

# Wiltshire Council

## Cabinet

8 October 2024

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**Subject:** Telecare Service Recommissioning

**Cabinet Member:** Cllr Jane Davies - Cabinet Member for Adult Social Care, SEND and Inclusion

**Key Decision:** Key

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### Executive Summary

The purpose of this report is to recommend that Cabinet approve the tender and award of a new contract to deliver Telecare services in Wiltshire.

The Wiltshire Telecare service provides assistive technology that promotes wellbeing and independence through the provision of emergency call alarms. These include alarm buttons as well as sensors such as falls sensors that can trigger an alarm call. Telecare enables the unwell, disabled, or elderly to receive care at home and continue to live independently. Alarms are received by a call centre and an appropriate response is organised. Wiltshire Council runs a Telecare Response service that provides a physical response where appropriate.

The current contract for the Telecare service will end on 31 March 2025. It supports c1,100 dispersed alarm (community based) customers and provides call monitoring for c.1000 grouped alarms (Wiltshire sheltered housing stock – HRA). The current annual budget for the service is £626,359. We are confident we can make savings on the cost of the current provision which will provide opportunity to invest in service expansion and development.

The demand for Telecare will continue to rise alongside one of the largest aging populations in the country and with the telephone industry discontinuing the traditional copper telephone network telecare devices will need to move from analogue to digital to meet the requirements for the national 'Digital Switchover'. The costs linked to this are being met by a separate budget however some of the transition work will need to be supplied, in part, by any new service provider.

### Proposals

This report recommends Cabinet agree the following proposals:

- 1) Approve the commissioning of the Telecare Service via the ESPO Framework from 1 April 2025, with a three-year contract awarded to the successful provider, with the option to extend up to a further year.

- 2) To delegate authority to approve and award a new Telecare Service Contract, and take all necessary steps associated, to the Director of Commissioning in consultation with the Cabinet Member responsible for Adult Social Care, SEND and Inclusion.

### **Reason for Proposals**

The purpose of this paper is to provide an update to Cabinet on the status of the Council's contracted Telecare Service which is delivered by an external service supplier and expires on 31 March 2025.

The current contract delivers a Telecare Service to people who are assessed by Adult Social care as eligible for the services.

The provision of a Telecare and wider Technology enabled Care (TEC) services fulfils the Council's obligations under section 2 (preventing, reducing or delaying needs) of the Care Act and currently covers over 2000 connections to individuals being supported in their homes. A recommissioned Telecare Service must be in place from 1 April 2025.

**Lucy Townsend**  
**Chief Executive**

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### Purpose of Report

1. The provision of Telecare services is in line with Local Authority obligations under Section 2 of the Care Act; to provide or arrange for the provision of services, facilities or resources that will contribute to preventing or delaying of the development of needs for care and support or reduce the need for such care and support.
2. The outcome being sought for this report is for Cabinet to approve the recommissioning of a Telecare service in Wiltshire at a cost of £626,359 per year, to be funded from the Better Care Fund.
3. The analogue to digital transition of telecare equipment will also be delivered by the contracted telecare supplier, though the cost of this work will be met by capital funding. The estimated cost of this is being finalised but it will be a one-off project requiring completion before Openreach's 31 January 2027 deadline for decommissioning the UK's analogue telecoms network.
4. The recommendation is that a Telecare service is recommissioned for a contract term of three years with an option to extend for a further year.
5. The recommendation is that the decision on the preferred model of telecare service is delegated to the Director of Commissioning in consultation with any Corporate Director(s) responsible for People and the Cabinet Member for Adult Social Care, SEND and Inclusion.

### Relevance to the Council's Business Plan

6. Wiltshire's Business Plan 2022 to 2023 is committed to:

#### Empowering People by:

- Aiming to help people of Wiltshire increase their activity levels and improve their health
- Maximise independence for people with learning disabilities and/or complex needs
- Alignment of the council's work to public health priorities to empower healthy and safe behaviours. This will include integrating public health outcomes with the priorities of area boards.
- Implementing an enabling and empowering model of support that enables people with a learning disability to maximise their independence.

- Give people choice and control, with flexible options of support to meet their care and support needs to ensure they receive the right support at the right time.
- Ensure the quality and cost of care provision is actively managed.
- A reform of adult social care, making the most of opportunities that will bring the council into contact with all service users, including self-funders.
- Implementing a technology strategy to help people to live independently.

