Leeds CITY COUNCIL

Report author: Katie Cunningham

Tel: 3783264

Report of Shona McFarlane, Deputy Director Social Work & SC Service

Report to Director of Adult & Health

Date: 25th March 2020

Subject: Telecare transition from Analogue to Digital.

Capital Scheme: **33084**

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes	☒ No
Has consultation been carried out?	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Will the decision be open for call-in?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary

1. Main issues

- Capital approval for £1.6m for the digital switch over cost was approved in March 2019. This includes start-up cost of replacing the analogue ARC as well as the replacement of the Telecare equipment installed in customers' homes.

- By 2025 the UK analogue telephony services will be switched off as the UK's telecommunications infrastructure is upgraded to digital connectivity. The UK will cease to use traditional analogue phone lines and will be replaced by digital networks using internet protocols (IP).

- The Leeds Tele Care service procured through a tender exercise the IP units and commenced the purchase and installation of digital IP units in September 2019.

- In September 2019 the Leeds Tele Care service started to buy and use Digital IP equipment. These IP units will be used on all new installations and any requests for repairs will be replaced with the digital IP equipment. In 2019/20 the Telecare service have will commence the replacing of all existing analogue units with digital IP units. By 31st March 2020 the service will have installed or replaced 1,600 IP units.

- This is an average of 300 installations per month.

2. Best Council Plan Implications (click here for the latest version of the Best Council Plan)

- Council Business Plan – this work contributes the outcome of people being able to live with dignity and stay independent for as long as possible.

- Best Council Plan 2019 – 20 – this work contributes making the Age-Friendly Leeds KPI by enabling people to live independently in a place of their choice

3. Resource Implications

- Capital funding for the Telecare transition from analogue to digital Telecare has been approved. There is £1,600,000 budget available from 2020/21 over the next three year.

- This will provide a budget of £500k for the purchase of digital equipment and £100k for the replacement Alarm Receiving Centre (ARC) in 2020/21.

Recommendations

a) The Director of Adults and Health is requested to approve authority to spend capital expenditure of £600k for the transition from analogue to digital for the Leeds Telecare Service to be spent in 2020/21 budget. Any further expenditure will only be incurred however once financial questions around ongoing revenue costs have been resolved and technical capabilities of the technology are fully understood.

1.   Purpose of this report

1.1   To seek authority to spend the capital expenditure of £600K on telecare equipment for the Leeds Tele Care Service for £600k for 2020/21 in accordance with financial procedure rules.

2   Background information

2.1   Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to support vulnerable people living independently. It is a development of the community alarm equipment which Leeds has provided for older and disabled people since 1986 through the "Care Ring" Service. Community alarms are considered as the "first generation" of monitoring equipment. Telecare is referred as the "second generation" of equipment.

2.2   Telecare sensors are placed around the home on ceilings, doors and walls or may be worn by the service user in the form of a pendant, watch or belt. Sensors include smoke detectors, flood detectors, fall sensors and medication dispenser's alerts.

2.3   If a telecare sensor activates in an individual's home an alert is automatically raised to the Council's 24 hour Tele Care response centre, who will make contact with the service user to check on their safety. Often practical advice and reassurance is all that is required, but on some occasions a personal visit and or physical help may be

needed. On these occasions the response centre staff will arrange the appropriate support by contacting a family member, providing a visit by the Tele Care mobile response service, or, if necessary, contacting an emergency service. The response centre holds relevant personal information about the service user and can identify which sensor in the home has activated to ensure the appropriate responses are arranged promptly.

2.4   Leeds City Council took the opportunity to develop telecare through the Preventative Telecare Grant which was announced by the Department of Health in 2004 and was paid to Local Authorities in 2006. As a result a new service was established and significant experience and expertise has been gained.

2.5   In December 2008 a report was provided to ASC Directorate Management Team which outlined the progress made in and provided the justification for the Tele Care Service to be supported by mainstream funding after the Preventative Technology grant expired.

2.6   The main financial justification for the Tele Care Service to attract mainstream Adult Social Care funding was the demonstration of the financial benefit that using telecare equipment was shown to make to other community care budgets.

2.7   From 1st April 2009 the Leeds Telecare Service has been a mainstream service funded by Leeds Adult Social Care.

2.8   In 2014 a range of assistive technology (AT) services provided by the Council and the NHS were co-located in a single building to provide a "one stop shop" for customers and assessors and more joined-up, cost effective services for providers of AT. Work is now underway to relocate this joint offer to a larger location that will allow for further developments to promote and extend the use of care technology in the delivery of health and social care in the City.

