**Proactive Calling Service Feasibility Report**

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1. **Purpose**
	1. This report sets out to present research and consultation feedback regarding Proactive Calling services, with a view to evaluate the evidence collected and present a rationale for establishing such a service at Hanover.
	2. The report presents potential options to take forward to the next stage, which would involve developing a full business case with costings and a project plan for launching a Proactive Calling service pilot or ‘Test of Change’.
2. **Introduction and Background**
	1. Hanover has an Alarm Receiving Centre (ARC) providing telecare call monitoring services to over 19,000 customers across Scotland. Typical of traditional telecare services, this service is principally reactive, and often neither the Telecare team nor the housing or Health and Social Care Partnership (HSCP) teams on the ground have time to follow up on the needs of customers or take time for an informal chat with them.
	2. Discussion has taken place for some time about the possibility of developing a service which could make proactive outbound calls to customers to better support them. A proactive calling service could be a welcome complementary service offering for Hanover’s commercial telecare customers (HSCPs and Housing Associations).
	3. Unmet needs can deteriorate and lead to increased vulnerability and an increased likelihood of a person reaching a crisis point. Identifying needs sooner through proactive calling conversations could enable early intervention, which can slow deterioration of health and wellbeing and reduce or avoids costs (such as hospital and care home admissions, care packages, termination of tenancy and building repairs) and improve outcomes for the individual.
	4. A move toward more proactive, preventative approaches to care is part of a national agenda. A study into Telecare Call Handling in Scotland published by FarrPoint in 2019 recommended telecare partnerships offer proactive services to reap a vast array of benefits, including tackling loneliness and social isolation, promoting health and wellbeing, supporting independent living and improved service efficiency.
	5. Proactive, digitally enabled anticipatory care is one of the five priorities in Health and Social Care Scotland’s Statement of intent and a key ambition of the national Digital Health and Care Strategy. An inability to forge ahead with proactive approaches to care and telecare will leave Hanover behind in the industry and could lose us customers.
	6. The need for a proactive service was further confirmed during the Covid pandemic when Hanover established a ‘Buddy’ calling service to keep in touch with its tenants. This proved to be highly valued by tenants, and Hanover decided to look at ways of continuing and, if feasible, developing this type of service.
	7. Discussions with the Scottish Government TEC Programme revealed that funding had been made available to explore proactive services and share knowledge from Proactive Calling ‘Test of Change’ initiatives across the sector.
	8. In November 2021, Hanover submitted a funding application to undertake a feasibility study for developing a Proactive Calling Service. Funding for this was granted in January 2022 and a part time Project Lead – Elaine Rosie - was appointed to undertake this work jointly with the Business Development Manager. The timescale for the project was six months – from April to September 2022.
3. **Key Deliverables**
	1. The project set out to achieve the following key deliverables:
* An understanding of the needs of current and future stakeholders in respect of a proactive telecare offer
* Potential model(s) for a future service
* A written feasibility study, presenting research from other proactive calling services and
* Sharing learning with the wider network in line with the principles of the Scottish Approach to Service Design
1. **Learning from Existing Proactive Services**
	1. The initial focus of the project was to undertake research into proactive calling services being delivered elsewhere, both in the UK and further afield. The research includes the following models:
* Andalusian proactive calling service
* Barcelona proactive calling service
* Phase 1 Test of Change sites - Edinburgh City HSCP, Bield Response 24 (BR24) and Dumfries & Galloway HSCP
* Age UK Service
* Delta Connect in Carmarthen, Wales
* Radius Connect 24
* Hanover’s Buddy Service
	1. These services were chosen because they provided a good range which could offer fresh or interesting insights which might be helpful in assessing a proactive calling service suitable for Hanover.
	2. *Andalusian Proactive calling service*
		1. This is a large-scale service which has been running since the early 2000’s and now has over 250,000 service users. It is funded by the Agency for Social Services and Dependency of Andalusia.
		2. The Andalusian model started as a traditional responsive Telecare service, however around 70% of calls are now proactive (1.6M inbound calls/ 3.6M outbound calls per year).
		3. Because the service is part of an integrated health board, the proactive service can offer reminders for GP and hospital appointments and promotes health campaigns such as the Covid-19 vaccine, preventing isolation at Christmas, and winter flu jabs.
		4. All users get 1 check-in call per month and a call on their birthday. An increased frequency of calls is provided after bereavement or health care intervention.
		5. The service aims to promote personal autonomy, improve quality of life, and facilitate healthy ageing. The service features both a response to any type of need 24 hours a day but also ‘conversation and company in situations of loneliness’.
		6. The service is supported by technical solutions such as apps and mobile devices which collect information and measure key indicators on the user’s general habits and lifestyle, as well as links to gas and smoke detectors.
		7. Many users have the service for free and some pay a monthly fee that varies depending on age, economic situation, if they live alone or have a disability.
		8. The Andalusian Model is the flag-bearer of the proactive model; however, it is hard to replicate in the UK because of the national scale and integrated nature of the model, as well as cultural, economic and social differences. It requires fundamental changes to an extant system.
	3. *Barcelona Proactive Calling Service*
		1. Between 2009 and 2018, Barcelona provincial council, in partnership with Tunstall Televida, rolled out “telecare plus” with coverage rising from 3,819 to 64,050 people over 65 during that period. The service targets people before they become frail and dependent and aims to prevent and postpone the need for care by offering psychosocial support.
		2. In 2017, a reactive response was only 13% of call activity, with outbound calls 37% of total activity.