#### Building resilient communities:

- Support people to remain independent of formal services and to live and age well in their own homes.
- Delay the need for formal care by working with people in their own homes.
- Provide data and information to communities to support them with making the best decisions for themselves.
- Make sure that the support we provide meets the needs of those who receive it.
- Plan solutions for families with the whole family.
- Choice and control to allow people to direct their own care needs.
- Allow families and individuals who need support to have choice and control, with flexible options of support to meet their care and support needs.

#### Building a thriving economy:

- Support a robust care industry that trains, employs and values local people.
- Help more adults with learning difficulties develop the skills they need to live independently.
- Deliver high quality, customer-focused services to all residents.
- Deliver infrastructure to enable local communities to live, work and play locally, businesses to invest and everyone to take responsibility for the environment.
- We aim to support the provision of reliable and useful technology (including broadband) and equip residents with the skills to make use of it.
- Provide accessible and reliable technology services to residents.
- Implementing investment in digital technology and skills, enabling residents to engage with their communities in more ways.

#### 7. In 2023/24 Wiltshire Council agreed to a variety of Commissioning Principles of which the following apply to commissioning a telecare service:

- Commissioning services that support people to stay in their own homes.
- Commissioning services that support unpaid carers.
- Commissioning services that focus on improving an individual's quality of life.
- Commissioning services that support access to a range of self-directed support options.
- Monitoring and reporting on the impact of commissioning decisions.
- Commissioning a range of services to support young people to successfully transition to adulthood.

#### 8. The Technology Enabled Care (TEC) strategy 2023 to 2028 also identified four core outcomes that are applicable to telecare services:

- We will develop a TEC offer that empowers people, supports them to manage their self-care and stay safe, and enables them to live healthy, independent lives
- We will embed a "TEC First" culture across our workforce. Staff will be enabled to use their creativity to find new solutions. We will use evidence and data to assess and evaluate what works for people

- We will work with our partners, particularly across the NHS, social care and housing. We will take a One Council approach to promoting TEC, underpinned by our core principles of prevention and early intervention
- We will use technology to enable people to fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society. Leaders will empower staff to be innovative and creative and to work with people to find the right technology-enabled care solutions for their lives

## Background

9. The Telecare Service was previously subcontracted to Appello by Medvivo. On 31 October 2023 an exemption was approved to directly award a contract to Appello for 11 months, from 1 May 2024 until 31 March 2025. The exemption was approved due to various complexities in attempting to retender for 1 May 2024:
  - At the time, the telecare response service was under review, and it was agreed that it would remain with Medvivo for a further year. Due to the interdependencies with the Telecare Response Service (also provided by Medvivo – provided by Wiltshire Council since 1 August 2024<sup>1</sup>), it was agreed that an extension to continue the current ways of working with Appello would allow for a more seamless transition when it came to recommission the services together in 2025.
  - Due to unforeseen circumstances, however, the Telecare Response service, along with the Urgent Care at Home service was handed back to Wiltshire Council on 1<sup>st</sup> August 2024 and is now provided in-house. There is, therefore, no opportunity to tender the services as one. As is currently the case, any new provider will be required to work collaboratively with our Telecare Response team. The Telecare Response team now screen all referrals for Telecare which ensures the service is effectively meeting customer needs.
  - The UK analogue to digital telecoms transition had a deadline of December 2025 for completion, this has now been delayed until January 2027. The change to digital impacts all telecare users with analogue equipment. A project to identify all users with old equipment and plan to replace with digital ready devices to ensure connectivity is best supported by the Telecare provider. A capital bid is being prepared to fund the equipment replacement and the tender will be explicit that the new provider will lead on this for Wiltshire Council but will be funded through an additional payment.
  - The current contract has resulted in large data discrepancies between the council and suppliers' systems. Significant cleansing work has been undertaken to ensure accurate data on service utilisation. While this work is ongoing, the work to date provides a more confident estimate of demand and activity. This has allowed for more accurate budget forecasting.
10. A separate Telecare Response service provides a physical response to alarm calls, where appropriate. This service was previously run by Medvivo but was brought in-house on 1 August 2024. Cabinet approved the bringing in-house of this and the Urgent Care at Home service on 9 July 2024. Both services are intrinsically linked but any closure of the Telecare Service would deem the response service redundant.

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<sup>1</sup> Cabinet 9 July 2024.

11. The current Telecare Service is a fully managed service in that it encompasses the following components to deliver an end-to-end service to our customers (table 1).

