







**HOMELINE SERVICE** 

Public Consultation Information Pack

December 2025



### **About Homeline**

The Homeline Service (includes Homeline, and Homeline Plus) helps people to stay independent in their own homes. If someone feels unwell, has a fall, or needs help, they can press their Homeline alarm to speak to trained staff 24 hours a day, seven days a week.

When someone calls, staff will talk to them, assess the situation, and arrange support. This could include reassurance over the phone, contacting a family member or carer, asking a Homeline response officer to visit, or calling the emergency services if needed.

The standard Homeline service costs on average £40 per month for the basic service. Some people also use Homeline Plus, which costs between £76 and £96 per month, this includes extra technology such as sensors, detectors, pages and other equipment to provide additional safety and alerts in the home. A summary of the Homeline service packages can be found at the end of this document at **Appendix 1**, together with details of the charges for each service option.

Homeline currently supports over 4,000 people across Swindon, including:

Council tenants in sheltered or supported housing.

Private customers who choose to subscribe

People receiving Adult Social Care support plans, where Homeline forms part of their support

Having undertaken an appraisal of Homeline, the Council considers that maintaining the current model is no longer viable taking into account safeguarding concerns, legal compliance, financial sustainability, and workforce capacity concerns. The Council therefore wishes to consult service users, and members of the public generally, on the future direction of the Homeline service.

### **Why We Are Consulting**

For non-Council tenants, the service has been closed to new customers since January 2024 due to staffing and operational pressures. This means that people who may benefit from support are currently unable to access it, and the Council needs to review how the service can operate sustainably in the longer term. It is not known how many additional people would like to access the service but have been unable to do during this period. This consultation therefore also provides an opportunity to assess interest in a future service from residents who are not currently customers of the service.

The Council is aware of some weaknesses in the service and is concerned to make sure that the service does not create unnecessary risks for people it supports (service users). The safety of our residents and service users will be a key consideration in future decision making. An example of this sort of issue is that we have heard from some people using the Homeline service that waiting for medical advice before support can be given, for example when someone has fallen, can cause delays. This requirement is in place to keep people safe, as Homeline colleagues are not medically trained

and do not have access to medical equipment, and therefore must seek appropriate advice before making certain decisions. However, as service user's needs become more complex, these delays can be frustrating and may create safety risks or medical emergencies if help is not available quickly enough. The Council is therefore exploring ways in which service users can be better safeguarded if or when they use the Homeline service, and health or safety risks can be mitigated as far as possible.

Some of the Council's tenants in sheltered or supported accommodation have the use of Homeline included as an integral part of their tenancy agreement. However, feedback from some tenants is that they do not wish to receive the service as a mandatory part of their tenancy which they have to pay a mandated contribution towards, even if they do not use the service. An important part of this consultation is to inform tenants who have Homeline included in their tenancies about the proposals being considered by the Council and invite any further representations that they might have.

In addition to the above, the Homeline service is also operating with a projected overspend, of £0.5m per annum partially due to the service closure from January 2024, and there is a need to explore if and how it can be delivered in a way that remains affordable for residents, taxpayers and financially viable for the Council.

In light of the above considerations, the Council considers that now is the right time to assess overall demand and interest in the service and to seek views on what type of model would best meet people's needs in the future.

This consultation sets out 4 options below which, in the Council's view, are potentially viable outcomes, namely:

A telephone-only service, i.e. with Homeline being operated by the Council as a telephone service only and there being no physical response.

A mixed service: i.e. physical responses to Homeline calls being outsourced to an external provider commissioned by the Council, while the Council continues to operate a telephone service.

**An externally provided service,** i.e. the Homeline service outsourced altogether to an external provider commissioned by the Council; or

**Stopping the service,** i.e. the Council would cease providing or funding the Homeline service altogether.

This consultation document also sets out 4 further models which the Council has also analysed for the future of the Homeline service but does not consider to be viable options for the reasons given on the next page.

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# How the Council will take into account the feedback received

The Council currently does not have a preferred option out of the 4 being consulted on and is seeking feedback from consultees on each of them.

Feedback received on this consultation will help the Council understand how people use the service, what they value most, and what changes, if any, they would support. The outcomes of the consultation will then inform a recommendation to Cabinet on the future direction of the Homeline Service. If changes are proposed to tenancy agreements as a result of the Council's decision-making following this consultation, the Council will engage further with tenants who have the Homeline service installed about the variation of their tenancy agreements in due course.

When making a final decision on how to proceed, the Council will take into account a range of factors including:

How each option changes/impacts the level of risks associated with the Homeline service as currently provided (explained above).

