Wiltshire Council

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 22 JANUARY 2025 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:
Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr David Vigar, Diane Gooch (Wiltshire Service Users Network) and Caroline Finch (Wiltshire Centre for Independent Living)
Also Present:
Julie Bielby (Senior Scrutiny Officer), Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion), and Lisa Pullin (Democratic Services Officer)

1 **Apologies and Substitutions**

Apologies were received from Cllr David Bowler, Cllr Nick Dye and Cllr Howard Greenman and from Irene Kohler, Older Person's Champion representative, and from Fiona Slevin Brown, Cllr Caroline Thomas, and Cllr Richard Clewer.

There were no substitutions.

2 **Minutes of the Previous Meeting**

Resolved:

To confirm and sign the minutes of the meeting held on 20 November 2024 as a true and correct record.

3 **Declarations of Interest**

There were no declarations of interest.

4 **Chairman's Announcements**

The Chairman made the following announcements:

Legacy - Having an opportunity for Overview and Scrutiny (OS) to look back on its activity during the outgoing council is an important part of its improvement journey. Doing so allows the Committee to consider our successes and challenges, including the key activities undertaken. The Committee can then submit suggestions for further scrutiny under the next Council and maximise the impact of its future activity.

At the next meeting on 12 March 2025, the Committee would receive a report outlining its key activities during 2021-24 and also proposing some future work priorities for the successor committee after the elections in May 2025.

To feed into this process, members of the Committee would soon receive an email from the Senior Scrutiny Officer asking them to submit their ideas on what scrutiny should be looking at under the next Council. The Chairman would be very grateful if they could all give this attention and reply with a few ideas. These would then be used to form a report to the next meeting and ultimately to the first meeting of Overview and Scrutiny Management Committee after the elections.

Reminder about budget meeting On Friday (24 January 2025) Members have an opportunity to review the budget as it relates to the remit of the committee. Invites had been sent to the Teams meeting and attendance was encouraged.

5 **Public Participation**

The Committee had received 26 questions from 8 individuals all relating to one subject, the new BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) community health contract. Those questions were published as agenda supplement 2 on 21 January 2025.

The Chairman repeated the statement that he had provided in response to the questions:

'It is in the remit of the Health Select Committee to scrutinise how local health services are meeting the needs of Wiltshire residents, and that they are effective and safe.

The questions that have been submitted to the Committee require a level of knowledge about the commissioning process of the new contract and transition of services that the Committee does not have. Many contain a request for the Committee to seek a pause in the transfer of services and this is not in our power.

The ICB as commissioners of the service have been asked to provide a response'

Caroline Holmes (Interim Executive Director of Place – Wiltshire BSW ICB) and Laura Ambler (Executive Place Director of Place – BaNES BSW ICB) and Allison Elliott (Director – Commissioning) were present at the meeting.

Caroline Holmes gave the following statement:

'Chair, thank you for confirming the role and remit of this committee and for sharing the questions that have been submitted about the award of the BSW community services contract.

The contract has been commissioned by five organisations; BSW ICB, Somerset ICB, BaNES Council, Wiltshire Council and Swindon Council.
We understand that people have further, detailed questions and queries about the process we undertook and how we are working together with our partners to mobilise for 1 April 2025. Mindful of the committee's time today, we will supply full, comprehensive answers to the questions raised to this committee as soon as possible and will provide a dedicated briefing to the Select Committee as agreed. These will also be published on our website alongside all the information that we have already shared about our work on integrated community-based care.

We are confident that our innovative new community-based care partnership with HCRG Care Group, the NHS, local authorities and charities will transform the care and support that people get for their health and wellbeing at every stage of their lives.

The decision to appoint HCRG Care Group as our lead partner followed a robust, detailed and legally mandated procurement process, to ensure fair competition and best value for money.
The mobilisation process has been underway since October and follows a detailed mobilisation plan with full risk assessment. The assurance of mobilisation is provided through the ICB.