Table 1: Managed Service Elements

		<b>Current Wiltshire offer</b>
<b>Telecare' Type Managed Service Elements</b>	Assessment of need (telecare) Service user for the purposes identifying equipment and services required to support the person-centred outcomes required by the Commissioner.	Referrer led – installer will support
	Supply of telecare equipment – purchasing items	Commissioned supplier
	Assessment of and Installation of telecare equipment (including service and maintenance)	Commissioned supplier
	Customer/Commissioner training and support for telecare products and services in use in their Service	Commissioned supplier
	Service User training / coaching and support (telecare) for equipment deployed to meet the outcomes required by the Commissioner.	Commissioned supplier
	Telecare monitoring Service	Commissioned supplier
	Provision of initial remote response to telecare calls, alerts and activations service	Commissioned supplier
	Tailored reporting contract management information for Customer	Commissioned supplier
	Asset management and storage of Customer's own telecare equipment inventory (including pre-existing stock).	Commissioned supplier
	Decommissioning of telecare equipment service including removal of equipment where required -	Commissioned supplier
Decontamination service for returning used telecare equipment to the customers inventory for re allocation	Commissioned supplier	

A Telecare Response service is separately contracted and is provided by Wiltshire Council.

### **Main Considerations for the Council**

12. Because of the previously approved exemption, there is no legal means by which the existing contract can be extended. Legal and procurement advice has been sought on the matter and we are being supported by both in the recommissioning process.
13. We are confident that a tender will achieve savings on the current budget. It is challenging to be accurate on these savings at this stage and we are doing the following to confirm costs (table 2):

Table 2: Confirming Costs

<b>Action</b>	<b>Description</b>	<b>Likely Impact</b>
TEC Consultant work	We are working with a TEC expert to determine a 'fair price' for elements of	Efficiencies can be identified and potential savings on service budget

	the service and to develop robust processes for managing data across the service.	allowing for growth or reinvestment into the service.
Housing involvement	Wiltshire Council has some housing schemes with dispersed units as standard. This accounts for almost 1000 connections. Housing colleagues have confirmed they do not wish to be part of this tender.	Most residents of the housing units are not eligible for an ASC funded Telecare Service. However, approximately 50 are and these residents will continue to receive the service. Any others that wish to continue can self-fund. We provide advice to residents on this. Removing the Housing elements will significantly reduce the number of connections we need to support. This provides opportunity to increase the service offer to eligible ASC funded residents.
Using a procurement framework	Using an established procurement framework with negotiated fees.	This ensures that the activity rates applied are competitive.

14. Supported by an expert TEC consultant we have developed estimated costs for the new service (table 4). These costs have been based on previous activity and demand and the work done by the TEC team to cleanse connection data has provided an estimate based on much clearer understanding of demand. The 'fair' price estimation is based on benchmarking against other similar services across the country.

15. Making savings on the cost of the standard delivery of Telecare provides opportunity for the investment in service growth and a wider offer in terms of the type of TEC. For example, we are considering a short-term offer to support pathway 1 hospital discharges and reviewing other monitoring devices such as movement patterns, flood detectors, home temperature etc (table 3).

16. The TEC landscape is changing rapidly and there are various ways technology could be embedded in telecare and adult social care services to more holistically support people. The contract for the service provision will ensure future innovation is possible.

Table 3: Examples of service development

		<b>Current Wiltshire offer</b>
<b>TEC General</b>	Assessment and Installation of Smart Home Technology for the purposes of meeting the outcomes for person centred care as required by the Commissioner.	No current offer
	Continuous environmental monitoring (home) for the purposes of person-centred care	No current offer
	Proactive analytical analysis of monitoring data to produce early warning health and wellbeing alerts	No current offer

	Remote interaction /proactive Service User contact services for the purposes of ensuring the health and wellbeing of the Service User as part of an outcome-based approach	No current offer
	Lifestyle and location monitoring outside of the home as an element of a health and care package.	Commissioned supplier (GPS location device only)
	TEC apps for use by friends and family as an element of a commissioned health and care support package.	No current offer

17. The new pricing model presents opportunities to reinvest savings that can be made against the current service budget to increase the TEC product catalogue. There may also be opportunity to consider the development of a preventative TEC model, whereby data analytics of environmental and activity monitoring can trigger a response if a deviation in usual patterns of behaviour is detected. This could support with reducing falls, infections and potentially hospital admissions linked to these.

### Proposed Costs

18. The proposed costs in table 4 shows the estimated costs for the service. The predictions on growth are based on planned activity to give the service greater promotion across a range of social care services and to increase our TEC offer.