The impact of each option on the Council's workforce.

The impact of each option on people who use the service, including in mitigating any safeguarding risks.

How each option impacts the Council's budget, and those who use the services who may have to pay more; and

Any particular issues, considerations, or difficulties that may be faced by the Council in implementing each option.

The Council will also have regard to any equalities implications of each option and is developing a detailed Equalities Impact Assessment alongside this consultation. Consultees are asked to provide equalities information in the survey accompanying this consultation to be taken into account in the Council's Equalities Impact Assessment.

### **Relevant Legal and Policy Framework**

Homeline is a non-statutory service operated by the Council. This means the Council is not legally required to provide it.

Historically, Homeline has been provided by the Council to support people to remain safe and independent at home by helping them access help quickly when they need it. While it does not prevent incidents such as falls or illness from happening, it can help ensure that support is put in place sooner, potentially reducing or delaying the need for more intensive or long-term statutory services. This aligns with the Council's duties under the Care Act 2014 to promote wellbeing and to prevent, reduce or delay the need for formal care and support, by providing timely reassurance, signposting and escalation to the right services when required.

For some service users, Homeline forms part of a formal support plan or care package put in place under the Care Act 2014, where the service contributes to meeting their eligible care and support needs. In taking any decision about the future of the Homeline service, the Council will review and consider whether any changes may be necessary to Care Act support plans or personal budgets in order to ensure that residents care and support needs continue to be appropriately met.

For service users who have access to the Homeline service included as part of their tenancy agreements, including those living in sheltered or supported housing, section 105 of the Housing Act 1985 requires the Council to have arrangements for informing secure tenants who are likely to be substantially affected by changes which relate to services provided in connection with their housing, and to consider any representations received before making a decision. If changes to tenancy agreements are subsequently required as a result of any final decision made by the Council, the Council is also required to serve notice under section 103 of the Housing Act 1985 in advance of any variation of their tenancy agreements. Once the Council has a more concrete view on how the Homeline service should operate in future, it will consider whether variation of tenancy agreements would be necessary and engage further with tenants at that stage.

The Council acknowledges that those who currently use the Homeline service, particularly those in sheltered or supported accommodation, may have characteristics protected by the Equality Act 2010, including their age and disability status. In making any decisions on how to proceed with the Homeline service, the Council will also have regard to any equalities implications of each of the options being considered, including in particular the need to:

Eliminate discrimination between persons who share a relevant protected characteristic and those who do not;

Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not; and

Foster good relations between persons who share a relevant protected characteristic and those who do not.

Should any option pursued by the Council impact on its workforce, the Council will engage with its employees on those impacts including by undertaking employee consultations were necessary to do so.

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### **Options for the Future**

The Council is considering several options for how Homeline could operate in the future.

No decisions have been made and as noted above, the Council does not currently have a preferred option. A summary table of the Council's current risk assessment associated with each of the 4 options can be found at the end of this document in **Appendix 2.** 

Feedback is sought from consultees on each of the options set out below. The feedback received from this consultation will help shape a recommendation to be put to the Council's Cabinet in June 2026.

#### **Option 1: Telephone-Only Service (Council-Operated)**

Currently, the Council's Homeline team manages a very wide range of calls, from low-level support (e.g., help with daily tasks such as cooking dinner) to high-level emergencies (e.g., needing an ambulance). This breadth of responsibility, combined with the training and equipment constraints outlined above, represents a notable risk that requires ongoing oversight and mitigation.

Under this option, the Council would continue to run the Homeline service, but it would become a **telephone-only** service. The physical response element of the Homeline service would no longer be provided.

Service users would still have their alarm equipment and calls would go to trained Council staff who can provide reassurance, welfare checks or contact emergency services if needed. There would be no **physical response team** visiting homes. If someone needed help in person, this would need to be arranged separately, for example from family, carers, neighbours, or the emergency services where necessary.

#### Factors to be considered by consultees.

Pursuing this option would mean that:

Some part of the Homeline service would be retained, in a simplified form, to maintain a supportive offer by the Council, although the Council would still be unable to give specialist medical support (as is the case now).

It would remove the in-person response team, reducing costs to the Council.

The Council would need to consider further how the Homeline service may be transitioned over to a digital service (as analogue telephone services nationally are to be switched off in January 2027), to ensure that calls to Homeline continue to connect.

As Council staff would not be involved in physically assisting service users, operational risks to the Council would be minimised. However, service users would have to rely on other sources of help when a physical response is needed and they may wait longer from support, albeit support that is more appropriately medically trained (e.g. from emergency services). For some service users, a change to a telephone-only service may mean that they can no longer remain in their current accommodation.