Source: Beyond Barcelona Spain’s proactive, personalised and predictive approach, 2018

* + 1. Calls are made on a 15-day cycle, although can be more frequent if needed. Calls can mark important events like birthdays, as well as communicating important messages. As well as routine medicine reminder calls, there are follow up calls to develop the relationship between the service user and the centre.
		2. Conversational topics covered in calls are subjects developed in consultation with public health professionals (such as how to cope during a heatwave) and with feedback from service users. There is a lot of emphasis on social outreach and providing information about local events.
		3. Relational calls are backed up by face-to-face visits and home intervention support from mobile support workers.
		4. The Barcelona telecare provision integrates with the health board so they can track, for example, what happened to a person when they went to hospital and the package of care they came home with, which is a huge benefit.
		5. Users are profiled (Level 1, 2 and 3) by how many people visit them, number of falls they have had and how they rate their own health.
		6. Despite the increase in number of users over the years, proactive calls have contained reactive response demand, as demonstrated below.



Source: Beyond Barcelona Spain’s proactive, personalised and predictive approach, 2018

* 1. *Phase 1 Test of Change Sites (Edinburgh City HSCP, BR24 & Dumfries & Galloway HSCP)*
		1. These sites received funding from the Scottish Government TEC programme to deliver small-scale Proactive Calling pilots (‘Tests of Change’).
		2. Targeted customer groups included frequent fallers, those discharged from hospital, new residents into sheltered housing, and frequent telecare callers.
		3. All followed an operator-driven model, using operators to make outbound calls to service users, and a ‘conversational’ approach to calls. Conversations focused on engagement, building relationships and trust and opened discussions around what matters to the user.
		4. BR24 and Dumfries and Galloway HSCP used Telecare Operators to make the proactive calls, while Edinburgh HSCP used Care and Repair staff. All calls were telephone calls made to the customer’s landline or mobile.
		5. Each test site debated about what type of caller to target and as the Test of Change progressed, they refined this further using risk stratification tools and local intelligence on call activity and service use.
		6. Phase 1 of these projects has been completed, with all sites now entering Phase 2, where they will further refine the service in a new iteration, by targeting different service user groups and/ or modifying the delivery model and measurement and evaluation tools, including cost analysis. They will also be looking at ways digital technologies can open up new opportunities for a proactive approach.
		7. Key points of learning from these projects so far:
* The test sites targeted different customers, highlighting the applicability of Proactive Telecare for a wide range of customers, from those who have low intensity needs to those with more complex issues.
* A significant reduction in reactive alarm activations was noted from an early stage by all three Test of Change participants. BR24 used a control group which demonstrated that proactive calls reduced reactive calls by over 72% and reduced emergency service calls by 68%.
* Job satisfaction increased, with staff commenting that proactive calls helped them in other aspects of their job role and personal life. Several staff highlighted that the conversation skills developed and influenced their approach to customers when dealing with reactive calls. We can therefore glean that proactive calling is beneficial to employees as well as the service user.
* Customers felt more connected and less isolated; All customers reported enjoying the social aspect of connecting with the caller and the value of ‘knowing someone was there’.
* Overall, test sites reported low rates of referrals to statutory services and a good balance between referrals to primary care and community services and signposting to local community and voluntary supports. Links with and knowledge of internal and external services is a key factor that we will have to consider to ensure we are able to effectively escalate needs.
* [ALISS](https://www.aliss.org/about-aliss/) (A Local Information System for Scotland) was a useful search tool for signposting users to local services, groups, and activities, however the website relies on services to update their information (therefore easily becomes out of date).
* Operators found proactive calling needed a different skill set to reactive calling, and it was hard for Telecare Operators to shift from the high-paced reactive approach to “*sitting on their hands*” and having more of a conversation. Appropriate support, training and conversation prompts will be necessary for the staff delivering this service. Additionally, Hanover’s service may not necessarily be delivered by Telecare Operators.
* Focusing on frequent telecare callers may not be the best approach - *“We flipped it. Our biggest learning was to move upstream and establish a relationship with those who don’t call”.* The purpose of proactive calling was questioned by the pilot groups - *is it to prevent customers needing alarm calls in future or is it to reduce the number of frequent callers now?*
* The service was more complex to manage when working with partners. We are likely to need clear pathways of communication and escalation if we were to offer the service externally. An SLA would need developed for the service.
* Unpaid carers should be considered as a bespoke customer group who may benefit from wellbeing calls as they often felt isolated.
* Lack of data sharing protocols with external organisations was a frustration.
* A marked increase in call time was noted, with traditional reactive calls averaging 2-3 mins and proactive calls averaging 20 mins. The cost of a proactive call is therefore significantly higher than a traditional reactive call.
* The was debate around whether risk stratification tools are fit for purpose. Not one type of customer emerges as more worthy or suitable for Proactive Calling. Local intelligence about Telecare customers proved more valuable when used in conjunction with screening tools and methods.
* A more robust cost effectiveness analysis was required for financial investment to be secured.
	1. *Age UK Service*
		1. Age UK’s [telephone friendship service](https://www.ageuk.org.uk/get-involved/volunteer/telephone-friend/) is a Befriending Service which uses only volunteers. Age UK say, ‘the role is to provide friendship, companionship and a listening ear’.
