a data workshop.

11.18 SHN recommend that the variances across all categories for alarm response type is explored, specifically the variance between HSCPs. Again, this should be discussed as part of the data workshops.

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- Clackmannanshire
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- Dundee
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- Falkirk
- Glasgow
- Highland
- Inverclyde
- Midlothian
- North Ayrshire
- South Ayrshire
- Stirling
- West Dunbartonshire
- West Lothain

We thank you for your continued support and contributions towards the telecare benchmarking work.

