Wiltshire Council

Cabinet

14 November 2023

Subject:	**Integrated Care Board (ICB) Community Health Contract**
Cabinet Member:	**Cllr Richard Clewer, Leader of the Council**
Key Decision:	**Yes**

Executive Summary

The ICB will be tendering a BSW-Wide Community Services Health contract, to start from 1 April 2025 with a proposed length of 7 plus 2 years. The Integrated Care Board's (ICB) community health contract re-tender will have cost and service implications for Wiltshire Council Social Care and management of the Better Care Fund (BCF).

The Wiltshire BCF currently provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. The NHS commissioned contracts end in March 2025.

Cabinet is asked to consider continued funding, at the same level, from the BCF for new contract from 1 April 2025, until 31 March 2032, with a possible further 2 year extension.

Agreement to £10,453,157 has been agreed for 23/24 to support the ICB direct award to Wiltshire Health and Care for 12 months whilst they undertake the procurement activity for a future system wide contract.

Proposals

The report makes the following recommendations: for Cabinet to review the contents of the report and;

1) Note the past and ongoing work between the ICB and Wiltshire Council regarding the tender of a BSW-wide Community Health Services contract.
2) To give 'in principle' agreement to commit Better Care Funding to the ICB Community Health Contract from 2025 to 2032 (with potential for a further 2 years to 2034). Formal commitment is dependent on a revised and agreed S.75 Agreement (Health and Social Care Act 2012) that covers the period of the contract, along with a signed Collaborative Commissioning agreement. Formal agreement will be sought in early 2024 before the contract is awarded.
3) To identify any material issues that prevent a decision to proceed as a funding partner with the procurement process, noting the requirement to further develop key elements of the contractual agreement through the negotiated process with providers.
4) Cabinet to approve the revised S.75 agreement that will cover the period of the Community Health Services contract.
5) Approve delegated authority to Corporate Director People (DCS) to authorise activities related to the procurement up and until award (when the award decision will return to Cabinet).

Reason for Proposals

1) The ICB will be tendering a BSW-Wide Community Services Health contract, to start from 1 April 2025 with a proposed length of 7 plus 2 years. The Integrated Care Board's (ICB) community health contract re-tender will have cost and service implications for Wiltshire Council Social Care and management of the Better Care Fund (BCF).
2) The Wiltshire BCF currently provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. The NHS commissioned contracts end in March 2025.
3) Agreement to £10,453,157 has been agreed for 23/24 to support the ICB direct award to Wiltshire Health and Care for 12 months whilst they undertake the procurement activity for a future system wide contract.
4) The proposals in this report aim to highlight the impacts, so far as they are known and request an 'in principle' commitment of £11,526,211 of BCF funding, subject to appropriate S.75 and Collaborative Commissioning agreements.

5) Cabinet will need to be assured that the procurement process is robust and ensures that Wiltshire's contribution from the BCF is spent on Wiltshire residents. Cabinet has a responsibility to ensure the Wiltshire £ is spent on Wiltshire residents.

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

14 November 2023

Subject: **Integrated Care Board (ICB) Community Health Contract**

Cabinet Member: **Cllr Richard Clewer, Leader of the Council**

Key Decision: **Yes**

Purpose of Report

1. This report highlights the impact of the Integrated Care Board)'s re-tender for a single, system wide Community Healthcare Services (from 1 April 2025) on associated Wiltshire Council social care services and Better Care Fund administration.

2. The contract is expected to run for 7 years, with the potential to extend for a further 2.

Relevance to the Council's Business Plan

3. Community Health services are key to keeping people safe and well and supports our policy to help people remain independent and in their own homes for as long as possible.

4. Thriving Economy - We would expect ICB and Council officers to have consulted with providers to ensure that any contractual arrangements meet realistic commercial priorities for the local market while still supporting the Council's requirement to deliver best value.

5. Decisions that are evidence based – We would expect the ICB proposals to be informed by comprehensive supply and demand modelling, spend and activity analysis and further analysis of best practice in managing demand for care services and shaping care markets sustainably.

Background

6. Community Health services in Wiltshire are currently provided by Wiltshire Health and Care and Medvivo (Access to Care). The contracts are funded by the ICB and BCF. BCF funding is managed as a pooled budget, with spending agreed between the ICB and Wiltshire Council, the governance of which is defined by national guidelines and supported by a S.75 agreement.

7. The Wiltshire BCF provides £10,453,157 per annum to the £60,802,388
8. Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. The BCF contribution is usually uplifted by the annual percentage increase stipulated by central government. These contracts end on 31 March 2025.

9. Wiltshire Council, Adult Social Care receives £20,540,124 from the BCF. This funds a number of elements within adult social care including a significant amount supporting spend on care packages. This also supports a large group of staff who work in our

acute hospitals or supporting discharge pathways. This funding also covers Reablement capacity and brokerage staff. Some of these funding arrangements are historic and have been in place since the creation of the BCF and further amounts have been agreed based on new initiative and changing priorities, for example the creation of Wiltshire Support at Home.

10. Wiltshire Council officers have requested details of the contribution from other Local Authorities as a proportion of their population. Unfortunately, the ICB have been unable to provide this.

11. The BSW (B&NES, Swindon, and Wiltshire) Integrated Community Based Care (ICBC) Programme is seeking to redesign the way community-based health and care services operate. The intention behind the Programme is to support the delivery of the ambitions set out in the BSW Together 'Integrated Care Strategy'1 and the BSW Together Primary and Community Care Delivery Plan.

12. To date the ICB has reviewed the services, both in scope and potentially in scope (on reserve list) over the lifetime of the contract, have provided detail for the ambitions for transformation of services and carried out extensive consultation with both service users, providers, acute and primary care and Swindon, BANES, and Wiltshire local authorities. The timeline below (figure 1) shows the programme development as well as key future dates. In 2023/24 the BCF made a direct award to Wiltshire Health and Care Community Services to extend the contract and allow for the recommissioning process.