Table 4: Proposed Costs

Type	Number /week	cost /activity	Current weekly cost (based on averages)	Monthly cost (based on average activity)	Increase activity 30%	Increase activity 40%	Increase activity 50%
Active connections	1400	£1.10	£1,540.00	£6,160.00	£8,008.00	£8,624.00	£9,240.00
SIM costs for connections	1400	£0.96	£1,344.00	£5,376.00	£6,988.80	£7,526.40	£8,064.00
Average number of new connections	6.75	£35.00	£236.25	£945.00	£1,228.50	£1,323.00	£1,417.50
New Equipment	6.75	£370.00	£2,497.50	£9,990.00	£12,987.00	£13,986.00	£14,985.00
Installs	7.5	£100.00	£750.00	£3,000.00	£3,900.00	£4,200.00	£4,500.00
Standard fault	9.5	£90.00	£855.00	£3,420.00	£4,446.00	£4,788.00	£5,130.00
Urgent fault	1.5	£120.00	£180.00	£720.00	£936.00	£1,008.00	£1,080.00
Outbound calls	225	£5.00	£1,125.00	£4,500.00	£5,850.00	£6,300.00	£6,750.00
Collection	1	£60.00	£60.00	£240.00	£312.00	£336.00	£360.00
<b>Total</b>			<b>£8,587.75</b>	<b>£34,351.00</b>	<b>£44,656.30</b>	<b>£48,091.40</b>	<b>£51,526.50</b>
<b>Annual cost</b>				<b>£412,212.00</b>	<b>£535,875.60</b>	<b>£577,096.80</b>	<b>£618,318.00</b>

19. We also have a further option to block purchase the installation and maintenance element of the service. This would fund dedicated posts to support with the physical delivery of the telecare service, this would include securing two engineer posts, admin support, rental and upkeep costs of vans and mileage to deliver the following aspects of the service:

- Standard installation charges



- Urgent installation charges
- Abandoned visit charges
- Standard fault visits
- Urgent fault visits
- Maintenance visits
- Equipment collections (stock decontamination and decommissioning where appropriate)
- Asset management (management of all telecare items and procurement of new equipment when necessary to meet KPI's for delivery)

20. Technically this would be block paying for the installation and maintenance of the telecare service. The proposed cost would be £120,000/year based on benchmarking from similar services elsewhere in the UK. This model could allow for efficiencies compared to an activity-based model.

21. For example, in our current model we are regularly charged for abandoned visits where a customer or their representative is not available to meet an engineer for a scheduled visit. The physical aspects of delivering the service would no longer be activity based as there would be designated capacity to support as referrals are made and faults are reported.

22. A further benefit would be that any 'down time' could also be used to support with completing the analogue to digital transitioning of telecare devices. We will review this option carefully, with support from the TSA consultants to decide on the best course of action.

23. While the current telecare service is referrer led, Wiltshire Council will be working jointly with Swindon Borough Council on a TEC project from October 2024 where a commissioned TEC partner will be supporting to complete TEC assessments alongside council practitioners as part of customer reviews. There will be an assessment process which will continuously monitor individuals using TEC which will identify opportunities where TEC can be embedded into their support plan to promote independence and increase trust in TEC.

24. This project will identify innovative opportunities for the council to work collaboratively with care and TEC providers, individuals and their informal support networks to develop a more holistic TEC offer.

### **Analogue to digital (A2D)**

25. Salisbury city was a pilot area for Openreach's Analogue to Digital telephony switchover (copper telephone network was decommissioned), whereby all funded telecare devices required replacement with new digital models. The devices are now loaned to the council by Appello, these will require purchasing before transitioning to a new provider (c.47). The cost of this is approximately £2,261.60 (SIM fees £175.56/month – would move into new contract) and will be included in a capital bid for the analogue to digital equipment switchover. It will not, therefore be part of the ongoing budget.

26. This industry led change is set to transition all UK telephone networks by 31 January 2027, Wiltshire's telecare users with analogue devices (estimated 850 devices) require

upgrading to digital devices before this date. Additional funding sources will need to be agreed to meet the additional budget pressure of replacing all analogue equipment to digital as no government funding has been identified.

27. Funding sources are being investigated, in partnership with the Better Care Fund financial leads. Once funding is agreed there will be a requirement for the new supplier to deliver the transitioning of all analogue telecare equipment to digital. It will be clear that this will be funded additionally to the contract. As this work will be planned activity, efficiencies can be made due to economies of scale in purchasing items and coordinating in specific areas, therefore these costs can be considerably lower than contracted rates.