		2. The service is targeted to people over 60 who live alone and would benefit from a weekly chat. Age UK match volunteers with an older person with shared interests.
		3. Volunteers are asked to commit to a 30-minute call on the same day and time each week for a minimum of 6 months. Online training is provided which includes how they make the calls, listening skills, staying safe and talking topics.
		4. Age UK protect the safety of volunteers and members by automatically connecting them with their telephone friend, which means no personal telephone numbers need to be exchanged.
		5. The Age UK advice line can be used if the older person needs additional support.
	2. *Delta Connect in Carmarthen, Wales*
		1. Delta Connect’s Proactive calling service was borne from an £100M transformation fund which was provided across Wales Regional Partnership Boards. Delta received £7.4M funding for their proactive service.
		2. Delta Connect are a Local Authority Trading Body, which puts them in a unique position where they have access to funds and data, but more autonomy.
		3. A lifeline telecare unit is still the main equipment used by their service users, but they have wraparound services offering proactive calls weekly, monthly and quarterly. They use personal wellbeing plans and link with community wellbeing officers who signpost to other services and link with community pathways, such as care packages and falls.
		4. Weekly calls are done by telecare monitoring staff, but they have a dedicated team doing monthly and quarterly calls.
		5. They use PNC8 as their ARC platform (same as Hanover).
		6. Users sign up themselves for the service, but Delta also take social care requests. They have promoted the service via radio, newspapers, and branded vans around the area.
		7. Conversations are not scripted; however, they ask key questions around wellbeing, and operators are trained on identifying red flags to prompt further action.
	3. *Radius Connect 24*
		1. Radius Connect 24 is a not-for-profit ARC, an arm of Radius Housing, based in County Down, Northern Ireland, delivering telecare services to over 20,000 customers throughout Northern Ireland and the Republic of Ireland.
		2. Presented with staffing, market (competitive market and squeezed margins) and policy (increased vulnerability and expectations of delivering more personalised, proactive services) challenges, alongside increased call failures due to the Analogue to Digital switchover, Radius contracted with TEC company Yokeru to keep their customers within housing developments safe and deliver a resilient service.
		3. With Yokeru, scheme managers log in on their laptops and set-up automated proactive phone calls. These phone calls reach tenants' landlines or mobiles. They confirm tenant wellbeing, remind tenants to take their medication, offer exercise routines, or remind tenants about social events. If Yokeru identifies a tenant needing support, the call is escalated to the ARC.
		4. In two months, Yokeru began supporting 100 schemes, and will be scaled up to support a further 400 schemes.
		5. Radius Connect 24 has been able to scale up its proactive service because 95+% of calls do not escalate to the ARC. Therefore, today there is 20x the capacity in the monitoring centre for proactive support.
		6. The service is offered to both housing and private pay customers. Of the 1,000 wellbeing calls made daily through Yokeru for Radius Connect 24, 0.5% of service users ask for support and are helped as a priority. Further unmet needs are identified when tenants cannot pick up the phone.
		7. For the service user, the reliability and usability of the service is a strength. They decide the frequency and timing of the support they receive, so they can choose 6am during the week and 7am on weekends. They get their call the minute they decide, and the call makes three attempts 5-minutes apart.
		8. 67% of tenants opt to receive calls on their mobile so they can confirm their wellbeing when away from their flat.
	4. *Hanover’s Buddy Service*
		1. Hanover launched a Buddy service during the Covid pandemic lockdown in 2020-2022, whereby Hanover staff and volunteers made weekly calls to Hanover residents on amenity developments. This service has provided us with some excellent insights into the value of a proactive calling service.
		2. From the feedback survey of 132 residents that received the service, we can summarise the following:
* 94.7% found the calls useful, demonstrating that the service has been well received and valued by our residents – but more detail may be needed to understand why it was valued (e.g., what was the outcome/ change for the individual, what challenge(s) did they face that was aided by the calls).
* We may wish to focus on residents who have suffered recent bereavement, those that need reminders, those that aren’t active (e.g., those living ongoing ‘lockdown life’) and those that don’t have family nearby. One resident said *“[I] live on my own and don't have relatives in this country so nice to have someone checking in on you on a regular basis. Lovely to have a wee chat when you are sitting alone at home.”*
* Many residents enjoyed being ‘checked in on’ – this gave them peace of mind.
* The personality/ disposition of the caller and consistency of calling was important e.g., one resident said, *“I only received a few calls - was quite worried that the guy was maybe ill.”*
* Unpaid carers may be a potential target group to benefit from proactive calls – one resident said *“If you had a problem there was always someone to talk to. It has been hard caring for my wife who has dementia and I have enjoyed chatting to someone else.”*
* Such a service may be appreciated short-term; some residents said the calls were appreciated during lockdown, but felt they no longer needed them after the lifting of restrictions. The service may therefore be useful during difficult periods in a resident’s life, for example during period of ill health, returning from hospital, following bereavement or when the resident first moves into the property.
	+ 1. Jim Brown, Volunteer Coordinator, who oversaw this initiative, provided the following insights:
* In future, a more robust way of identifying individuals to receive the service is needed - names were given by Housing Officers and Managers, and some of the residents provided didn’t expect or want a call.
* Some staff didn't want to make the calls, which led to calls not being made and calls that were perhaps not helpful or upbeat.
* Volunteers were more consistent than staff at making calls.