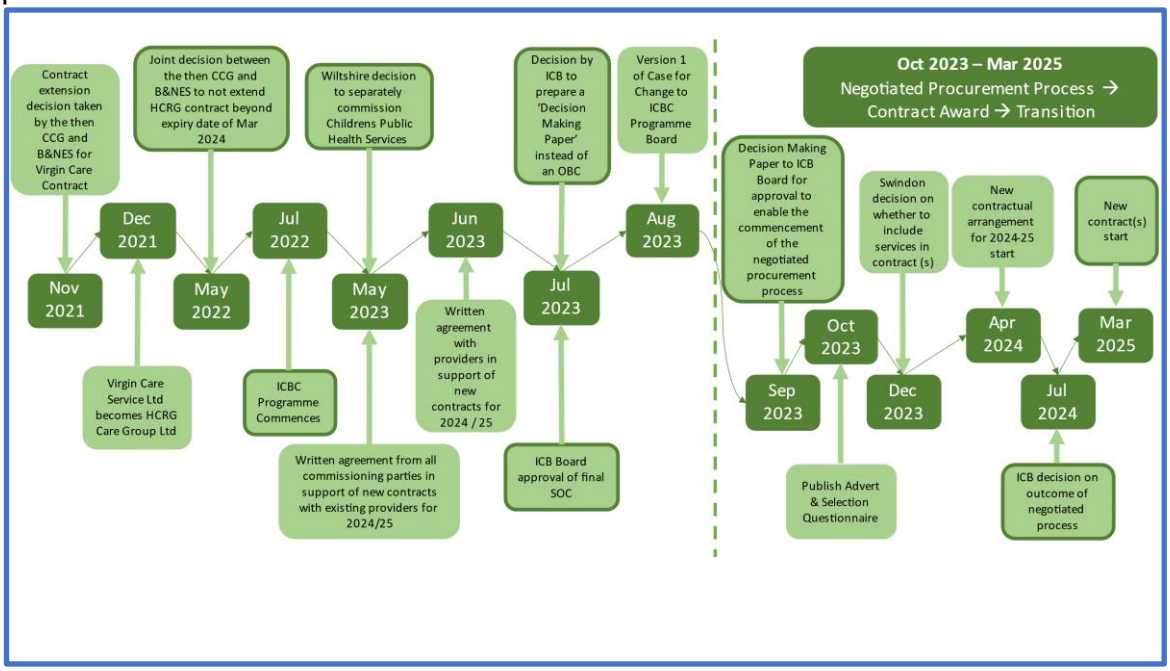

Figure 1: Programme Timeline

Case for change

13. The ICB has identified that, like all care systems, BSW faces a range of strategic challenges, including an ageing population and ageing NHS workforce, significant variation in health and wellbeing outcomes, increasing demand for services, growing

[1] https://bswtogether.org.uk/about-us/our-integrated-care-strategy/

numbers of individuals living with chronic conditions, challenging performance targets, constrained access to some services, significant medical and technologic advances, and limited financial resources.

14. When these challenges are combined with the public and political expectations that are placed on Local Authority and NHS services, the need for innovation and improvement in the way services are delivered becomes essential.

BSW Population Projections

15. The BSW population is ageing with the number of people over 60 expected to grow by 35% over the next 15 years putting increased pressure on services in BSW over the coming decade.

16. Multimorbidity increases with age – in 15 years, there will be an additional 32,000 people with more than one long term condition (LTC).

17. In 10 years BSW will have 25,000 more people with frailty than today.

18. By age group, emergency admission rates start to rise sharply from the 60-69 age group in line with rises in multimorbidity – over the next 15 years, projections show the BSW population aged under 60 remaining relatively flat, whereas the population over 60 is projected to grow by 61,000, resulting in a continued demand for emergency beds if services operate as they currently do.

Reduced Working Population

19. For every BSW person over retirement age there are currently 3.1 people of 'working age' – this will drop to 2.3 in 15 years' time.

20. This decline in the ratio of people over 65 to those of 'working age' impacts on the ability of the general population to support those with dependencies as they age, but also result in an ageing NHS workforce - this is reflected in our workforce with currently circa 30% of General Practitioners in BSW being over 50.

Emergency Admissions

21. Emergency admissions are expected to grow by around 7.5% overall across condition and age group, however specific major conditions groups will see sizable growth in demand for emergency beds.

22. Many admissions remain avoidable - there were over 200 'avoidable' admissions of over 75s per month in BSW during 22/23. At any given time, these individuals occupied circa 50 acute hospital beds.

Children and Young People

23. Many services for 'Children' and 'Young People' are under extreme pressure, with growing demand post-Covid and long waiting times.

24. The needs and demands of our CYP (Children and Young People) population are growing. Many services are under extreme pressure post-pandemic, and the impact of our care will be carried forward by this group into adulthood.

25. Both the Autism waiting list and caseload have grown significantly in recent years, and demand for these services is increasing sharply, and despite increases in appointments, waiting lists and times continue to grow. Referrals into the service are also increasingly complex. As a result, resources for those most in need is being diluted, and service user anxiety is increasing.

26. There is opportunity to work differently to address some of these huge challenges, including offers of early help prior to referral to children and their families.

Social Care

27. The national evidence highlights pressure on social care now, as well as the projected future demand pressures that arise from a growing / ageing population.

28. Compared to 2015/16, more people in England are requesting social care support but fewer people are receiving it.

29. As part of BSW, any contract must ensure Wiltshire residents are served equally and equitably.

Implications of the findings in the case for change

30. Cost Pressures:
    - BSW spends around £340m annually on Acute Inpatient, Outpatient and A&E activity – demographic changes alone are projected to increase this cost by £70m over the next 15 years, or circa £5m per year. This is before adjusting for things like inflation, or the cost of new technologies and treatments.
    - It is the predicted changes in the over 60s population over the next 15 years that are driving these cost increases.
    - Based on long-term forecasts there will be large increases in future demand for and therefore costs of social care.