The Council may need to consider varying tenancy agreements of those service users who have Homeline includes as part of their tenancy agreement.

The Council would need to review care and support plans where Homeline is included as part of meeting a Care Act 2014 package to ensure that those individuals' needs are appropriately met.

## Option 2: Mixed Model (Council and an externally commissioned partner)

Under this option, the Council would continue to run the **telephone service** and keep oversight of the overall Homeline system. However, the Council would not itself provide physical response support. Instead, if someone needed a home visit, an **externally commissioned provider** with trained staff (for example, with healthcare or first-aid skills) would be responsible for providing a physical response.

This option would enable the Homeline service to continue, albeit with changes to address certain of the safeguarding and operational risks.

#### Factors to be considered by consultees.

Pursuing this option would mean that:

The Council would need to explore a financially viable model with external providers, potentially to be tested through a competitive tender exercise. This option for continuing to provide the Homeline service would need to factor in the level of demand locally and the level of charges to be paid by service users to maintain their access to the service. If the cost of providing the service increases, it is likely that the charges paid by those who use the service would also need to increase.

The Council's experience with providing the Homeline service would be supported by specialist responders who could provide appropriately trained support in person.

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There would be a temporary transition process in which the physical response service is handed over to an external provider, who would need to mobilise accordingly.

The Council would need to commission a provider who it is able to develop strong partnership working, oversight arrangements and coordination within order for the service to be maintained successfully. Otherwise, there may be operational risks between the Council and the commissioned provider for delivering different parts of the service.

As above, the Council would need to consider further how the Homeline service may be transitioned over to a digital service (as analogue telephone services nationally are to be switched off in January 2027), to ensure that calls to Homeline continue to connect.

Commissioning an external provider will likely have cost implications, including for those who use the service, depending on provider rates, which may be impacted by factors such as demand for the Homeline service and be subject to market testing by the Council (including potentially a competitive tender process to appoint an external provider).

#### **Option 3: Externally Delivered Service**

Under this option, all elements of the Homeline service would be operated and delivered by an external partner commissioned by the Council. This means that a **trusted partner** would be appointed to run both the telephone and in-person physical response parts of Homeline under contract with the Council.

The Council would no longer deliver the service directly but would **set the rules, monitor performance, and check quality and safety.** 

#### Factors to be considered by consultees.

Pursuing this option would mean that:

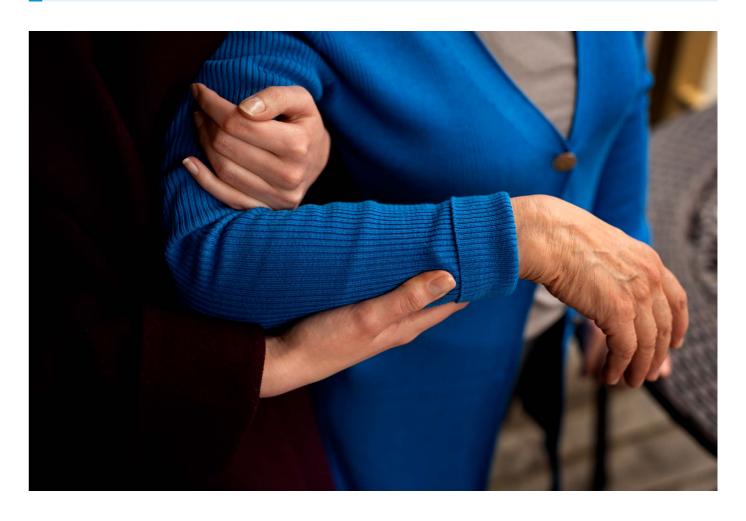
The Council would need to explore a financially viable model with external providers, potentially to be tested through a competitive tender exercise. Outsourcing the entirety of the Homeline service to an external provider would have the highest cost of all options for continuing to provide the Homeline service, and would need to factor in the level of demand locally and the level of charges to be paid by service users to maintain their access to the service. If the cost of providing the service increases, it is likely that the charges paid by those who use the service would also need to increase.

Service users may benefit from new technology and medical expertise that can be appropriately provided by external providers, including new telephony equipment that the provider may install in place of the Council's current equipment. Service users would however have less direct contact with Council staff.

Operational responsibility for delivering all of the Homeline service would be outsourced to a non-Council entity. The Council would therefore need to ensure that robust contract management and monitoring mechanisms are in place, as well as appropriate data safeguards, which would require some element of ongoing financial costs being incurred by the Council.