* Hanover could quite easily start a voluntary buddy calling service; however, it would need to be manageable. Most volunteers would take 1-2 residents on, so scaling up may be challenging, as each volunteer needs managed and supported.
* Volunteers can come and go and, especially if providing a paid service, we can’t have a customer not receiving a call.
* Callers need training and supervision to do the job well.
* We could have an internal buddy scheme – a resident at one development could call a resident at another development.
* Linking in with, signposting to, or even outsourcing services, to 3rd party agencies, e.g., Bereavement Scotland, SCVO could reap significant benefits
1. **Stakeholder Engagement in Service Design**
	1. One of the key aims of the project was to involve stakeholders in the design of any future service. The Scottish Government TEC programme provided coaching and support sessions to ensure that this approach was used across all funded projects.
	2. We identified three key stakeholder groups and worked out the approach that would be taken to involve these groups. The three groups were Hanover Residents, Hanover staff and Hanover’s organisational Telecare Customers.
	3. *Feedback from Hanover Residents*
		1. Discussion sessions around a potential proactive calling service were held with resident groups during Hanover’s in-person Strategy Roadshows throughout July and August 2022.
		2. The questions that were presented to customers are in **Annex A**.
		3. The key points that came through these discussions were:
* Most thought there was a need for this type of service and would either use it themselves or could think of someone who would use it – including those that are lonely, housebound, or home from hospital.
* The service could help encourage residents to be more active/ social.
* There was quite a mix of residents who thought the service should be delivered through video call and others who thought it should be phone based – it was clear that video calling should be an option.
* The staff delivering the service should be cheerful, kind, patient, good listeners and have an understanding of older people.
* Most felt the service should be available 7 days a week
* Some said they would not pay for the service, with one group mentioning that they already pay for morning calls (provided by Development Managers and charged via service charge). Some said they would pay if they needed the service, with some suggesting it could be an ad-hoc, short term service (opt in/ opt out).
	+ 1. Additional information about our residents which might inform how we progress with a proactive calling service can be gleaned from our Tenant’s Satisfaction Survey and Survey of Tenant’s Priorities, both undertaken in 2021, and the feedback from Tenant Strategy Roadshows held in person in 2022. Key points from these are:
* Most (55.8%) of Hanover residents are over 75
* 67% of Hanover property households are comprised of one adult aged 60+
* 63.4% identified themselves as having a disability
* Tenants ranked ‘Care and Support services’ the highest priority of importance to live independently in future, followed by ‘Telecare’.
* Loneliness and Isolation is a key issue for residents
* An increased use of technology would be widely accepted by tenants
* There is a desire for access to ad-hoc services e.g., medication prompts
* 45.8% of Hanover tenants say they use the internet
* 26.8% listed ‘live chat or online messaging’ as their contract preference.
* 22.3% of tenants said they would like to see more applications where they can request services like repairs online and do video calling with Hanover through a computer, smartphone or tablet device.
	1. *Feedback from Hanover Employees*
		1. The Project Lead held interviews with Hanover employees to gauge their views on a proactive calling service. Those interviewed were:
* Angela Currie, Chief Executive
* Chris Milburn, Director of Customer Services
* Tina Piper, Telecare Manager
* Janice McDonald, Head of Housing
* Stephen McCullough, Head of Care
* Joanna Dunbar, Learning & Development Coordinator
	+ 1. The questions asked are included in **Annex B**.
		2. Summary of responses:
* All agreed that there is a need for a Proactive Calling Service. It was felt that this service would complement existing services, reduce pressure caused by repeat calls to the ARC, and fits well with Hanover’s aims of reducing loneliness and isolation and building communities.
* It was thought that some but not all Hanover tenants would use the service, with some suggesting that the service should be offered to all, and others suggesting a more targeted approach (e.g., frequent callers of the Telecare service).
* It was generally agreed that whether customers would pay for the service would depend on costs.
* There was general agreement over the type of support that should be provided. This could include aging well, medication prompts, general reminders, encouraging physical and social activity and signposting to other services.
* No-one thought it should be a 24-hour service; Most thought it should be offered morning and evenings, seven days a week.
* Everyone thought video conferencing would be good but might not be possible at the beginning
* There was general agreement that the benefits would include: reduction in isolation, improved wellbeing, an increase in digital engagement and support of physical activity.
* It was hoped that a proactive calling service would help Hanover build up a profile – and therefore better understanding - of its customers.
	1. *Feedback from External Stakeholders*
		1. The questions in **Annex B** were also used to facilitate conversations on proactive calling with three current Commercial Telecare Customers: Argyll and Bute HSCP, Argyll Community Housing Association and Trust Housing Association.
		2. Samantha Somers, Technology Enabled Care Coordinator at Argyll & Bute HSCP, one of Hanover’s long-standing Telecare customers with approximately 2000 telecare service users across the region, provided the following thoughts on a proactive service:
* There is absolutely a need for a proactive service, especially after Covid – loneliness is a massive issue, mental health has suffered. Some service users in Argyll and Bute had not left the house since the start of the pandemic.
* Feedback from Argyll and Bute HSCPs customer service survey in Autumn 2021 indicated that proactive calling would be valued service addition.
* Client Telecare assessment forms could be used to assess need for a proactive service – some service users have friends and family near, but some have none. These may be the service users to target.
* Calls could start later in the day after care visits (10-11am) to 8pm at night. Maybe not at weekends as people can be suspicious of non-office calls outside Monday to Friday.
