

Report by the Head of Housing Management

Countywide Procurement of Community Alarm and Telecare Services

1.0 Summary

1.1 The report advises members of the West Sussex Community Alarm Providers Group (WESCAP) proposal to form a consortium to bid for the telecare services contract in West Sussex from 2009/10.

2.0 Recommendation

2.1 The Committee is recommended to:

- i) note the contents of the report in respect of the various issues raised; and
- ii) agree in principle to the proposal that Adur's community alarm service forms a consortium with its WESCAP partners to bid for the West Sussex countywide telecare contract from 2009/10.

3.0 Background

3.1 WESCAP was established in 2001 to give the community alarm providers from the seven district and borough councils in West Sussex a forum and a voice to debate and deal with national and local issues which were developing at that time concerning the future provision of community alarms and assistive technology.

3.2 WESCAP comprises the Adur Community Alarm Service, Chichester Community Careline, RedAssure (Worthing Homes), Horsham Community Link Alarms, Arun Lifeline, First Point Lifeline (Downland Housing Association) and Crawley Lifeline Emergency Alarm Service.

3.3 On the strength of the alarm service providers working together in this way, WESCAP has subsequently entered into partnership working for the installation, maintenance and monitoring of alarms with:

- Trading Standards for people vulnerable to or targeted by bogus callers
- Sussex Police for cases of domestic violence, distraction burglary, witness protection etc.
- West Sussex Fire and Rescue Service, with whom a joint protocol has been agreed, for the funding, installation and monitoring of radio smoke detectors linked to the alarm service.

3.4 Members of WESCAP jointly provide approximately 8000 community alarms throughout West Sussex, promoting independence and greater security.

4.0 Telecare and telehealth

4.1 Telecare is a means by which care and support can be provided, through telecommunications technologies, to people in the home. It increasingly features in the care packages of people with support needs and has a holistic role that relates to people's health, mobility, social well-being and security.

4.2 Telecare covers social alarms, lifestyle monitoring and telehealth (the remote monitoring of vital signs for diagnosis, assessment and prevention).

4.3 Equipment such as detectors, monitors, alarms and pendants, is provided to support an individual in their home and is tailored to meet their needs. Telecare services range from a basic community alarm service that is able to respond to an emergency and provide regular contact by telephone, to an integrated system that includes detectors or monitors for motion, falls, fire and gas, that trigger a warning to a response centre.

4.4 More complex systems include telemedicine, or telehealth, which is designed to complement healthcare via monitoring vital signs such as blood pressure. Data are transmitted to a response centre or a computer at the local health centre, where it is monitored against parameters set by the individual's clinician.

4.5 The role of telecare in helping to avert hospital admissions, monitor well-being during post-operative treatment and promote early discharge from hospital, is becoming increasingly recognised by health and social services professionals.

4.6 Those who might benefit from telecare systems and services include, in the main, people with disabilities, mobility impairments, cognitive difficulties and/or sensory impairments. Many are older and vulnerable people living on their own in the community.

5.0 WESCAP'S proposal

5.1 West Sussex County Council received a grant of £1.1m from the Department of Health to be spread over 2006/07 and 2007/08, to introduce assistive technology (telecare and telehealth) services throughout the county. (For the purposes of this report these services will be referred to as "telecare"). This introductory period has now been extended to 2008/09. There are currently 4 telecare pilot schemes being carried out by the alarm providers in Chichester, Worthing, Mid Sussex and Horsham. They focus on telehealth, hospital discharge and admission avoidance, dementia and intermediate care.

5.2 The initial evaluation of the pilots has shown them to be successful. This evaluation will form the basis of developing a business case for commissioning telecare services across the county. Services will then be negotiated and commissioned over a 12 month period beginning in March 2009.