31. Increased Demand for Acute Beds:
    - Acute beds are under enormous pressure within the system with bed occupancy in BSW regularly around 95%. This leaves little headroom to maintain flow through hospitals.
    - BSW modelling shows that, with no changes to the current service model, demographic changes alone would increase demand for acute beds by 115 in five years. This is the equivalent of six 20-bed wards and would be on top of an already stretched system.

32. Increased Ambulance Demand:
    - Ambulance services in BSW are under enormous pressure - modelling shows that demographic changes alone would lead to an additional 280 ambulance dispatches per week in BSW in five years. This is on top of an already stretched system and is equivalent to an extra 40 ambulance journeys per day.

33. Increased Pressure on Emergency Departments:
    - Emergency departments (ED) in BSW are under enormous pressure with around 30% of those who attend ED waiting longer than 4 hours.
    - Modelling shows that demographic changes alone would lead to an additional 440 attendances per week at BSW Acute A&E departments, being the equivalent

of 63 additional attendances per day, or circa 21 extra at each Trust ED department.

34. There are many other perspectives through which the case for change could be articulated, including the impact on the health and wellbeing of the local population and the demand pressures and resilience of primary care, social care, voluntary and community sector organisations. Some elements of these impacts on wider parts of the system are set out in greater detail in the Joint Strategic Needs Assessments[2] undertaken within Wiltshire and the other two Places within BSW.

Scope of Services

35. To support the negotiated procurement process the ICB and Local Authorities have reviewed the scope of the services they wish to procure. This has resulted in the creation of three lists: a core service list, a reserve service list, and an excluded service list (Appendix A).

36. The proposed Core Services are aligned across BSW and must be delivered within the contract. These will cover key elements of community-based health services for adults and children, plus any additional services that the ICB and Local Authorities decide to include in the contracts from 1st April 2025. For services identified within the Core List there is a requirement that these will be harmonised across BSW, ensuring equity of access across all local authority areas. Public Health Nursing falls out of the scope of this service being procured as per the cabinet decision made on the 23 May 2023.

37. The identification of a Reserve Services list provides the Commissioners with greater flexibility as these services could be introduced into the contract with the selected provider(s) after the date the contract commences. This Reserve Services list includes services that are currently commissioned outside of the five main community services contracts, or where the model of future provision is not yet determined and/or where recurrent funding arrangements are unclear.

38. A set of Excluded Services has also been generated where a decision has already been taken, via an appropriate governance process to exclude them from inclusion in any contracts issued through the ICBC Programme.

39. The core requirements are further defined in a set of three specifications based on the life stages of:

    1) ‘Starting Well;’
    2) Living and Aging Well;’ and
    3) Dying Well,’ or ‘the last 1,000 days of life’.

    The detail of the services covered by each specification are set out in Appendix A.

[2] JSNA Wiltshire Intelligence

Proposed contract duration

40. To obtain the maximum value from the investment in the procurement process and to ensure the successful Provider(s) are incentivised to invest in innovation the ICB propose that the contract duration should be seven-years, with an option of a two-year extension. This duration of contract is intended to offer the Providers the time and reassurance to invest in the transformation of services and to incentivise them to work to deliver the required outcomes.

41. To protect the wellbeing of the local population the contract would be subject to break clauses should the provider fail to meet the standards of service that are specified in the contract.

Main Considerations for the Council

42. Any BSW-wide contract must ensure Wiltshire residents have equal access to services provided under the contract. As part of the exercise of generating the specifications, gaps in the existing services across each Place (B&NES, Swindon, and Wiltshire) have been identified. These gaps include inconsistency in the service offering across BSW, capacity constraints which prevent the services in meeting the needs of the population and examples where there is no service provision at all. Having identified gaps in the current services, this information has been used by the ICB Commissioning Teams to inform the scope of the future contract(s). Harmonisation of services across BSW in line with population needs is a central requirement for the ICBC Programme.

43. The BCF spend is governed by the S.75 agreement which clearly sets out ICB and Wiltshire Council liabilities across individual schemes. The current S.75 agreement runs to end March 2024. In essence there is currently no formal agreement that covers the proposed contract period (April 2024 to March 2031 with option to extend until 2033). The S.75 will need to be revised and agreed with the obligations and liabilities of this contract agreed between the parties. Initial legal advice suggests the duration of the S.75 agreement could be 3 plus 3 plus 1 year to cover the first 7 years of the contract. This gives ample review opportunities.

44. To provide further assurance it is also proposed that a Collaborative Commissioning agreement[3] is agreed and signed. This commissioning model is where a group of commissioners collaborate to commission together, with one acting as the co-ordinating commissioner. The NHS Standard Contract may be used by ICBs, by NHS England and by local authorities. Any combination of these commissioners may agree to work together to hold a single contract with a given provider, identifying a co-ordinating commissioner and putting in place a collaborative agreement.

45. Under the principles of such an agreement commissioners must:

- at all times act in good faith towards each other.

[3] NHS England » Model collaborative commissioning agreements

- act in a timely manner.
- share information and best practice, and work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost.
- at all times, observe relevant statutory powers, requirements and best practice to ensure compliance with applicable laws and standards including those governing procurement, data protection and freedom of information; and
- have regard to the needs and views of all the Commissioners, irrespective of the size of any of the respective Holdings of the Commissioners and as far as is reasonably practicable take such needs and views into account.

Costs

46. Wiltshire Council is being asked to commit to supporting the future BSW-wide community services contract to the same amount (including annual uplifts as designated by central government) for the duration of the contract (to 2032/34, depending on the 2-year extension) as is currently committed to the Wiltshire Health and Care and Access to Care contracts. The sum requested is the total amount provided for community health services that are currently run in Wiltshire by Wiltshire Health and Care and Medvivo.