Our focus continues to be on working closely with colleagues across BSW and all organisations involved to ensure a safe transfer of services for patients. We know that it can be unsettling for some affected staff and are working hard to ensure they have all the right support in place to help them make the transition to the new arrangements.

There will be opportunities to help shape the future of community-based care across Bath and North East Somerset, Swindon and Wiltshire over the coming months and years and we are looking forward to hearing from local people and communities about their ambitions for the care they receive outside of hospital and closer to home.

Both the ICB and HCRG have information available on their respective websites and we will be happy to share these links as well when we reply to the detailed questions in writing'.

The following statement was submitted prior to the meeting from Helen Nash (Care Co-Ordinator) working for Wiltshire Health and Care and a Unison Steward and the statement was on behalf of Unison.

'*The Health Select Committee has rightly recognised its role in scrutinising decisions that impact the health and well-being of residents. However, the recent decision to award the contract for community care services to HCRG raises significant concerns about transparency, accountability, and the committee's ability to fulfil its responsibilities effectively.*

This decision was made by the Integrated Care Board (ICB). Why, then, does the committee consider it appropriate for the ICB to scrutinise its own decision and compliance issues? This is clearly the responsibility of the Health Select Committee.

This raises fundamental questions: How is this committee fulfilling its role and responsibilities regarding this contractual award? How does it plan to ensure it has the capacity and authority to scrutinise decisions that have such far-reaching implications for residents' health?

UNISON is particularly concerned about the potential for disruptions to patient care arising from this decision. As healthcare workers, we submitted key questions to the committee to gain a clear understanding of the risks and implications of transferring services to HCRG. Disappointingly, we were informed that many of these questions could not be answered due to insufficient information, which only deepens our concerns.

This lack of transparency is deeply troubling, especially given the committee's duty to safeguard healthcare services from disruption. For the committee to effectively protect patient care and ensure accountability, it must have access to all relevant information about this transition. Utilising its representative on the ICB board.

To address these concerns, I urge the committee to exercise its authority and refer this matter to the Full Council, requesting a temporary pause in the transfer process. This pause would allow for the following:

1. ***Adequate Information Sharing and Investigation:***
   HCRG and the ICB must provide the committee with the necessary information to address our questions and offer a comprehensive understanding of the proposed changes and their potential impact on patient care. Furthermore, the Council should appoint a lead investigator to address these concerns, including the statutory obligation to produce a full business case and conduct meaningful consultation with the workforce via recognised unions.

2. ***A Thorough Impact Assessment:***
   The committee must assess the potential risks and disruptions to patient care and put in place strategies to mitigate them during the transition.

3. ***Evidence-Based Decision-Making:***
   The ICB should produce a transparent and detailed business case, ensuring compliance with its roles and responsibilities while enabling the committee to make informed and accountable decisions.

This is a complex and significant matter that requires thorough, independent scrutiny to protect the health and well-being of residents. I strongly encourage the Health Select Committee to act decisively in the interests of transparency, accountability, and patient care'.

Caroline Holmes confirmed that they would provide a response to the above statement as part of the response to the questions.

The Chairman then invited any questions/comments from the Committee and these included but were not limited to:

- Feel that Unison have brought this to the Committee very late as they knew about it in October 2024 and their concerns could have been highlighted then and that it is too late to do what they ask as this time which is to demand a pause in the changes. Don't feel it is relevant to answer questions about contract costs now in this format and do not recall the contract coming before the committee as a dedicated item for such a large contract and should it have done so? Very disappointed that this huge contract award was not brought to the Committee which should provide the democratic scrutiny of health services provided to Wiltshire residents. Because of the closeness of time to the start of contract suggest that the Committee receives a proper briefing to be able to hear from both parties and for the Committee to discuss. Why was this not brought to this Committee with a briefing item regarding the award of the contract;

The Chairman confirmed that they would be requesting a full briefing on the issues raised (following receipt of a written response to the questions and statement) and then following that they could look at how as a Committee they could undertake scrutiny of the redesign and transformation of services to ensure that the intentions of the ICB meet the needs of Wiltshire's residents. This briefing should be held in February 2025 and if following that there are concerns in relation to the impact on services for residents the Committee would look to undertake either a rapid scrutiny exercise or bring it back as a full agenda item to the next meeting on 12 March 2025.