Commissioning an external provider will likely have cost implications, including for those who use the service, depending on provider rates, which may be impacted by factors such as demand for the Homeline service and subject to market testing by the Council (including potentially a competitive tender process to appoint an external provider).

There would be a temporary transition process in which the entirety of the service is handed over to an external provider, who would need to mobilise accordingly, which would likely take longer than if the Council retained operation of the telephone service.



#### **Option 4: Stopping the Service**

Under this option, the **Homeline service would stop completely** (i.e. as both a telephone service and a physical response service).

This would mean that even where Homeline equipment is installed, there would be no community alarm, telephone support or in-person response from Council staff. People would need to arrange their own support, such as:

- Family or friends
- Care agencies
- Private alarm or monitoring companies
- Emergency services

As part of its implementation of any decision, the Council would provide information to Homeline service users about how they could transition to alternative services or community response pathways. The Council would also review the Care Act 2014 support plans of service users who currently have Homeline included as part of their care packages to ensure that their eligible care and support services continue to be appropriately met.

However, the Council would no longer fund or deliver the Homeline service, either by itself or from any externally commissioned provider.

#### Factors to be considered by consultees.

Pursuing this option would mean that:

The cost of the Council running the Homeline service would be removed from the Council's financial liabilities, and the Homeline equipment would need to be uninstalled from people's properties.

The Council would need to consider varying the tenancy agreements for tenants who have Homeline included in their tenancy agreements.

Service users would need to seek alternative support options. For some service users, the absence of this service may mean that they can no longer remain in their current accommodation.

Demand for other community care services or emergency services (including those provided by the Council and/or local health partners) may be increased.

### **Options not considered viable**

In considering the options to be considered for the future of the Homeline service, the Council does not consider that it would be viable to either:

Take no action and continue with the service as currently operated.

Undertake a very significant investment programme (estimated to be around £1m) to make improvements to the Homeline service in a way which addresses the safeguarding, financial and other risks faced currently faced by the Council.

A temporary transfer of the Homeline physical response service to an externally commissioned provider for a short period of time.

This is because neither of the above options address the concerns set out in section 2 above for the continued operation of the Homeline service. Each of these options would have significant adverse implications for the Council's financial position and its workforce arrangements, whilst failing to mitigate the operational risks faced by the Council in continuing to operate the Homeline service itself.

### **How to Take Part**

You can share your views between 1st Jan 2026 to 27th February 2026 by:

- Completing the online survey which can be found on the Homeline page of the Swindon.gov.uk/homeline.
- Filling in a **paper survey** and posting it back to the council, details of how to do this can be found on the Homeline page of the **www.swindon.gov.uk website.** You can receive a paper version of this survey by calling our Business Support Team on **01793 463329.** You can return your completed paper survey by hand at our Civic Offices reception or by posting it to Homeline Survey, **Swindon Borough Council, Civic Offices, Euclid Street, Swindon, SN1 2JH.**
- Asking **Council staff f**or help to complete the survey if needed, details of how to do this can be found on the Homeline page of the **www.swindon.gov.uk website.**

A copy of this consultation pack can also be accessed at the Council's offices.

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### **What Happens Next**

After the consultation closes, all feedback will be reviewed.

The Council will consider:

What people said about each option.

How affordable and sustainable each model would be.

The potential impact on people who use the service; and

In making any final decisions on how to proceed, the Council will also have regard to the factors set out in section 3 above.