- 5.3 It is anticipated that WSCC and the Primary Care Trust (PCT) will want to purchase services from one provider rather than dealing with 7 different prices and services. The aim is likely to be for a single commission across the county, providing one referral route or referral process, one schedule of rates, one service specification and a consistent infrastructure across the county.
- 5.4 WESCAP can provide such a structure and is committed to working together to deliver this service. The group wants to form a recognised partnership/consortium in order to provide the telecare service within the county rather than having an outside company taking it over. All the group members have been successfully audited by Supporting People within the Quality Assessment Framework and several have received commendations from the Audit Commission. The providers believe they offer quality services that are second to none, which really care for the needs of local, vulnerable people and, importantly, are accountable to the local communities they serve.
- 5.5 WESCAP needs to give an indication to WSCC by March 2008 that it is able to form a unified consortium and offer this single referral process for future telecare services in the county.

6.0 Action to date

- 6.1 WESCAP presented its proposal to the West Sussex Chief Housing Officers Group (WSCHOG) on 17 January 2008 to seek its initial agreement and assistance regarding governance and the local democratic process.
- 6.2 In the minutes of that meeting, "WSCHOG expressed itself as broadly supportive of the proposals, subject to further work". This included the need to clarify the legal standing and governance arrangements. Adur and Chichester representatives were asked to seek and share legal advice
- 6.3 Concern was also expressed about "the need to ensure that both the communities' interests and those of provider local authorities are protected e.g. that competitive bidding does not result in losses for the local authorities running their own schemes" and "the need to ensure appropriate member input into the decision".
- 6.4 Adur's Head of Corporate and Legal Services has advised that Section 2 of the Local Government Act 2000 gives every local authority the power to do anything which they consider is likely to achieve the promotion or improvement of the social well-being of their area and this includes anything in relation to, or for the benefit of, any person or area situated outside their area if they consider that it is likely to achieve any one or more of these objects. He concludes that the Council is empowered to join in and provide the proposed service for the area and that to achieve this the Council can enter into an agreement with other local authorities.
- 6.5 He advises that "the easiest way of achieving this is for the Councils involved to contract / agree to work together in a consortium with one of their number to act as lead authority for the purpose of accounting and contracts. The agreement would have to be clear as to the governance arrangements, divisions of costs and profits and the level of service to be provided".

7.0 Areas to be resolved

- 7.1 It is anticipated that the telecare “package” will be offered for a period of three months. For example, in order to facilitate a speedier discharge from hospital than otherwise might be possible, a community alarm, fall detector, bed sensor or other appropriate equipment may be requested for a particular individual. The hospital case worker will refer the case to a unique WESCAP telephone number. Respecting local authority boundaries, the relevant local community alarm provider to the client’s home address will visit and install the equipment within an agreed timeframe. There will be one agreed standard cost for the purchase of the equipment, installation and monitoring service throughout the county. The cost of this is met by the hospital. At the end of the three month period, if the package is no longer to be funded, the client will have the opportunity to continue the service him/herself, but will then pay the established local charge for the monitoring service.
- 7.2 Clearly this proposal presents the community alarm providers with a radical new way of working together. There are several issues to be resolved and agreed, the main ones being:
- the question of governance and which authority will take the lead for accounting and other contractual arrangements;
 - charges – setting one viable charge across the seven districts for the equipment, and agreeing whether to charge a fixed fee regardless of the number of peripherals needed, or to have individually priced items per installation;
 - a joint service standard and protocol e.g. achievable response times for installation and equipment breakdown;
 - mobile response services out-of-hours – 4 out of the 7 services offer a mobile response for “no response” calls, but only 2 provide it for any other emergencies; it may be possible to purchase this from a neighbouring provider as part of the package;
 - a quality assurance scheme.
- 7.3 The WESCAP consortium will need to register with the NHS Purchasing and Supply Agency. NHS PASA is an executive agency of the Department of Health and acts as a centre of expertise and excellence for the health service, advising on policy and the strategic direction of procurement across the NHS. The agency contracts on a national basis for products and services which are strategically critical for the NHS. If an organisation is registered with PASA, this means that it has already gone through the NHS procurement process and therefore commissioners can avoid lengthy and costly procurement processes by contracting with a provider on this list. It would be the WESCAP consortium’s aim to complete registration as soon as it is possible.
- 7.4 Two of the providers have already received accreditation from the Telecare Services Association, and two more are currently working towards it. It is not yet clear whether all providers would need to achieve this or whether the consortium can apply for group accreditation.