Laura Ambler highlighted that as lead commissioners, on behalf of the ICB, she and Caroline had given an informal briefing about the procurement process through the Chair and lead members able to attend in September 2024. At that point they were in a confidential mandated procurement process with three Local Authorities and two ICB's. The appropriate governance route was through the ICB Board (which includes the Council Leader and Chief Executive) with scrutiny through the ICB's Finance and Investment Committee and oversight of the process by the ICBC Programme Board which also included Council representatives. It would not have been appropriate at that time to bring it to the Health Select Committee as the decision to award the contract was not for any one Council or Scrutiny Committee to decide.

Laura advised that she thought the request was about having an information briefing to understand if there were going to be any impacts moving forward and to confirm the role for the Committee moving forward in relation to transformation or service change and being able to inform what potential engagement or consultation might involve. The ICB would be happy to accept the request to provide an information briefing and they had provided that in BaNES Council recently following a request from them.

A Committee member suggested that the Committee receive a detailed paper outlining the changes and differences services that the people of Wiltshire might expect from 1 April 2025 and wished to thank Unison to bringing this to the Committee.

The Chairman confirmed that he would look to request a high level overview from the ICB, whilst acknowledging that they had had informal briefings on the transformation process and strands within it, but he felt that for the benefit of the committee, an explanation of where the contract sits within the overall transformation process would be required.

- A committee member who had worked for the NHS for many years commented that she had been through a lot of changes and reorganisations and had experience of heath scrutiny committees looking at service provision and quality standards but did not have any experience of health select committees getting involved in the commissioning process and that may enlighten others as to how things had got to where they are currently. A concern was that has the NHS increasingly commission work from the independent sector there had been some examples of when pay and terms and conditions of employment had moved away from those set in the Agenda for Change and that is an area where they would want some assurance that that is respected.

Caroline Holmes (ICB) responded that in terms of pay parity HCRG had advised that staff moving into HCRC would move across on their existing terms and conditions and pension and the vast majority of those that join HCRG as new employees will be offered parity with NHS Agenda for Change pay scales and terms and conditions. They could answer that question more fully in the response that was to be prepared.

- A committee member suggested that the committee return to his issue in a year's time as it was felt that they were seeing her privatisations of a number of health services roles and that they could receive an update on the privatisation of the community services one year on – that was the right role of the committee to see what have been the benefits of the change to its residents.

The Chairman agreed that the committee needed to be careful that they were not drawn into the ideological matters of private versus public as that was not their remit. The crux was that the committee should be satisfied that the needs of the residents are being met and that it was crucial that the next Health Select Committee does revisit this to ensure that those services are better that what they currently are and to be involved in the redesign of services as they are rolled out from April. He felt that there does need to be scrutiny oversight in the redesign of services and then the committee should hear back in around six months to find out how it is going.

Caroline Homes (ICB) wished to explain that the contract that had been awarded was for HCRG to lead a partnership of organisations across BSW which included third sector organisations and existing NHS organisations. For

some services staff would TUPE into HCRG and for others HCRG would enter into subcontracts with other NHS organisations and partners. Caroline explained that HCRF had been commissioned to develop collaborative approach with partners and won't be directly providing all services.

Caroline Holmes highlighted that they had already had some questions and answers raised at the November ICB Board which were published on the ICB website. The responses address a number of the issues raised and the ICB would provide a link to that in advance of the briefing so that could be passed on for members to access as soon as possible.

The Chairman thanked the ICB and Unison representatives for their attendance at the meeting.