### **Safeguarding Implications**

28. The contract will ensure the new Telecare provider trains and monitors staff in the use of the Wiltshire Council safeguarding policies and processes. We will require providers to give assurance that their staff understand their safeguarding duties as relevant to Wiltshire Council processes and staff will be monitored in the early transition of the service to ensure the correct safeguarding protocol is followed. Staff monitoring the contract will sit in the Adults Commissioning team and will adhere to clear processes for escalation of any safeguarding concerns to Wiltshire Council's established Adult Multi Agency Safeguarding Hub (MASH) team.

### **Public Health Implications**

29. There is no direct link to Public Health though the service will support a person's health and wellbeing by supporting independence in their own homes.
30. Whilst many people will live full and active lives, an older population typically has more complex health and care needs. The telecare and other linked TEC services support individuals of all ages to have more choice and control in meeting their health and social care needs and supports people to remain independent in their choice of home for longer.

### **Procurement Implications**

31. Because of the previously approved exemption there is no legal means by which the existing contract can be extended. Legal and procurement advice has been sought on the matter and we are being supported both in the recommissioning process.
32. Given the timeframe remaining for the recommissioning exercise we have consulted with procurement colleagues on the use of a specialist procurement framework for Technology Enabled Care.
33. The Eastern Shires Purchasing Organisation (ESPO) has a Technology Enabled Care products and services framework, Lot 2 is suitable for procuring a fully managed telecare service. All providers on the framework are TSA QSF (Quality Standards Framework) certified assuring us of their ability to deliver quality TEC services.
34. The framework allows us to ensure we are getting value for money through a competitive process, but which can be done within the timeframe available.

35. To meet procurement deadlines (see Table 5) the tender needs to go live by mid-October.

*Table 5: Procurement Timeline*

<b>Pre-Tender Process</b>	
07/10/2024	Final Signed off Service Specifications
07/10/2024	Tender docs signed off
<b>11/10/2024</b>	<b>Tender go live</b>
<b>Tender Evaluation Process</b>	
02/12/2024	(Officer Decision Report) ROOD
<b>Award Process</b>	
03/12/2024	Award - Notify Provider(s) of outcome
03/12/2024 – 33/12/24	Standstill period
16/12/2024	Contract Issued to preferred provider and signed off
16/12/2024 – 30/3/2024	Service implementation/mobilisation
01/04/2025	<b>Contract start</b>

36. The Procurement Act 2023 which succeeds the PCR 2015 will come into full force on 28 October 2024 and that signifies a major shift in the legislative governing of the public procurement of goods, services and works in the UK. This change means most Local Authorities and suppliers have a narrow window to familiarise and adjust current practices with the new regulations.

37. To avoid the early complexities that may come with the change, it is imperative that we commence the Telecare Procurement process in October before the new regulations will require Commissioners necessitating a comprehensive review to adapt project strategies to comply with the new rules.

### **Equalities Impact of the Proposal**

38. An EqIA is being developed in collaboration with Adult Social Care colleagues. The service will continue to be open to all with access based on assessed need.

39. People who may be affected:

- Vulnerable Wiltshire residents
- Adults with a care need, learning disability and/or Autism, and/or ill mental health.
- People who are Care Act eligible to receive a funded service from Wiltshire Council
- People who are not Care Act eligible.

Affected Services:

- Wiltshire Council Commissioning teams
- Wiltshire Council Operational Teams

40. We will cleanse the data of individuals using the Telecare service, in line with Appello's database. In some cases, this will highlight customers who are receiving a Wiltshire Council funded Telecare service, who are no longer Care act eligible, and need to self-fund. For these customers, we will be providing information and guidance on moving

to a private pay option. We do not envisage any break in service provision for these residents.

41. Co-production is being carried out by “Voice it, Hear it” on behalf of Wiltshire Council, to reach and talk to a variety of people to discover what TEC is already being used, how we can build on what they already have, and clarity around what needs still need to be met.
42. Joint working will continue with internal and external teams to ensure all Care Act eligible customers have access to the same information, Telecare services and TEC equipment.
43. Wiltshire’s Joint Strategic Needs Assessment forecasts that the 85+ population will almost double between now and 2040.



44. People are generally living longer and healthier than ever before. However, our Joint Strategic Needs Assessment shows that these gains are not enjoyed equally across the population. For example, there is still a gap between life expectancy for adults with long-term mental illness and/or learning disabilities and life expectancy of the general population.
45. Those living in rural settings can be impacted due to little or no internet access. This is being considered especially in line with upcoming Analogue to Digital changeover. Strategies to include TEC usage in “black spot” areas with no signal need to be developed for inclusivity. Wiltshire Council is aware and working in consideration of the “Project Gigabit”<sup>2</sup> work.
46. Considerations around digital poverty need addressing for inclusivity, ensuring everyone has access to TEC suitable to their individual needs. Libraries and Ability Net currently run programs around digital literacy, and access to free SIM Cards.