8.0 Risks

- 8.1 If WESCAP does not form a consortium to compete for the contract, there is a real prospect of competition from outside telecare providers, as there are other organisations based in the south that are already registered with the NHS PASA.
- 8.2 In other areas where a similar single contract has been put in place, such as East Sussex, the single referral route for telecare services is used by social care and health professionals whether the package is self-funded or funded through these care packages. This has resulted in a drop in business for local community alarm providers in those areas. A reduction in business could affect operational economies of scale and may ultimately threaten the viability of individual services and others within the authority connected with them. Lewes DC has recently announced that it is winding up its alarm service and will be out of business by the end of this financial year.
- 8.3 With regard to possible risks posed by the formation of the WESCAP consortium, the only one that could be likely is if the group sets the charges too low, in order to compete for the lowest overall price. This could then have financial implications for the individual providers and their authorities. However, the members of the group have sufficient expertise and knowledge of suppliers and operational running costs that this risk is considered minimal. Market analysis shows that after an initial build-up period, the service should make a profit and is anticipated to have no negative effect on the general fund.

9.0 Conclusion

- 9.1 Interest in this rapidly expanding and lucrative field of telecare is growing and private sector providers are positioning themselves and investing in order to benefit from this market.
- 9.2 There is great potential for WESCAP and, by implication, its current clients, to benefit from this growing and lucrative market and its members' involvement in a variety of the pilot projects already puts it in a very strong position to do so.
- 9.3 WESCAP operates within a very competitive business environment and in the future may experience considerable market pressures in maintaining local services and installing alarms to its local communities if it does not win this countywide contract.
- 9.4 Provision of locally provided services is financially viable and the benefit to West Sussex residents of maintaining these services is that the full range of telecare services will be provided by teams who have already received positive feedback from Supporting People and the Audit Commission.
- 9.5 Members will be aware from the previous report on this agenda that contracting proposals from SP for community alarm services from 2012 may impact on this arrangement. The formation of a WESCAP consortium may, however, positively influence the way SP carry out their strategic reviews and package the future contracts for community alarm throughout the county at that time.
- 9.6 A further report will be presented to members when more information regarding governance and accounting arrangements becomes available.

Local Government Act 1972

Background Papers:

Housing and Central Services Committee 13 September 2005

Contact Officer:

Sue Hart

Supported Housing Manager

Ext. 63286

E-mail: sue.hart@adur.gov.uk

Appendix

1.0 Council Priorities

- 1.1 To protect and enhance priority services.
To support and contribute to the health, safety and wellbeing of the area.

2.0 Specific Targets

- 2.1 Key priority 5 of the Council's Housing Strategy 2005-2010: "Supported housing: Meeting the needs of vulnerable groups in partnership with the Supporting People programme".

3.0 Sustainability Issues

- 3.1 Contributes towards the long term support and security for older, vulnerable and disabled people in the county, significantly improving their quality of life and promoting independent living, which in itself is an integral part of a sustainable community.

4.0 Equality Issues

- 4.1 Provides equality of services to all community alarm users in West Sussex.

5.0 Community Safety issues (Section 17)

- 5.1 Telecare extends from relating to the social and medical care of people to the more practical matters around housing and community safety. In addressing personal wellbeing, telecare also contribute to social inclusion and, ultimately, therefore, to the social and economic health of communities.

6.0 Human Rights Issues

- 6.1 Matter considered and no issues identified.

7.0 Financial Implications

- 7.1 As identified in paragraph 7, there are financial risks to the Council whether it chooses to join in or stay out of any bidding consortium. Moving forward in principle with a consortium will help clarify the likely financial implications.

8.0 Legal Implications

- 8.1 As contained in the report.

9.0 Consultations

- 9.1 There have been no consultations carried out at the present time.

10.0 Risk assessment

- 10.1 Detailed in section 7 of the report.

11.0 Health & Safety Issues

11.1 Matter considered and no issues identified.

12.0 Procurement Strategy

12.1 This report complies with the Procurement Strategy.

13.0 Partnership working

13.1 The report proposes partnership working with the six other community alarm providers in West Sussex.