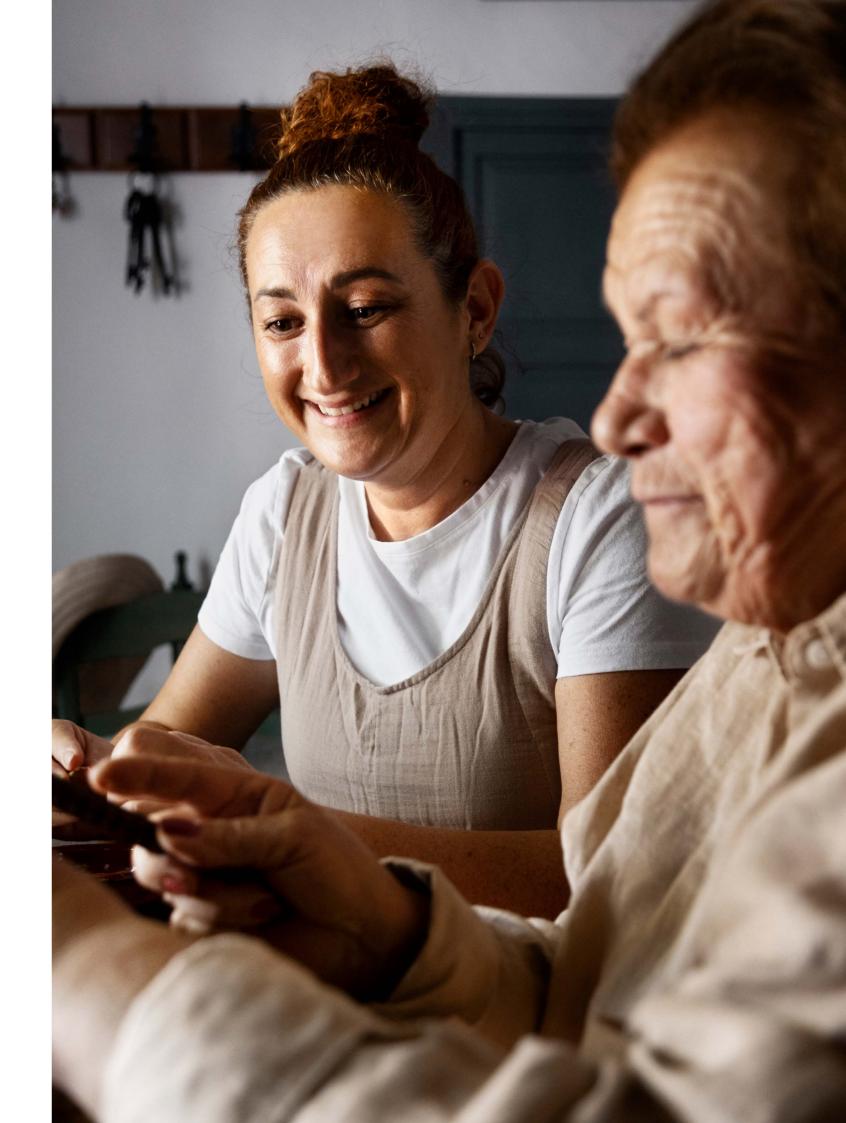
### **Key Consultation Questions**

The survey will ask for your views on:

- Which parts of Homeline you value most.
- How you feel about each of the options.
- Whether you would continue using the service if it changed.
- What level of payment you would consider reasonable.
- What you think are the most important features of Homeline; and
- Any parts of the current service which could be improved.

### Thank you for taking part!

Your views are important. They will help the Council make a fair and informed decision about how Homeline should work in the future.



### **APPENDIX 1**

Homeline Service Charges				
Homeline Basic	£40.36 per month			
Homeline Plus – Level 1 (Includes Homeline Basic and £1 to £250 worth of additional equipment, such as sensors, detectors, pagers, and other equipment)	£76.76 per month			
Homeline Plus – Level 2 (Includes Homeline Basic and £251 to £500 worth of additional equipment, such as sensors, detectors, pagers, and other equipment)	£85.45 per month			
Homeline Plus – Level 3 (Includes Homeline Basic and £500+ worth of additional equipment such as sensors, detectors, pagers, and other equipment)	£96.92 per month			

### **APPENDIX 2**

Impact on risk	Impact on service user	Short-term impact on budget	Long-term impact on budget	Complexity of implementing
Option 1: Stop the whole service				
Least direct risk held by council – as no service therefore no direct operational risk	Highest - Largest service reduction	<b>High</b> in short-term	<b>Low</b> - no long-term impact on budget as no ongoing costs of providing service.	Low
Option 2: Maintain telephone only (stop the physical response)				
Least direct risk held by council – as no service therefore no direct operational risk	<b>Medium -</b> some service reduction	<b>High</b> in short-term	Not fully understood at this stage - Likely to be lower cost but long-term financial model / impact will be dependent on demand for the service and the level of charges paid, which could significantly impact income and therefore net financial impact.	Low
Option 3: Outsource physical response only (keep telephone in house)				
Highest - Some direct risk held by the council and some indirect risk would continue via responsibility for ensuring quality, compliance, and performance of another provider (also risks associated with not working effectively together)	No service reduction - change in model and provider, with potential for a better service.	Low	Medium – Likely to be lower cost to run service based on the response element being cheaper, but unless service re-opens likely to be a continued overspend and pressure due to loss of income.	<b>Highest</b> – half in-house, half out-sourced is the most complex model
Option 4: Outsource whole service				
Some indirect risk via responsibility for ensuring quality, compliance, and performance of another provider. This option has less risk than option 3 as option 3 requires effective working between 2 organisations and in option 3 the council retains direct responsibility for one element of the service.	No service reduction - change in model and provider, with potential. for a better service	Low	<b>Highest</b> - Cost to run service increases and unless service re-opens likely to be a continued overspend and pressure.	Medium

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