* The service could be seasonal – Winter rather than Spring/ Summer when people are more active.
* Cost could be built into the telecare charge.
	+ 1. Katie Martin and David Ballard from Argyll Community Housing Association (ACHA), a housing association with 206 tenants in Sheltered housing developments with telecare across Argyll and Bute, provided the following insights:
* Agree that there is a need for the service, but for a targeted group e.g., those that are housebound and those that may only see carers or staff in a day. The biggest benefit was felt to be reducing social isolation.
* They would be interested if the service could be delivered when their Wardens are offsite – evenings, weekends, holidays, sickness etc. Wardens are busy and may not have time for a chat. Many work part-time (usually mornings).
* ACHA could be informed of proactive call conversations via call reports, if the Telecare ARC system (PNC) is used. This was seen as a key benefit.
* Like Hanover, ACHA called their residents over 60 and living alone for a chat during covid, and this was well-received.
* ACHA felt it should be a welfare call, some signposting may be required but their wardens tend to be proactive and pick up on additional support needs.
* Most of their tenants are more traditional and would prefer a phone call or dialing in via their telecare system rather than a video call.
* Staff delivering the service would need an understanding of the client group, patience, listening skills and empathy.
* Home carers providing a tuck-in service – could this service replace it?
* ACHA would have to consult with tenants around cost, they will likely not want to pay more than what they are paying currently, especially if they don’t feel they need it. ACHA is unlikely to have separate funds to fund this service.
	+ 1. Gail Gourlay, Director of Customer Experience at Trust Housing Association, who have 2,250 tenants within sheltered housing developments receiving a telecare service from Hanover, shared the following thoughts:
* Inactivity monitoring currently is either on or off and not very personalised. A personalised service linked with their personal plan discussions would be valued.
* Calls could be medication reminders but more likely a call for loneliness/ companionship would be of greatest value; loneliness is a big issue among older people. If operator finds something of concern, they need to be able to escalate it.
* Those with no family/ no company would see the greatest benefit
* Trust did ‘buddy calls’ throughout covid – but that was a different situation. Gail didn’t think uptake would be as big now (during ‘normal’ times), and some might find a calling service intrusive. People may wish to opt in/ opt out of the service
* Timings should be individual to the person however mornings, evenings and weekends likely best. Weekends can be lonely times – no staff are on at weekends.
* There is a risk with medication reminders as action must be taken
* Mobile phones are often linked to hearing aids which would be a benefit
* Video calling may work for some
* Staff delivering the service would need an understanding of older people, be caring, sympathetic, and have good communication skills
* The cost could be part of the telecare service
* If eligible via housing benefit would have to be part of service for all (even if they don’t use it)
* 30 minutes might be quite a lot for proactive call, some may be daily but just need 5 mins
1. **Key Learning Points**
	1. From the research and consultation undertaken to date, we have captured the following key learning points:
		1. Proactive calling can benefit a wide variety of service users; however, a recurring theme is tackling loneliness and isolation.
		2. We can expect proactive calls to take between 20-30 minutes each if calls are being made manually by an Operator and if the calls are of a conversational nature. This is significantly longer than a reactive call, which is typically 2-3 minutes.
		3. We can however anticipate proactive calls to reduce reactive calls.
		4. The service would not need to be a 24-hour service, most respondents felt that mornings, evenings, and weekends would be the most appropriate times for calls.
		5. The service should be personalised and flexible. An opt in/ opt out model is preferred, and service users may only wish to receive the service for a short period of time.
		6. Call operators need to be the right people for the job and would need training and support to perform this role well, including identification of red flags and escalating these/ signposting.
		7. Experience elsewhere tells us that staff job satisfaction increased during delivery of a proactive service and made them feel like they were making a difference.
		8. Signposting should be a key element of the service and keeping a library of local services and agencies would be highly valuable. We may wish to use the ALISS tool, as well as forging links with third parties.
		9. Technology should be considered to allow greater access and expansion of a proactive calling service and to deliver efficiencies, especially given person to person proactive calls are labour intensive and therefore may not be financially viable. This also ties in well with customer expectations of increased TEC and self-service options and may have the added benefit of freeing up onsite staff to provide more face to face support and social activities.
		10. Costs and charging will be a challenge, especially given the current financial landscape, the cost of living and budget pressures for HSCPs. Although funding may be available initially, we need to consider the sustainability and viability of the service long-term. More cost/ benefit analysis needs done to provide assurance in this regard.
2. **Customer Services Management Team Meeting July 2022**
	1. The results of the research into other services and the feedback from Hanover employees was discussed at the Customer Service Management team meeting on 27th July 2022.
	2. Resource issues within Telecare was raised as an issue. Operators were already working overtime and it was felt unlikely that Operators would have the capacity to take on the additional task of proactive calling.
	3. It was suggested that Development Managers within Hanover might be keen to pick up additional hours as a Proactive Call Handler.
	4. It was agreed to develop some proposals for Test of Change Projects which would explore the benefits, challenges and opportunities of different proactive calling approaches, targeting different customer groups.
3. **Objectives of a Proactive Service**
	1. From our research, we have identified the following fundamental objectives of a Hanover proactive service:

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| **Objective** | **Detail** | **Rationale** |
| **Reduce loneliness and isolation** | Loneliness and isolation has featured heavily as a key driver for proactive services, both from research of proactive services already being delivered and from stakeholder feedback. | Age Scotland asserts that loneliness and isolation is a ‘public health crisis’ which is ‘as dangerous to a person’s health as smoking 15 cigarettes a day’ and ‘increases the risk of stress, anxiety and depression and doubles the risk of dementia’.Our most recent resident survey responses told us that most Hanover residents are over 75 years old, 67% of Hanover property households were comprised of one adult aged 60+ and63.4% identified themselves as having a disability. Many of the triggers of loneliness tend to congregate in later life due to bereavement, retirement, moving to a new area, ill health and/or children moving away from home. |
| **Flexible** | Available during times to suit the service user | Hanover residents suggested they may wish to use the service for a short period, this may be on an opt in/ opt out basis.Service users should be able to choose when and how they receive the service. |
| **Personalised** | The service should be tailored to the service user, accounting for preferences in communication method, technology and changing support needs. | The 2021 UK government White Paper ‘People at the Heart of Care’ has the ambition: “to make personalisation the expected standard and for high-quality personalised care to be the norm across health and care. Wherever possible, that care and support should be in a person’s own home and personalised in line with their specific needs”.The service should be outcomes-based, and we should get to understand each service user’s story and personal challenges and aspirations to understand how a proactive service can benefit them. This may change over time. |
| **Accessible** | Hanover employees, service users and families should be able to confidently engage with the service. | Any technology used should be familiar, easy to use and not over-complicated, whether telephone, video, tablets or telecare devices. The telecare pendant is successful because it’s easy to use. |
| **Measurable/ demonstrable benefits** | We need to have suitable measures and evaluation tools in place to assess the success and value of the service.  | Being able to demonstrate the cost effectiveness and tangible benefits to the service user, to employees and other parties (families, HSCPs) will be crucial for the continued success, funding, and scalability of a proactive service. Due to the proactive nature of the service, it may be difficult to put a monetary saving (or ROI) against the service as avoidance or delay of HSCP intervention is difficult to measure. Much of this evidence may be qualitative so it will be important that we rigorously monitor the service and its users and are able to deliver meaningful case studies. |
| **Resilient** | Reliable to ensure service continuation in the face of team absences. This may also be the reliability of technology solutions. | Consistency of calling is important to the service user. If we are to rely on employees/ volunteers directly providing the service, we should be able to provide backup for sickness/ holidays. Using technology or outsourcing the service may enable us to increase resilience.  |
| **Scalable** | Following a small-scale Test of Change we want to be able to grow the service and offer it to all Hanover residents and potentially to Telecare commercial customers. | The most impactful services are those which touch a large number of users. Examples of success from elsewhere such as Andalusia, as well as the national agenda to more toward more proactive approaches to telecare, means we must be able to make a sizable shift from our current delivery model to continue to be a leading provider.  |
| **Affordable** | Cost should not be a barrier to the use of a service that keeps customers safe. | It was generally agreed that whether customers would pay for the service would depend on costs*.*To ensure that the service benefits the largest number of people, the service should be affordable enough for (a) Hanover/ commissioners to absorb the cost and/or (b) low cost so service users can afford it.  |
| **Financially sustainable** | The service should break even when operating at scale.  | Funding from the Scottish Government may be available for a short-term ‘Test of Change’, however longer term and at a bigger scale, the service needs to be financially viable.The service may be commissioned by individuals themselves, by Health and Social Care Partnerships as part of a social care package or potentially via family or friends of an individual who would feel this service would provide them with reassurance and peace of mind. |
| **Interoperable** | The service should integrate with existing systems. | Ideally, the service and/or the data generated from it, would integrate with existing systems, e.g., our ARC software (PNC8), Open Housing, CM2000. |
| **Data Rich** | The service should provide Hanover with rich, meaningful data on our residents, that we may not otherwise have. | The data gathered in the delivery of the service should assist Hanover in better understanding and supporting our customers. |