Resolved:

That the Health Select Committee:

1. **Encourage the Integrated Care Board (ICB) to provide a timely written response to the questions submitted by Unison to the Committee.**

2. **Receive a briefing on the community health contract in February 2025 following receipt of the responses to the questions in order for the Committee to have a clear overview of what this contract means in terms of transformation of services for Wiltshire residents.**

3. **Following that briefing the Committee will consider commencement of a rapid scrutiny exercise if this felt is required by the Chair and Vice Chair.**

4. **That further updates be provided to the Committee as relevant.**

Appendix 1 to Minutes - Summary of Integrated Community Based Care Contract and response to questions to Health Select Committee from the BSW ICB

6 **Cabinet Member Update**

The Chairman reminded that this was a new item for the Committee and was an opportunity for Cabinet Members (or Portfolio Holders on their behalf) to give them a brief verbal update on any news, successes or milestones in their respective areas since the last meeting of the committee, not covered elsewhere on the agenda.

Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) gave the following update:

- The report following the CQC Inspection of Adult Social Care would be published next week and this would be shared with the Committee at the next meeting;

- There was work on the Homecare First contract for 2026 and would like to offer to bring that to the committee for some scrutiny. *Alison Elliot explained that currently Wiltshire Council purchase homecare services for people to remain in own homes and be as independent as possible – the contract the Cabinet Member was referred to was in relation to that. The Homecare first service would be coming into the Council and joined with the reablement service to provide one service; and*

- The Council are talking to the Department for Health and Social Care around the pressures that have come into the system, particularly for providers who will have for example much higher National Insurance bills that are not covered by the Government grants directly to the Council and so they are representing those concerns on a national stage.

Resolved:

That the Health Select Committee note the update provided by the Cabinet Member.

7 **Older Person's Accommodation Strategy 2025-2030**

The Chairman welcomed Allison Elliott (Director of Commissioning) who was in attendance to present an overview of the draft Older Person's Accommodation Strategy for 2025-30 (*slides attached as appendix 1 to the minutes*) and the following was highlighted:

- This was an early draft of the strategy being shared to indicate the direction of travel being taken from a commissioning perspective;

- Voice it Hear it were commissioned to speak residents (over a range of ages) as to what they think they might need later in life and what their accommodation needs might be. The majority of older residents reported that they wanted to stay in their own home for as long as possible but may need adaptations and practical support to achieve that;

- People want accessible information about housing choices and options locally and equitable access to support;

- Whilst most residents would like to stay in their own homes there was the recognition that they may need to downsize their home – there was a preference for a bungalow with a small garden and living in a care home was the least desirable option;

- We know that people are living longer healthier lives which was a real positive however, Wiltshire's population was projected to increase by 7%

over the next 20 years and the most significant growth is expected to be among older adults. By 2030 8.3% of the population (around 44,000 residents will be aged 80 or over and there will be an increase in those with dementia as people live longer the risks of getting dementia are greater and those with complex dementia may well require care home facilities;

- The draft strategy being prepared will take on board what residents have told us and Officers were engaging with providers and health colleagues around this, but ultimately residents will need the right homes in the right place with the right support so that they can stay independent and in their own homes;

- The four desired outcomes were a) easy access to information and services on housing choices and options, b) increased involvement of older people planning their future accommodation needs, c) sustainable housing options that meet the current and future needs and aspirations of older people and d) support to enable older people to live independently across all housing tenures, enhancing the availability of technology and preventative services;

- The commitment was to invest in community services which support independent living, expand the use of digital technology, engage more with older residents in order to assess and fully understand their future housing needs, look to increase supported accommodation options with specialist designs for complex needs, enhance availability of accessible housing through developer contributions for those 55 and over, develop specialist residential facilities and boost the provision of nursing and specialist dementia care homes as the market doesn't currently support those with complex dementia;

- Officers were looking to develop additional housing options and at what other Local Authorities do, for example some older people rent out space in their homes to those that can provide support to them. The number of people aged over 65 living alone in Wiltshire is predicted to increase by 25% by 2035 to 150,8000;

- There could also be the use of Individual Service Funds to give people choice and control over the support they receive for example people wishing to pool their budgets cold attract new providers into the market. Where possible the wish to so work with current providers of care and nursing homes to make them fit for purpose for the future but there is recognition that that is not always an economic beneficially way to do that so there was a need to work with developers to ensure that they are working on innovating community based homes for people with complex needs; and

- However, the Council are often competing with the self-funding market and the preference for developers is that market which is hard to compete with.