### **Environmental and Climate Change Considerations**

47. The ongoing development of telecare and TEC services align with the Councils climate strategy, particularly the commitment to carbon neutrality by 2030. We recognise that Wiltshire’s rurality can mean that paid care services must often travel significant distances to support customers.
48. The commissioning of a telecare service can support with reducing carbon emissions, reducing the requirement for face-to-face support and potentially reducing emissions from car journeys by increasing the use of virtual, digitised, and remote care through TEC. TEC and telecare can both support people to do more for themselves and

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<sup>2</sup> <https://www.wiltshire.gov.uk/article/7003/Project-Gigabit-overview>

provide the data and evidence to practitioners to demonstrate that a person is increasing their independence. The service supports the council to focus support and care for people in a more holistic and responsive manner, making care visits more effective and efficient.

49. The Telecare service provider will be required to have a robust recycling process in place for the recovery, reuse and disposal of the assets. By converting the analogue stock to new digital stock, we are priming the service to have equipment that is suitable for today’s needs as well as being adaptive to future services that may be introduced.

**Workforce Implications**

50. The current provider has advised that there would be no staff eligible for TUPE as they work across multiple contracts. The provider of the new service will be required to recruit and train a suitable workforce to deliver the contract.
51. The retender, transition and management of the contract will use existing resource in the adult commissioning team.

**Risks that may arise if the proposed decision and related work is not taken**

52. Failure to secure a new Telecare service for Wiltshire will result in a loss of service for existing, vulnerable people as well as an inability to offer the service as a support mechanism to people. This will impact on a range of teams across hospital discharge, reablement, ongoing support etc.
53. It will also result in a redundant Telecare Response service that was brought in-house on 1 August (see para).

Table 6: Risks if the proposed decision is not taken

<b>Risks</b>	<b>Impact</b>	<b>Mitigations</b>
If we do not meet an October tender deadline there is a risk that we do not have a Telecare Service in April 2025.	This will leave vulnerable people without a key service and will leave the in-house Telecare Response Service without a means of alerting them to residents in need.	Review options with procurement colleagues, consider using suitable framework for retender.
We are not clear how many customers we need a contracted service to support. This is due to:  no oversight of the number of customers being added or removed from the contract.	Difficult to give assurance on value for money. Risk of budget overspend.	Thorough data cleanse prior to any tender and a clear process for adding, removing and reviewing customers. Using an expert TEC consultant to refine predicted demand.
Tendering the service now will remove the option to include telecare in the upcoming	We will lose some opportunity to be more creative with the TEC offer in Wiltshire. Including Telecare in the community	Consider a shorter (1year) contract to bring the end date into alignment with the Community equipment

Community Equipment tenderer.	equipment tenderer (to start April 2026) makes it a more appealing prospect for national providers. There remains uncertainty whether this would be an appropriate course of action but by tendering now the option is removed.	contract. This is unlikely to be attractive to the market as large amounts of transition and mobilisation work will need to take place.
If the Telecare Service is not retendered and we no longer offer the service to residents the Telecare Response service will be redundant.	The Telecare Response Service was brought in-house on 1 August 2024 at a cost of £0.659m per year and the TUPE of 31 staff.	Ensure a service is provided. The Telecare service is core to ensuring people remain independent.

**Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

*Table 7: Risks associated with proposed action*

Risk	Impact	Mitigation
.When a new service is in place and processes and data management are established, the service will be proactively promoted to internal colleagues as a means of supporting resident's independence.	With an activity-based contract this brings risks of budgetary overspend.	The Better Care Fund budget is monitored monthly by the Locality Commissioning Group and therefore any potential for overspend can be appropriately actioned.  The contract will be monitored closely by a lead commissioner at the council. The contract oversight will include stakeholders such as the Head of Service for the Telecare response Service and Adult Social Care colleagues.
All analogue telecare devices require replacement with digital ready units by 01/2027 deadline. This is work that will need to be completed alongside any service contract, adding complexity to the tender.	As time lapses the pressure to complete the project increases, call failures from analogue devices could leave customers at risk in a crisis.	Consider compliant procurement route for additional spend in current contract and forecast A2D budget into any new TEC contract.