47. The financial baseline for the current community-based services commissioned through the five contracts has been confirmed as £137,949,690m per annum (Table 1). The Wiltshire BCF provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. These services are included in the contract baseline.

48. There is a reserve funding list outside the baseline which includes Childrens Speech and Language Therapy services at £559,538.

49. The community equipment services (Medequip) is on the reserve list but is open to negotiation and currently has no financial value attached. The current Wiltshire contract runs to 2026 and we will look to review provision as appropriate.

Table 1: Baseline for Services Continuing into 25/26

	2023-24 BASELINE for services continuing into 2025/26				
	BSW ICB	**BCF (Joint)**	**Somerset ICB**	**Council**	**Public Health**
Bath	£27,469,958	£3,927,994	£20,443	£1,008,981	£0
Wiltshire	£64,177,373	£11,526,211	£369,622	£0	£0
Swindon	£22,778,711	£6,115,834	£0	£554,564	£0
Indicative Baseline Envelope	**£114,426,041**	**£21,570,039**	**£390,065**	**£1,563,545**	**£0**
	£137,949,690				

Table 2:Reserve list funding

	RESERVE list funding outside the Baseline			
	NHS	**BCF**	**Council**	**Public Health**
Bath	£5,648,587	£49,215	£0	£3,848,514
Wiltshire	£3,751,631	£0	£559,538	£0
Swindon	£2,560,875	£0	£683,171	£0
Reserve Funding	**£11,961,093**	**£49,215**	**£1,242,709**	**£3,848,514**
	£17,101,531			

Procurement Implications

50. The procurement will be run by the ICB and will include officers of the Council. Their commissioning approach has been informed by the progression of the legislation associated with the Provider Selection Regime (PSR). Working closely with legal advisors the ICB and the local authorities have considered to what extent the PSR is applicable to the circumstances within BSW. Whilst the ICB recognised that PSR could have been applied in certain circumstances across BSW, their conclusion was that this would have perpetuated some of the fragmented and variable approaches to service provision that pre-date the formation of the ICB. In this context they have concluded that, to realise the full potential of community-based services across BSW a whole system approach to procurement of services using the Public Contracts Regulations 2015 (PCR) is needed. The ICB process for developing the commissioning approach is found in Appendix B.

51. To commission the most appropriate provider(s) and services through the framework the intention is to undertake a negotiated procurement process over an eleven-month period. The use of a negotiated process is different to traditional procurement processes that the NHS and Local Authorities will have participated in, and the approach will necessitate a significant workload for providers and commissioners. The Council has raised its concerns with this approach to the executive board of the ICB, particularly around the open competitive nature and the risk that a future bid may not fit within the financial envelope available. However, the ICB believe that the breadth and complexity of services and the opportunity for co-creation and innovation mean that this upfront investment in developing collective and collaborative thinking, building understanding, and fostering relationships will lead to significant longer-term improvements in the effectiveness and sustainability of services for the local population.

52. The purpose of the negotiated process is to draw on the expertise of both the commissioner and the providers in identifying the most effective way of responding to the needs of the population and to role model and practice the collaborative behaviours that we have committed to as an Integrated Care System, whilst still operating within the requirements of the Public Contracts Regulations (PCR). As partners we have co-developed a set of principles which frame the commissioning approach we are committing to. These principles are set out in Appendix C. The timeline to service start date is shown in figure 2.

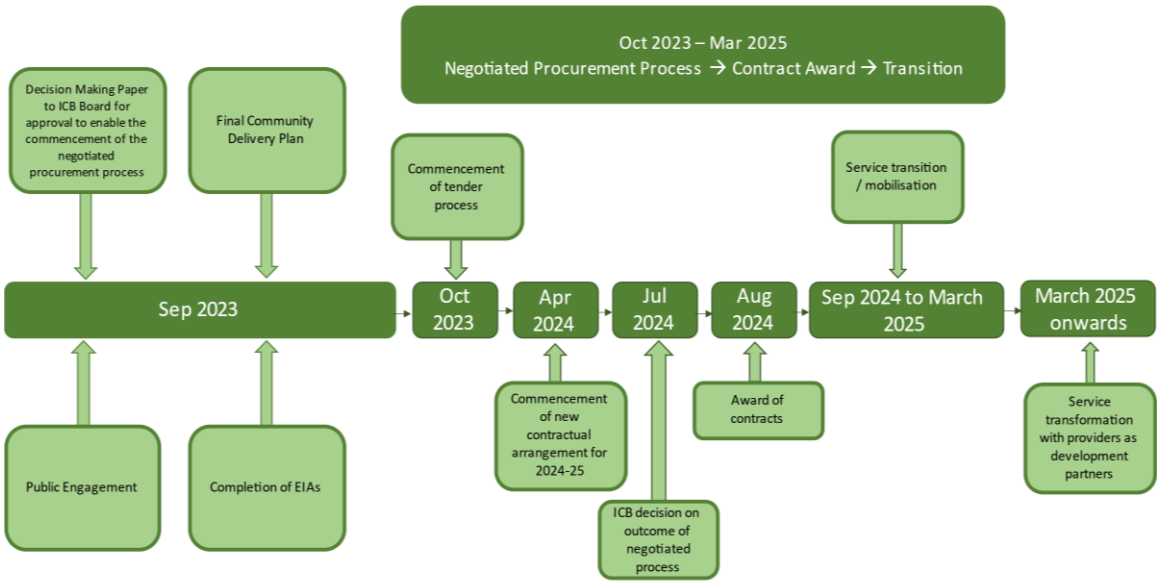

Figure 2: Procurement Timeline

53. ICB and Wiltshire Council colleagues will work closely together throughout the tender process, utilising existing BCF governance arrangements. It is proposed that that Cabinet approve delegated authority the Corporate Director People (DCS) to authorise activities related to the procurement up and until award (when the award decision will return to Cabinet).

Overview and Scrutiny Engagement

54. Papers related to this have been presented to the HWB (Health and Wellbeing Board) on 20 July 2023, Health Select Committee on 4 July 2023 and ICA (Integrated Care Alliance) on 19 July 2023.