3   Main issues

3.1   In 2025 the UK will cease to use traditional analogue phone lines and will be replaced by digital networks using internet protocols (IP). From 2020 there will be no analogue line installed in the UK and already some Telecoms/internet providers have stopped installing analogue lines for new customers.

3.2   The telecare alarm equipment and alarm receiving centre (ARC) have used analogue tones for over 40 years. These tones are known as Dual Tone Multi Frequency (DTMF).

3.3   The analogue tones and IP protocols are incompatible which for telecare equipment results in alerts from the analogue equipment in customers, homes not connecting over the digital (IP) network into the analogue ARC. This means that connections (alerts) are delayed or corrupted when they reach the ARC. The alerts will constantly try to connect but the ARC operators have no way of knowing who is trying to connect or what alert relates to e.g.: smoke alarm indicating a possible fire or a customer fallen or needing urgent attention.

3.4   The latest information from Telecare Services Association (TSA) is: since Open Reach started the digital switchover work there has been reports of;

- **Call failures whereby the unit has to redial**. Example included call from a smoke detector and the operator was unable to provide any guidance to the client as to how to exit the property as per normal procedures

- **Unit connects successfully but only with one way audio**. Example included a fall alarm call as the lady had fallen and was in extreme pain with a broken hip. She did not receive any reassurance that her emergency call had got through and she did not know if anyone was coming to help her. An ambulance did eventually arrive but her confidence in the system has been lost. Another example was from a door exit alarm which was in place for a client with dementia who was known for wandering. The operator was unable to provide reassurance to the client and to assist them with returning to the property. Quick thinking on the operator's part led them to notify a neighbour who was able to help the client return to their property.
- **Incorrect alarm ID**. Missing analogue tones during the handshake with the control centre meant that numbers from the alarm ID was missing meaning the alarm call did not match the clients details
- **Incorrect alarm description.** Missing analogue tones during the handshake with the control centre meant that the alarm call showed it was from a smoke detector when in fact it was a pendant call.

3.5 In September 2019 the Leeds Tele Care service started to buy and use Digital IP equipment. These IP units will be used on all new installations and any requests for repairs will be replaced with the digital IP equipment, subject to questions around ongoing revenue costs being resolved. In 2019/20 the Telecare service will have commenced the replacing of all existing analogue units with digital IP units. By 31st March 2020 the service will have installed or replaced 1,600 IP units, subject to approval to queries around ongoing revenue costs being resolved.

3.6 If the revenue costs are unresolved, the Telecare Service will need approval to purchase analogue equipment. These will need to be replaced in the future by a digital solution.

3.7 It is estimated that 3000 IP digital units will be installed in 2020/21 bringing the total of installations to 4,600.

4 Corporate considerations

4.1 Consultation and engagement

4.1.1 Two service user representatives from the user involvement group (the Equipment and Telecare Service User Group) sit on the Leeds Community Equipment and Telecare Service Advisory Group and are involved at all levels in the governance and development of the services.

4.1.2 The user group are involved in the evaluation of products as part of the procurement process.

4.1.3 Telecare equipment is selected, following an assessment, to meet the needs of the individual customer, and a range of equipment is available which is appropriate for use and cost effectiveness.

4.2 Equality and diversity / cohesion and integration

4.2.1 An Equality Impact Assessment screening tool has been undertaken for the purposes of this recommendation, and has indicated that an EIA does not need to be carried out. There will be no adverse effect on any particular groups of people within the city by the proposal.

4.3   Council policies and the Best Council Plan

4.3.1 The service contributes to National Indicator 142: the percentage of vulnerable people supported to achieve independent living.

4.3.2 Council Business Plan – this work contributes the target to increase the number of people successfully completing a programme to help them relearn the skills for daily living; increase proportion of older people (65 and over) who were still at home 91 days after leaving hospital into rehabilitation services; increase the percentage of service users who feel that they have control over their daily life.

4.3.3 Best Council Plan 2015 – 20 – this work contributes to the Better Lives programme and to the breakthrough project of making Leeds the best place to grow old.

4.4   Climate Emergency

4.4.1 At Full Council on 27 March 2019, Leeds City Council passed a motion declaring a Climate Emergency. In addition, the Leeds Climate Commission have proposed a series of science based carbon reduction targets for the city so that Leeds can play its part in keeping the increase in global average surface temperatures to no more than 1.5'C.