<p>The deadlines for retendering the service are very tight due to the changes in procurement law.</p>	<p>Telecare providers will only have a very short timeframe to bid for the service. As Appello confirm that no staff would be suitable for TUPE the new provider may need to recruit to be able to support the service or subcontract parts of the service to another provider. There may be a risk of an unsuccessful tender as providers have a very short timeframe to formulate a response. There may also be a risk of inflated costs as a provider may need to consider some subcontracting of the service elements.</p>	<p>We have chosen to use the ESPO TEC framework, all providers are well established and are certified under TSA to provide various elements of TEC services. This provides further reassurance around securing a provider who can deliver a service of this scale.</p>
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### **Financial Implications**

55. Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.
56. The costs of this service and contract are met from the Better Care Fund (BCF) as part of the section 75 agreement and managed through the BCF, any impact from over or underspends on this funding are agreed as a part of the section 75 agreement and managed through the BCF. However any overall overspend on the pooled BCF schemes is to be funded 50% by Wiltshire Council as detailed in the section 75 agreement. The change to the service will not deliver savings in the Adult Social Care budget.
57. The one-off funding for the upgrade to digital devices (para 27 & 28 above) does not yet have agreed funding. However this, as with the contract is 50% ICB cost. Discussions are taking place to agree the funding of this with the ICB.,

### **Legal Implications**

58. Legal Services have been instructed to advise on this matter. Legal advice will continue to be sought until the conclusion of the project. Any award of contract will be conducted in accordance with the requirements set out in Part 10 of the Council's Constitution, the Procurement Manual and the Public Contract Regulations (PCR) 2015.
59. Legal Services were previously consulted in respect of the exemption for the contract extension and have subsequently advised that there is no appropriate ground that can be relied upon under the PCR for the Council to extend the current contract.

60. Legal Services will draft legal documentation for this matter. Legal Services will need to be consulted to review the final documentation before execution .

### **Overview and Scrutiny Engagement**

61. A briefing for the Chair and Vice-Chair of the Health Select Committee will be arranged.

### **Options Considered**

62. The best-case scenario is to tender for a service based on accurate service user data, Appello activity data suggests this is around 1100 community-based customers. Housing colleagues have advised us that they do not wish to continue to include housing stock in the future service provision.

63. The preferred option is to retender the service using the ESPO (Eastern Shires Purchasing Organisation) TEC framework. ESPO is a public sector owned professional buying organisation which has a framework for 'Technology Enabled Care Products and Services', Lot 2 is suitable for tendering a fully outsourced service. The framework has 31 (TSA Quality Standards Framework) approved suppliers who can tender for the telecare service, costs of using the framework are met by the supplier who is successful in the tender process.

64. Lot 1 of the framework is a product catalogue which can be referred to for best value, ESPO procurement advisors suggest if tendering for a fully outsourced service prices tend to come in below the identified costs in Lot 1 due to economies of scale. The framework has an end date of 13/06/2025 where it will be replaced by a new framework, due to this ESPO have suggested a contract term of no more than 4-years, including any extension. A contract of 3 years + 1 year extension is preferred for the current telecare service which would allow for time to develop the service and internal processes.

65. To use the framework, we must work with the ESPO contracting documents which can be reviewed and amended to suit our requirements for a service; we would not be able to contract a provider using standard terms and conditions. Legal input is required to complete review of the contracts to ensure compatibility.

66. Benefits of using the framework is that a complete tender process can be carried out in 6 months (our timeframes are very limited to complete a tender process independently). Using the framework still allows for a competitive process to take place which promotes best value to the Council. The incumbent provider is on the framework and would be committed to providing competitive costs if they wish to continue supplying in Wiltshire.

67. Because the current contract was awarded under exemption criteria it is not legally possible to extend it unless in exceptional circumstances (under a further exemption request). This approach poses high risk to the council and not a favoured option due to indications that better value for money can be achieved. There is also a risk that the Council could be challenged on its decision to approve a further contact extension by



an exemption as this is not compliant with procurement regulations and could be challenged by other potential providers.

68. There is uncertainty if a shorter contract would be attractive, due to the nature of TEC services (transitioning telecare call centre connections and systems that may require physical visits to all customers to complete installations, stock management and the A2D project) a contract term of less than 3 years may seem unfavourable to any provider besides the incumbent.

69. A minimum term of 3 months mobilisation would be required. A tender must go live by 11 October 2024 to achieve this.

70. A final option would be to consider bringing the Telecare service in-house. In the current financial climate this would not be favourable as this involves high set up costs and is a timely process. TSA advise this has only been successfully completed twice in the last 5 years. Although a few of the South-West authorities have in-house telecare offers only Cornwall and Somerset's services meets TSA's QSF (Quality Standards Framework) which is the recommended industry standard. Telecare and TEC services can be broken down into different aspects of service delivery (table 8).