Equalities Impact of the Proposal

55. An Equalities Impact Assessment (EQIA) is in development and will be presented to the ICBC Programme Board as part of the decision-making process. It will build upon the EQIA completed for the Direct Award process and is being developed further to ensure the assessment of the potential impact on the population of BSW of the proposed commissioning intentions and contractual changes for 2025-26.

56. We would expect any services tendered will support equitable access for any individual who has assessed needs and will be provided free to all those that need the service. We will share the EQIA with Cabinet when we return for approval to proceed to contract award.

Public Health Implications

57. There are no public health concerns arising from this approach.

Environmental and Climate Change Considerations

58. The Council will influence the tender evaluation criteria and contract terms and conditions to include sections on environmental and climate change impact to ensure this is appropriately considered. We would expect the new supplier(s) to consider how they will contribute to the Council's Climate Strategy and Business Plan commitments to net zero and to plan for the impacts of climate change.

Associated Risks

59. There are several organisational risks including.

    i. Quality – ensuring the quality-of-service provision for patients and population across BSW.
    ii. Workforce – While Wiltshire Council employees are not directly affected by subsequent TUPE arrangements etc they do work closely with community health teams to deliver a range of services to Wiltshire residents. Any disruption and uncertainty resulting in the tender process may have an impact on demand across these services.
    iii. Financial – ensuring the financial implications of committing the BCF funding associated with the delivery of these services are understood and can be factored into our financial planning.
    iv. Reputational – ensuring Wiltshire Council is administering the BCF according to national guidelines.
    v. Wiltshire is required to adhere to central government reporting requirements regarding the BCF and we will need to ensure that we maintain oversight of the impact of the spend on the community health contract in terms of how it is addressing national funding priorities and meeting the needs of Wiltshire residents. This will be developed with ICB colleagues in due course through the established governance process.
    vi. Whilst the ICB will be leading the procurement, consideration will need to be given to the Council's potential liability for a share of the costs and liability in the event of a challenge. Therefore, the Council will need to ensure its role in the procurement is clear and this risk is managed and addressed in accordance with the Section 75 Agreement and any commissioning agreements with the ICB (and other commissioners) regarding this service.

<u>Opportunities</u>

60. The new contract is expected to bring Wiltshire residents greater equity of access to a wider range of community health services. Being a party to the contract ensures Wiltshire Council can influence partners to ensure system-wide services bring maximum benefit to Wiltshire residents.

Financial Implications

61. Approving support to the ICB Community Health services contract will commit BCF funding for the duration. However, the contract can include appropriate break provisions (see legal implications below). Wiltshire Council will take further legal and procurement advice and act when appropriate.

62. The current S.75 agreement will be reviewed and refreshed with any commitment to the Community Health Services contract considered. Wiltshire Council will work closely with ICB colleagues to ensure the S.75 and contractual break clauses are in place to give assurances around any liabilities faced by the Council. Cabinet will be asked to approve the revised S.75 agreement.

Legal Implications

63. The use of the Better Care Fund is subject to the terms of the Section 75 Agreement between the ICB and the Council. The current version is due to expire on 31 March 2024. A further Section 75 Agreement will need to be agreed with the ICB to cover the term of the proposed contract. The contract associated with the service can include appropriate break provisions in the event the arrangements under the Section 75 Agreement expire or end for any reason. Legal advice will be sought on this procurement, the service contract, the commissioning arrangements and the Section 75 Agreement.

64. These are the statutory services therefore the delivery of the service will need to be achieved through these arrangements or other arrangements.

65. Whilst the ICB will be leading the procurement, consideration will need to be given to the Council's potential liability for a share of the costs and liability in the event of a challenge. Therefore, the Council will need to ensure its role in the procurement is clear and this risk is managed and addressed in accordance with the Section 75 Agreement and any commissioning agreements with the ICB (and other commissioners) regarding this service.

Workforce Implications

66. While the tender will not directly impact the employment status of any Wiltshire Council employees, some of our services, for example the Reablement service work closely with the current community service. Any adverse impact on staffing levels within the community service may adversely impact on demand and ability to deliver for Wiltshire Council services and for Wiltshire residents.

Recommendations

67. Cabinet is recommended to:

- Give ‘in principle’ agreement to commit Better Care Funding to the ICB Community Health Contract from 2025 to 2032 (with potential for a further 2 years to 2034). Wiltshire BCF provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. These services are included in the contract baseline. There is a reserve funding list outside the baseline which includes Childrens Speech and Language Therapy services at £559,538.

- Formal commitment is dependent on a revised and agreed S.75 Agreement that covers the period of the contract, along with a signed Collaborative Commissioning agreement.

- Cabinet to approve the revised S.75 agreement.
- Approve delegated authority to the Corporate Director People (DCS) to authorise activities related to the procurement up and until award (when the award decision will return to Cabinet).

Alison Elliott (Interim Director Commissioning)

Report Author: Helen Mullinger Commissioning Manager BCF
6 November 2023

Appendix A: Adult Services Scope

Appendix B: Process for Developing the Commissioning Approach

Appendix C: Principles Underpinning ICBC Programme

Background Papers

None

Appendix A: Adult Services Scope

Background

The template **has been jointly completed by adult commissioners.**

Core services have been aligned across BSW.

- What is essential for integrated community teams.
- Not just statutory services but what commissioners consider as essential.
- Lack of consistent offer across several service areas, focus for harmonisation in new contract.
- Included where services are only in 1 or 2 ICAs currently.

Reserve list services could be put into the contract from April 2025, but this will be determined during the negotiated process, or services under other contracts with dates that do not align. Services in the reserve list may require further design, or development during the negotiation period. An agreement on the decision making process of including or excluding services on the reserve list is being jointly developed.

Excluded services where a decision has already been taken, via an appropriate governance process to exclude or minimal changes (if not added to reserve list).