4.4.2 Environment and Sustainability considerations were taken into account while developing the specification. Provisions are included which advises that the service will work with suppliers to ensure that they assist Leeds City Council to achieve their carbon reduction targets and reducing emissions across its fleet and operations.

4.4.3 In terms of specifics for this contract, the provision of telecare equipment is a preventative measure that may reduce or eliminate the need for additional transport for the customer to hospital and also may reduce the package of care to the customer therefore reducing the number for visits from homecare staff. Both of these impacts are carbon positive in as much as they are removing the need for unnecessary journeys.

4.5   Resources, procurement and value for money

4.5.1 Capital programme for Telecare

Funding Approval :	Capital Section Reference Number :-					33084	
Previous total Authority to Spend on this scheme	**TOTAL** **£000's**	**TO MARCH 2018** **£000's**	**FORECAST**				
			2018/19 **£000's**	**2019/20** **£000's**	**2020/21** **£000's**	**2021/22** **£000's**	**2022 on** **£000's**
LAND (1)	0.0						
CONSTRUCTION (3)	0.0						
FURN & EQPT (5)	0.0						
DESIGN FEES (6)	0.0						
OTHER COSTS (7)	0.0						
TOTALS	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Authority to Spend required for this Approval	**TOTAL** **£000's**	**TO MARCH 2018** **£000's**	**FORECAST**				
			2018/19 **£000's**	**2019/20** **£000's**	**2020/21** **£000's**	**2021/22** **£000's**	**2022 on** **£000's**
LAND (1)	0.0						
CONSTRUCTION (3)	0.0						
FURN & EQPT (5)	600.0				600.0		
DESIGN FEES (6)	0.0						
OTHER COSTS (7)	0.0						
TOTALS	600.0	0.0	0.0	0.0	600.0	0.0	0.0
Total overall Funding (As per latest Capital Programme)	**TOTAL** **£000's**	**TO MARCH 2018** **£000's**	**FORECAST**				
			2018/19 **£000's**	**2019/20** **£000's**	**2020/21** **£000's**	**2021/22** **£000's**	**2022 on** **£000's**
LCC Supported Borrowing	600.0				600.0		
Revenue Contribution	0.0						
SCE (R)	0.0						
Departmental USB	0.0						
Corporate USB	0.0						
Any Other Income (Specify)	0.0						
Total Funding	600.0	0.0	0.0	0.0	600.0	0.0	0.0
Balance / Shortfall =	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Parent Scheme Number: 33084

Title: Telecare from Analogue to Digital

4.5.2   Telecare products are purchased though a framework contract.

4.6   Legal implications, access to information, and call-in

4.6.1   No Legal implications. This is a key decision subject to call-in.

4.6.2   The Director of Adults and Health has delegation which relates to preventative services; and general delegations in relation to finance and procurement to be able to give the authority to take financial and contracting decisions to meet those service needs.

4.7   Risk management

4.7.1   The analogue tones and IP protocols are incompatible which for telecare equipment results in alerts from the analogue equipment not connecting over the digital (IP) network into the analogue ARC. This means that connections (alerts) are delayed or corrupted when they reach the ARC.

4.7.2 The immediate risk is that there will be an increase in the number of delayed or corrupted alerts which could be critical in the event of a fire or serious health condition such as a heart attack when access to emergency services is critical.

4.7.3 Without agreeing the spend for the Tele Care service to purchase the digital equipment in 2020/21, there will be a risk to not being able to complete the transition from analogue to digital in the timescale.

4.7.4 If the revenue costs are unsolved Tele Care Service will need to purchase analogue equipment. These will need to be exchanged for digital once a solution has been agreed. This will incur further expenditure on equipment and additional staffing cost to exchange.

5. Conclusions

5.1. By agreeing to the authority to spend the capital budget will enable the Leeds Telecare Service to continue the transition from analogue to digital.

6 Recommendations

6.1. The Director of Adults and Health is requested to approve authority to spend capital expenditure of £600k for the transition from analogue to digital for the Leeds Telecare Service to be spent in 2020/21 budget. Any further expenditure will only be incurred however once financial questions around ongoing revenue costs have been resolved and technical capabilities of the technology are fully understood.

7 Background documents[1]

7.1 None.

---

[1] The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.