Table 8: Aspects of service delivery

		Current Wiltshire offer
<b>Telecare' Type Managed Service Elements</b>	Assessment of need (telecare) Service user for the purposes identifying equipment and services required to support the person-centred outcomes required by the Commissioner.	Referrer led
	Supply of telecare equipment (excludes installation)	Commissioned supplier
	Assessment of and Installation of telecare equipment (and or including service and maintenance)	Commissioned supplier
	Customer/Commissioner training and support for telecare products and services in use in their Service	Commissioned supplier
	Service User training / coaching and support (telecare) for equipment deployed to meet the outcomes required by the Commissioner.	Commissioned supplier
	Telecare monitoring Service	Commissioned supplier
	Provision of initial remote response to telecare calls, alerts and activations service	Commissioned supplier
	Response Service - Provision of on the ground physical response to telecare alerts to support people in their homes - telecare	In-house service
	Tailored reporting contract management information for Customer	Commissioned supplier
	Management and storage of Customer's own telecare equipment inventory (including pre-existing stock). Asset management	Commissioned supplier
	Decommissioning of telecare equipment service including removal of equipment where required - Asset management	Commissioned supplier
	Decontamination service for returning used telecare equipment to the customers inventory for re allocation - Asset management	Commissioned supplier
		<b>Current Wiltshire</b>
<b>TEC General</b>	Assessment and Installation of Smart Home Technology for the purposes of meeting the outcomes for person centred care as required by the Commissioner.	No current offer
	Continuous environmental monitoring (home) for the purposes of person-centred care	No current offer
	Proactive analytical analysis of monitoring data to produce early warning health and wellbeing alerts	No current offer
	Remote interaction /proactive Service User contact services for the purposes of ensuring the health and wellbeing of the Service User as part of an outcome-based approach	No current offer

	Lifestyle and location monitoring outside of the home as an element of a health and care package.	Commissioned supplier (GPS location device only)
	TEC apps for use by friends and family as an element of a commissioned health and care support package.	No current offer

71. Where Local Authorities offer in-house services, many only offer part of the service and outsource other aspects due to high operational costs. Telecare monitoring would require procurement of a call monitoring platform, recruitment and training of management, call handling and technical staff to support a 24/7 service and consideration of location to enable successful delivery of the service. Recent transition of the Telecare Responder service to in-house reduced the service offer to 7am-10pm operational hours as offices are inaccessible after these hours alongside considerations of lone working policies. TSA have advised the procurement of a call monitoring platform could take between 9-12 months.

72. Installations and maintenance of TEC equipment is another aspect of the service that could be transitioned to an in-house offer and delivered similarly to a Community Equipment service. Installers would need to be trained, ideally to TSA QSF standards with DBS clearance. The role currently supplied by Appello (subcontracted to Red Alert) requires a high level of customer interaction, risk assessment and technical engineering to ensure the TEC best suited to meeting the individuals needs and outcomes is installed.

73. Levels of administration are also required to coordinate visits with individuals to support the customer (relatives, care providers etc) and allow for some training and handing over any instructions. An asset management platform is required to ensure that all deployed and recycled stock is managed and decommissioned at the end of the products intended lifespan or where devices are determined not cost effective to be recycled. A warehouse with a production line for decontamination would also be required to house the telecare estate and decontaminate, maintain and store any returned stock for future use. Drivers and a fleet of vehicles would also be required around the clock to support with any urgent installs or faults as specified.

74. It would be possible to consider bringing elements of the service in-house, however these options would require careful consideration of initial outlay costs and timelines to effectively and safely deliver a transition After seeking advice from TSA and IT colleagues it is our collective position that we should discount the possibility of insourcing the service. The option would be likely to exceed the budget currently allocated for a commissioned service, would require recruitment of telecare experts and team to manage the various elements of delivering the service and extensive IT support throughout to ensure the safety and interoperability of any systems being considered and to allow for integration with Council systems.

## Conclusions

75. In conclusion the Telecare service (and the intrinsically linked Telecare response service) is key to Wiltshire Council's aims to support people to be independent and remain in their own homes for as long as safely possible.

76. Recommissioning the service will realise savings that will be reinvested into service development that will increase the number of people who will benefit from the service as well as develop a wider range of devices to support people in different ways.

77. Failure to provide a telecare service jeopardises the Telecare Response service, which would, in effect be redundant without the Telecare service to provide and maintain equipment and receive and triage calls.

**Alison Elliott - Director, Commissioning**

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**Appendices**

None

**Background Papers**

None