Adult Core

Banes	Swindon	Wiltshire	
SD15 Bladder and Bowel Service	SD15 Bladder and Bowel/Continence	SD15 Continence Service	
SD17 Community Hospitals Inpatients	SD212 Community Hospitals/Intermediate care, step up and step down, including GP cover	SD17 Community Beds (Community Hospital Wards) SD215 Geriatrician (community ward cover plus geriatric support)	
SD19 Community Nursing Services and the Cluster Team Model (Adults)	SD19 Community Matrons/LTC/ACPs	SD19 Core Community Teams SD24 End of Life Care for Adults in the Community	
SD31 Integrated Reablement	SD31 Integrated Reablement service	SD27 Home First Expansion	
SD47 Diabetes Structured Education	SD47 Diabetes structured education – type 2 SD47 Diabetes – Community Services SD47 Diabetes Structured Education – type 1	SD47 Community Diabetes Service	
SD64 Heart Failure Rehabilitation & SD64 Heart Failure Rehabilitation	SD46 Cardiac Rehab (in acute GWH) - no community service in-place SD64 - CVD/Heart Failure (in acute GWH)	Cardiac Rehab with WH&C separate BSW contract to community services	Review Swindon position
SD48 Community Neuro and Stroke Service	SD48 Neurology (PD, stroke, ESD) SD48 IP and Community Stroke Services	SD48 Integrated Community Neurological and Stroke Services (ICNSS), including ESD, Neurotherapy and Neurology Specialist Practitioners	
SD54 Community Podiatry	SD54 Podiatry	SD54 Podiatry Service	
SD57 Tissue Viability SD35 Lymphodema	SD57 Tissue Viability SD35 Lymphoedema (in Prospect)	SD57 Tissue Viability Nurse & Lymphoedema	
SD210 Community Dietetics (SLA in RUH)	SD10 Dietetics	SD210 Dietetics Service	
No specific service, could offer under another service. Twilight service in community nursing.	SD211 - Night Nursing	SD211 Overnight Nursing	
SD46 Community Respiratory Service	SD44/SD206/SD46 - Respiratory (general, COPD, O2 Assessment) SD305 Pulmonary Rehab	SD46 Cardiology and Heart Failure SD206 COPD/PACE	
SD38 Community Physiotherapy SD40 Orthopaedic Interface Service	SD303 Therapy at Home SD40 Orthopaedic Interface Service (in acute GWH) SD214 Physiotherapy – MSK & practice based (in acute GWH)	SD214 Physiotherapy (Outpatient) including MAS, CPS, and W Wilts Orthopaedic Service	
SD19 Community Nurse, NHS at Home (Virtual Wards, Urgent Community Response (UCR)	SD304 Urgent Community Response SD19/SD207 - NHS@Home/Virtual Ward	SD304 Rapid Response (UCR) SD207 NHS@H (V Wards)	
See reserve list	SD27b Discharge Support/flow hub	SD27 Patient Flow Hub	
SD49 Speech and Language Therapy	SD49 Therapy – SALT	SD49 SALT	

Adult Core Continued

Banes	Swindon	Wiltshire	
SD61 Falls Response Service – Falls rapid response car SD26 Movement Disorders and Falls and Balance	SD61 Falls and movement disorders	**No service**	
SD211 Enhanced health in care homes	SD211 Enhanced Health in Care Homes (With Primary Care in Swindon)	SD211 Enhanced Health in Care Homes	SD211 Service offer all different
Within reablement services	SD17 - Therapy support to Pathway 2 beds	SD213 Intermediate Care Team	
Community Orthotics (in acute RUH contract)	Orthotics (acute GWH contract)	SD204 Orthotics	
SD58 Community IV Therapy	SD58 IV Therapy	**No service**	
Community Phlebotomy as part of SD19 Community Nursing	SD300 Phlebotomy	**No service**	
SD51 Minor Injuries Unit	No comparable service in Swindon, minimial MIU for Shrivenham population only	SD51 Minor Injury Service	
Community DVT Service	SD300 DVT	?	Check Wiltshire
NA	Shrivenham (Oxford Health) day time community nursing	NA	
Community Fracture Support Service (With BEMS contract until March 2024)	SD205 Fracture Clinic (in acute GWH)	SD205 Fracture Clinic	
SD13 Community Audiology and Hearing Therapy	Audiology & Hearing Therapy In acute contract (GWH)	Hearing Therapy contract (Adults with HCRG in Banes) & Audiology in acute	
		SD307 Acute Trust Liaison (In reach)	
Adult Hearing Therapy – SOMERSET			
Parkinson's Specialist Clinics – SOMERSET			