1. **Delivery Options**
	1. The below diagram shows the various delivery options and approaches that Hanover could pursue.
	2. The delivery approach could be a blended one, for example, a technology driven option that escalates calls to the ARC or Development based staff should a customer need assistance.
	3. *Operator Driven Option*
		1. An Operator Driven Option would be directly making calls (telephone or potentially video calls) to customers.
		2. The benefits of this option are:
* A personal, human, conversational approach
* Relationship building, companionship
* Uses technology that all customers will have access to (i.e., landline or mobile phone)
* Could add a new dimension to the Telecare Operator’s role if undertaken by Hanover’s ARC
* Development based staff wishing to pick up additional hours could undertake this role.
* Increased job fulfillment for staff and expansion of skills set
* We could use volunteers, which would be low-cost; cost would only be for training, support and supervision.
* Increased understanding of our customers
	+ 1. The potential risks of this option include:
* Staffing costs may make the service unviable if no funding available or the costs don’t stack up
* If using volunteers, lack of control
* Proactive calling is a different skill set than reactive, training and support is required
* Telecare may not have capacity to provide this additional service unless it can demonstrate significant time savings from reactive calls. Reactive calls are still the priority as these are monitored by the TEC Services Association (TSA).
* Development-based staff or volunteers may not be able to use existing ARC software to make calls. That would mean calls may not be recorded/ data would have to be recorded elsewhere.
	1. *Technology Driven Option*
		1. Technology can move us away from a ‘one size fits all’ model and offer significant efficiencies and scalability in a proactive service. There is an increasing number of digital technologies on the market that can facilitate a proactive calling service.
		2. We should consider different technologies, given feedback from residents that:
* An increased use of technology would be widely accepted
* There is a desire for access to ad-hoc services e.g., medication prompts
* 45.8% of Hanover tenants say they use the internet
* 26.8% listed ‘live chat or online messaging’ as their contract preference.
* 22.3% of tenants said they would like to see more applications where they can request services like repairs online and do video calling with Hanover through a computer, smartphone or tablet device
	+ 1. Making use of digital technologies may improve our chances of securing future funding and may make scaling up the service more feasible.
		2. We looked at two technology systems that we might wish to trial as part of a Test of Change: *Yokeru* and *Alertacall*.
	1. System 1 -*Yokeru*
		1. Yokeru have developed a proactive Artificial Intelligence (AI) solution which sends automated calls to a customer’s telephone (mobile or landline) at a set time with a tailored message using a web-based platform.
		2. Messages can be either synthesised (read in an automated voice generated from text) or voice recorded (often using a Development Manager’s voice). Artificial Intelligence is used to collect spoken responses during calls; the majority of calls also accept a key press response from the customer.
		3. Calls can be escalated to Development based staff or to the ARC should the resident indicate that they require further assistance.
		4. Yokeru is integrated with digital ARC platforms, including UMO and Appello. Hanover may upgrade to a digital ARC system in future with this functionality embedded.
		5. The sorts of calls that could be automated using Yokeru include:
* Morning calls
* Medication prompts
* Reminders about social events
* Reminders to test telecare equipment
* Surveys
	+ 1. Yokeru also offer a self-service solution, so family members can register for the proactive service and pay for the service as private pay customers. Escalations can go to the ARC if not dealt with by the family, by mutual agreement.
		2. The cost of the service is £150 plus VAT per month per community (up to 60 users).
		3. *Benefits*:
		- Allows an automated, flexible and personalised approach.
		- Uses technology that all customers have access to (i.e., landline or mobile phone)
		- Ability to use a mobile phone means that customers can be contacted when they are out and about, not just in the house.
		- Multi-lingual – Yokeru can work in up to 180 languages.
		- Has the potential to free up staff time for more face to face interaction and also enhance services on site (such as reminders of social events, medication)
		- Integrated with new ARC platforms (e.g., UMO)
		- Yokeru offer a commercial arrangement, whereby Hanover can sell the Yokeru service on to commercial customers at a profit.
		1. *Risks:*
		- Requires employee involvement and employees would need to be comfortable using the platform.
		- Some calls require voice recognition; there could be issues with misunderstanding, which may result in frustration with the service. For these service users, keypress response or SMS message could be used.
		- An AI system will not be able to pick up the needs as effectively as a human conversation and may not deliver the benefits relating to loneliness or creating social connections.
	1. System 2 *- Alertacall*
		1. Alertacall provide a touchscreen device working off a 4g multi-network SIM or Wi-Fi. This device can increase two-way conversations, giving residents the ability to send messages to Hanover (e.g., report a repair) and for Hanover to push multimedia messages and reminders out to residents.
		2. Alertacall’s ‘OKEachDay’ button, located on the touchscreen device, provides an opportunity for residents to check in themselves to say they are OK, negating the need for a morning call. If they don’t press the button, or raise an alarm manually, they will be put through to Alertacall’s contact centre.
		3. Residents can initiate video calls with their Development Manager and other residents using the device. The device could also be used for GP appoints (such as ‘Near Me’).
		4. Alertacall are happy for residents to call their contact centre ‘just for a chat’.
		5. The cost of the device and service is £5.45 plus VAT per week per connection. This is Housing Benefit & Universal Credit eligible, as 'enhanced housing management'.
		6. *Benefits:*
		+ Allows an automated, flexible and personalised approach
		+ Can be used to message Hanover e.g., request a repair
		+ Outsourcing the call handling element makes the service easier to scale up
		+ Increases digital interaction with residents
		+ Housing Benefit & Universal Credit eligible, Alertacall will do the negotiations with Local Authority HB team
		+ Could replace sleepovers?
		1. *Risks:*
		+ Residents may not like the touchscreen device or may be unsure how to use it, training likely needed.
		+ Lack of control and data consistency (monitored by Alertacall’s own contact centre)
		+ Potential lack of interoperability with Hanover systems
		+ Minimum 100 connections for a trial
		+ Full functionality (e.g., video calling) is only available when working over Wi-Fi
1. **Conclusion and Next Steps**
	1. We recognise the value that a Proactive Calling service could deliver to our customers, our employees and to Hanover as a business.
	2. The risk of not pursuing proactive options is significant as it is a strategic focus nationally and across Health and Social Care Partnerships. Other Telecare providers have already begun to deploy proactive approaches. Our inability to offer proactive services will make our service less desirable and is likely to lose us customers.
	3. We have been advised that funding may become available from the Scottish Government TEC programme to assist us in financing a Test of Change, however, we suggest that Hanover progress with trials regardless of whether further external funding is secured.
	4. The next steps will be to choose the most desirable option(s) for taking forward a Proactive Calling service and develop a full business case and project plan, with the view to launch a ‘Test of Change’.
	5. We want to run 3 Tests of Change which will enable us to:
2. Clarify the needs of tenants
3. Explore ways of meeting the needs through conversation and signposting
4. Explore service models to deliver proactive calls
5. Evaluate the impact of the calls
6. Find ways of identifying those in need
7. Test alternative technologies and approaches to making proactive calls
8. Understand the cost and consequences/ benefits and risks
9. **Proposal**
	1. We propose to run three Test of Change projects:
10. **An Operator-driven model** with Operators calling Argyll and Bute HSCP clients that have an unmet care need (these have already been identified) if there is capacity and funds to do so. Calls will be made by Telecare Operators via the existing call monitoring software and calls will be conversational in nature. We may need to recruit additional staff for this; It has been suggested the Development based staff (or indeed other Hanover employees) could pick up additional hours performing proactive calls.
11. **A trial of Yokeru**: this will be site-based and run by a Development Manager who manages a cluster of Sheltered sites. Two potential cluster sites have been identified as Nitshill and Kingspark and Saltcoats and Ardrossan.
12. **A trial of Alertacall at three sites** (minimum 100 connections): this will include a sheltered rented site, an amenity site and an owner-occupied site.
	1. These Tests of Change pilots will help to clarify the needs of customers, explore different models of delivery, including alternative technologies, and help us to understand the costs, benefits and risks of each of the services before rolling out on a larger scale.
	2. All residents at a development would be offered the service.
	3. Residents who turn down the service should be recorded and monitored and their reasons for not wishing to use the service will be collected. We would be interested to find whether these residents change their mind over time and whether they could, in retrospect, have benefitted from the service.
	4. A profile of customers would need to be gathered at the start of the project, and we would wish to discuss with each individual what outcomes they would like to achieve from the service.
	5. Setting clear objectives from the outset of the project will be key. Robust monitoring and evaluating tools would need to be developed to assess the success of the Test of Change.
	6. The success of the delivery of the Test of Change will be dependent on creating strong ownership of the project and identifying roles and responsibilities from the outset.