Adult Reserve

Banes	Swindon	Wiltshire	
Dermatology In acute contract (RUH) & Community Dermatology?	SD302 Dermatology	Dermatology In acute contract (SFT, RUH)	
SD21 Interim Pain Management	SD21 Pain in acute (GWH)	SD21 Pain in acute contract (SFT, RUH)	
Wheelchair Services (Contract with NBT)	SD201 Wheelchairs	SD201 Wheelchairs	
High Intensity User Scheme (Medvivo)	High Intensity User Scheme (Medvivo)	High Intensity User Scheme (Wilts CIL)	BSW Contract non-recurrent funding
Community Equipment Services (In Banes Council) **Request to exclude from contract?**	SD16b - Equipment Services	Community equipment joint contract with Wilts Council (Mediquip)	
		MEDIVO Access to Care (Contract to March 25)	
BSW Care Coordinaton into community contract (no contract currently)			
BSW Women's Health Hubs (pilots just starting in BSW)			
SD24b Dorothy House – End of Life Care (sub-contracted)	Hospices – Prospect	Hospices – D House, Salisbury Hospice, Prospect	
		RNID (small BSW contract)	
		Link Transport (BSW contract)	
List of BANEs VCS Sub-contracts (multiple contracts)	CRUSE (BSW Contract Wilts and Swindon)	CRUSE (BSW Contract Wilts and Swindon)	
		Functional Electronic Stimulation (FES) (Odstock GP Practice)	Small contract with Odstock medical practice offering a FES service for Wiltshire and NCA for Banes and Swindon. Could be in community stroke and neurology service
		ARRS roles (WH&C provide some primary care roles)	
SD43 HCRG Adults with a Learning Disability and their Families Appendix A – Supported Living services	SD43 Learning Disability & Autism Support (Currently sits within AWP)	SD43 WH&C Specialist Learning Disability Health Services (SLDHS) which form part of the Joint Community Team for People with a Learning Disability (CTPLD)	Options for future BSW service model to be considered by LDA Programme Board
		SD207 Post Covid syndrome assessment clinics delivers **BSW wide service**	WH&C deliver this service on behalf of BSW. Funding not confirmed by NHSE beyond March 2024
Banes Community Wellbeing Hub (Not in contract) workforce is public health funded.			
List of BANEs VCS Sub-contracts to be updated once clear position (multiple contracts)	SD19 Urgent Treatment Centre - in community contract (under review to move into acute contract)		
SD48b Stroke Association – communication support (ICA, health funded so included in reserve list)			
SD48b Stroke Association - community stroke co-ordinator (ICA health funded so included in reserve list)			
SD22b RICE – Research Institute for Care of the Elderly Dementia Assessment Service			Agree approach to BSW memory services.

Adults Excluded

Banes	Swindon	Wiltshire
SD14b – SD52b Banes VCS sub-contracts are these 'out of scope' completely?	None	SD14 Physiotherapy (Outpatient) including MAS, CPS, and W Wilts Orthopaedic Service **– children's element of the service only**, WH&C support children over 8 years old in current contract.

1. New community contract must harmonise all core services across BSW, level up or down where needed and align access. Note variation across several service areas for adults and current gaps where no services exist in ICAs.

2. Core service offer, note some are within other contracts currently, we propose working with procurement colleagues to determine future options for those contracts e.g., serve notice, align end dates. Note if services transferred into community contract this would increase the overall contract value.

3. Reserve service list during negation period to agree if included from April 2025, or services held to include during contract period, or exclude. Note services which are non-recurrently funded or unfunded.

4. Agree minimal excluded services

Appendix B: Process for Developing the Commissioning Approach

Council officers have been involved in the development of the commissioning approach and have raised concerns regarding the process. However, the ICB are confident that this approach is appropriate and cite other areas across England where this has been successful.

The commissioning approach that has been adopted has been informed by a range of other procurements that have been undertaken both within BSW and in other health and care systems across England, including Bristol, North Somerset and South Gloucestershire, Devon, Hampshire and the West Midlands.

The approach recognises the ethos behind collaborative working that underpins the development of ICSs and where possible this ethos has been built into the local process, ensuring that the commissioning approach is as informed as possible by the insights of a wide range of providers.

The commissioning approach has also been informed by the progression of the legislation associated with the Provider Selection Regime (PSR). Working closely with legal advisors the ICB and the local authorities have considered to what extent the PSR was applicable to the circumstances within BSW. Whilst we recognised that PSR could have been applied in certain circumstances across BSW, our conclusion was that this would have perpetuated some of the fragmented and variable approaches to service provision that pre-date the formation of the ICB. In this context we have concluded that in order to realise the full potential of community-based services across BSW, a whole system approach to procurement of services using the Public Contracts Regulations 2015 (PCR) is needed.

We recognise that the use of the PCR framework and the adoption of a negotiated process will necessitate a significant workload for providers and commissioners. However, we believe that the breadth and complexity of services and the opportunity for co-creation and innovation mean that this upfront investment in developing thinking, understanding and relationships will lead to significant longer-term improvements in the effectiveness and sustainability of services for the local population.

Approach to Provider Selection

The procurement of these services currently falls within the scope of Light Touch Regime (LTR) under the PCR and will be the case until any new regime is introduced.

The Provider Selection Regime (PSR) which is due to be introduced later this year is likely to have some additional flexibility when compared to the current procurement position under the LTR, with the ICB having a greater ability to award contracts without competition. This however is only feasible under three key decision-making categories:

- Category 1: Continuation of existing arrangements – where the incumbent provider is the only viable provider due to the nature of the service, where alternative providers are already available via patient choice routes, or where the incumbent is doing a good job (in relation to the key decision-making criteria – see below), is likely to continue to do so, and the service is not changing.

- Category 2: Identifying the most suitable provider when the decision-maker wants to use a new provider or for new or substantially changed arrangements – where existing arrangements need to change considerably, where the incumbent is no longer able/wants to provide the service, or where the decision-making body wants to use a different provider and the decision-making body considers it can identify a suitable provider without running a competitive procurement process.

- Category 3: Competitive procurement – for situations where the decision-making body cannot identify a single provider or group of providers that is most suitable without running a competitive process; or wants to test the market.

An assessment against these criteria suggests that the ICB does not have sufficiently robust reasonable grounds to believe it could appoint the most suitable provider(s) under category 1 or 2 above and therefore the only option would be under the Category 3 process which guidance suggests should be "…open and fair, conducted with integrity, and aimed at delivering maximum benefit and value for money", and therefore does not indicate a significant relaxation from current LTR rules.

Whilst the guidance indicates that any challenges brought under PSR may be more favourable to the ICB and the remedies likely to be available to challengers more limited under the PSR than is currently the case under the PCR, the route of challenge to PSR decisions being likely to be via Judicial Review (JR). JR offers comparatively less attractive remedies than challenging under the PCR. On the other hand, bidders may be motivated to bring JR challenges for the purposes of clarifying the requirements of the PSR.

The LTR require the ICB to conduct a procurement process that is "lighter touch" than would otherwise be the case under the full requirements of the PCR. The LTR requires the ICB to, at a high level:

- Publish a notice advertising the opportunity.

- Conduct a transparent procurement procedure that treats bidders equally.

- Provide bidders with debrief information (such as their scores and reasons for the scores);

- Conduct a standstill period; and

- Issue a contract award notice.

The LTR does not go beyond the above requirements and dictate the form of the process that is undertaken. It expressly states that the ICB does not need to follow a prescribed procurement procedure (such as an "open" or "restricted" procedure) that it would otherwise need to follow if the opportunity was subject to the full PCR requirements. The LTR therefore offers the ICB flexibility to design and structure its own process and consider relevant considerations.

Provider Selection Process

Figure 13: Provider Selection Process

Pre-selection criteria

This is the first step in the provider selection process and is based on the provider's history which can be evidenced. It will include mandatory requirements but can also include discretionary items.

The key pre-selection criteria areas, that providers will need to demonstrate and evidence experience of, include:

- Quality standards
- Quality improvement and impact
- Reducing health inequalities
- Public engagement
- Environmental sustainability
- Finance and economic/commercial considerations
- Value for money
- Workforce
- IG and data
- Digital
- Service scope and experience
- Innovation including working in collaborations and implementing health improvement activities

In assessing against the pre-selection criteria, the following principles are to be used:

- National and legal standards must be mandatory.
- Regulatory matters and quality standards must adhere to a minimum standard supported by improvement plans where appropriate.
- Experience of delivery of service within the sector and/or locally will be mandatory.
- Financial assessment must be on equivalent basis for all providers and evidentially supported.

In addition to these mandatory principles, there are also a number of standards that are desirable, including:

- Delivery against elements of the ICB core objectives must be evidenced with examples.
- Delivery against key ICBC objectives should be evident in some areas.
- Community engagement and co-production must be illustrated with examples.
- Experience of working in collaboration with others must be exemplified.

- Evidence of taking steps to support local community development/ regeneration in delivery of services.
- Evidence of commitment to environmental sustainability.

Specification

The specification includes details of what is required for the future. It can include the in-scope services as well as a reserved list of services. The specification can be further developed through a negotiated process but this does require formal governance points throughout.

Memorandum of Information

The Memorandum of Information is a document that will go through formal governance routes and is to help the providers to understand the system and what is required. It will contain a rage of information that is relevant to the ICS.

Appendix C: Principles Underpinning ICBC Programme

The principles underpinning the approach to the ICBC Programme and the commissioning of integrated community-based health and care services are detailed below in **Error! Reference source not found.**.

Principles Underpinning ICBC Programme

Principles underpinning our approach to the recommissioning of community-based health and care services	
Core principles associated with the provision of community-based care	
1. Population focussed.	• We will collectively focus on the wellbeing of the population, the prevention of ill-health and the provision of early interventions when needed. • Our approach will be informed using Population Health Management tools and intelligence to target improvements more accurately to the areas of greatest need within BSW. • Our approach will be holistic, focussing on the whole person and the wider determinants that affect their health and wellbeing.
2. Informed by the experts and those with lived experience.	• We will develop approaches and services through co-creation with the local population who use them and colleagues who deliver them. • We will become an effective learning system, with a willingness to experiment, fail and learn so that we can deliver better outcomes.
3. Rewarding roles and careers	• We will invest to develop and grow a dynamic and innovative workforce with the skills, knowledge and behaviours to offer personalised care with patient safety and positive experience as central to all care delivery for the local population. • We will recognise and value the critical role played by formal and informal carers and the voluntary and community sectors in the delivery of care.
4. Support delivery of the BSW Together 'Integrated Care Strategy'.	• Our approach to the provision of community-based care services will reflect our commitment to delivering the outcomes set out in the Integrated Care Strategy and the approach described in the BSW Care Model. • Particular attention will be given to the delivery of fairer health outcomes within BSW.
5. Consistency of service offer	• The service offer across BSW will be consistent, but with variation in services where it is appropriate for meeting local needs.
Principles specifically associated with the commissioning process	

Principles underpinning our approach to the recommissioning of community-based health and care services	
6. Specification of requirements	• We will commission services by: ➢ describing a set of desired outcomes; and ➢ setting out specific requirements (e.g: Personalised care, collaborative operating between different providers, coordinating service delivery at the neighbourhood level, using Population Heath Management Tools and sharing information via the Integrated Care Record).
7. Scope of requirements	• The scope of requirements will be described in two ways: ➢ **Core** – what range of services are we commissioning from 1st April 2025 to replace the current services – linked to the expiration of five existing contracts across BSW. ➢ **Reserved** – additional services that may be introduced into the contract(s) at a later date, for example when other existing contracts expire, or an improved way of working is identified.
8. Work collaboratively	• The new provider or providers are expected to emerge through true collaboration between current and potential providers. They will need to involve a cross section of statutory, voluntary and community sector organisations and are expected to maximise the contribution from local organisations.
9. Focus on value for money	• Our investment decisions will be informed by an evidence-based approach to achieving value for money. • We expect to see a shift in the proportion of resources invested in different sectors to more effectively deliver care and improve outcomes. • Our emerging 'Case for Change' highlights the risk if we do nothing and challenges our traditional approaches to the allocation of financial resources. • We need greater financial transparency between partners.
10. Use technology better	• We will deploy digital and automated tools to enhance capacity and capability, supporting individuals and professionals to make better choices. • With more relevant, timely and accurate information our aim is to increase the ability and confidence of our local communities to take responsibilities for their own wellbeing, health and care.
11. Achieve environmental sustainability	• Providers will need to deliver improvements in the environmental sustainability of services.

Principles underpinning our approach to the recommissioning of community-based health and care services	
12. Allow time for innovation and collaboration	• We will support providers to innovate services over time, building on current good practice and developing collaboration. • We will set out the early priorities for transformation during the initial years of the contract(s). • We will take a shared risk approach between partners in the way we transition and deliver services. • We will encourage collaborative behaviours and challenge those which are non-collaborative.