**Annex A – Stakeholder Engagement – Customer Questions**

**Designing a Proactive Calling Service**

**Stakeholder Engagement Questions – Hanover Customers/Tenants**

**Introduction**

Hanover are working on the possibility of setting up a Proactive Calling Service. This service would call customers on a regular basis at agreed times. This maybe once a day or once a week or whatever suits the needs of the customers.

We are currently working with both internal and external stakeholders to find out the demand for this service, how it might work and how it could be funded.

As part of this Stakeholder engagement work we are holding interviews with customers during the Strategy Days to get their input into the development of this service.

**Suggested Questions**

The following questions should be covered if possible. However, if the customers want to add other thoughts and ideas which have not been covered then this should also be captured.

First of all tell the customers a bit about the proposed service (see intro section above).

**Need for the Service/What would the service do?**

Do you think there is a need for this type of service?

Would you use this type of service?

If not, can you think of other people who might use this type of service?

What kind of support would you like from this type of service?

**Benefits of a Proactive Calling Service**

Can you see any benefits for customers/users of a Proactive Calling Service?

If so, what would you say they are?

**Times the service would be available**

When should a service like this be available?

(examples can be provided – for example, 7 days a week? From 7am to 8pm?)

**How would the service be delivered**

If this type of service was to be make available, how would you like the staff to contact you? By telephone? By some sort of video conference platform, for example, zoom, teams, whatsapp, facetime.

If video conferencing is to be used would you want to use your own device (for example, phone or laptop or tablet) or would you need this provided?

**People delivering the service**

Thinking about the type of service that you would like delivered (to you or someone you know) what would you look for in the staff that are providing this service?

**Paying for the service**

Would you be willing to pay for this type of service?

**Annex B – Stakeholder Engagement – Managers & External Stakeholders Questions**

**Designing a Proactive Calling Service**

**Stakeholder Engagement Questions – Hanover Staff**

**Introduction**

Hanover are working on the possibility of setting up a Proactive Calling Service. This service would call customers on a regular basis. This maybe once a day or once a week or whatever suits the needs of the customers.

We are currently working with both internal and external stakeholders to find out the demand for this service, how it might work and how it could be funded.

As part of this Stakeholder engagement work we are holding interviews with staff in different parts of the business to get their input into the development of this service.

**Suggested Questions**

The following questions should be covered if possible. However, if the people want to add other thoughts and ideas which have not been covered then this should also be captured.

First of all, tell the interviewee a bit about the proposed service (see intro section above).

**Need for the Service/What would the service do?**

Do you think there is a need for this type of service?

Who do you think would use this type of service?

What kind of support would be provided as part of this type of service?

**Benefits of a Proactive Calling Service**

Can you see any benefits for customers/users of a Proactive Calling Service?

If so, what would you say they are?

**Times the service would be available**

When should a service like this be available?

(examples can be provided – for example, 7 days a week? From 7am to 8pm?)

**How would the service be delivered**

If this type of service was to be make available, how should staff to contact the users? By telephone? By some sort of video conference platform, eg zoom, teams, whatsapp, facetime.

If video conferencing is to be used should it users use their own device (eg. Phone or laptop or tablet) or should it be provided?

**People delivering the service**

Thinking about the type of service that would be delivered. What would you look for in the staff that are providing this service?

What kind of training would be required?

**Paying for the service**

Do you think Hanover customers/tenants would be willing to pay for this type of service?

**Funding for the service**

Where do you think Hanover could get funding for this type of service?