So thought is needed to think differently to be able to develop those homes and as part of the strategy options to team up with a strategic partner would be investigated. They need to ensure that they have the right workforce and work collaboratively with Area Boards and Parish Councils so that there is strategic vision across the county to try and influence development where they can.

The Committee asked the following questions which included but were not limited to:

- How best can we achieve change and improve the offer for our residents to improve their living standards? It was noted that the self-funding market will often pay more than the local authority will pay for a bed in a care home place, but that there were various commissioning or procurement opportunities which they could use for example the block purchasing of beds in a care home to get a better rate, however there was a risk that they may have to pay voids. There were various mechanisms that could be used but as they move into the next 5 to 10 years it is likely that they find that the fabric of those buildings may not be able to meet the needs for those with complex dementia. There would be a need to work with developers to build new homes and build a relationship so that the focus is on providing that provision for our people rather than self-funders but from an economic point of view a provider will often require both with the self-funding market supporting the Council's clients.

- Could we make the providers effective partners? It was noted that this had been done in the past and could be done in the future.

- What does the role of strategic planning coming into this and what discussions are you having with that team to look at specifications for housing for older people close to planned local centres. It was noted that the teams were constantly having conversations with the Planning teams who were aware of the requirements for the future, however a challenge is that there cannot be insistence that a developer provide a care home facilities for Wiltshire's clients unless they are in a strategic partnership with them.

- Were you consulted on the Local Plan. It was noted that the teams were included in the consultation.

- How many people were consulted and what was the response rate. It was noted that this was the first piece of consultation regarding the strategy and that they would continue to work with residents. There were 165 responses from surveys and engagement sessions, the majority of respondents were between 25 and 63, 37% were aged over 65. The majority of respondents were female and half of the respondents reported that they had a disability of their own and over half were already in social housing and 32% lived in their own home;

- Who did you talk to in the surveys – were they already adult social care clients having had an assessment under the Care Act? It was noted that they survey was for anyone to respond to – they didn't have to have received an assessment. They wished to talk to a range of ages so that there were also the views from younger people to think ahead as to what their needs might be in the future. It was important to note that the Council are looking support for those people that have been assessed being eligible under the Care Act for support.

- There tends to be a lot of developments coming forward for those over 55 and some of those tend to work out very expensive, is that model something that the Council recognises and supports or are there other options that are your preference for example mixed developments with all age groups and could developers be asked to include a proportion of a site to include affordable housing for those over 55? It was noted that this could be the case but of course affordable housing is only so the first time it is sold. They would wish to consider the options for the development of intergenerational facilities and there was consideration of sites currently where they could create sites for an intergenerational community as it is agreed this is much healthier.

- Is there a way to help steer the Local Plan so that we don't just keep seeing more expensive over 55's accommodation? It was noted that Officers continue to work with colleagues in Planning and Assets to look at opportunities for a variety of developments.

- Will there be a delivery plan for the Strategy? It was noted that this would be brought back to Committee to review in due course.

Resolved:

That the Health Select Committee:

1. **Note the development of the Older Person's Accommodation Strategy for 2025-30.**

2. **Request that they have an opportunity to review the Older Person's Accommodation Strategy delivery plan in due course.**

Appendix 2 to Minutes - Presentation on Older Persons Accommodation Strategy

8 **Continuing Health Care (CHC) Funding in Wiltshire**

The Chairman noted that the Committee received an introduction to the Continuing Health Care (CHC) funding in June 2024 and at that time they requested that an update include Wiltshire specific data. Sarah-Jane Peffers (Associate Director for Patient Safety and Quality and All Age Continuing Care – BSW ICB) was in attendance to provide the update.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- ICBs have a statutory responsibility for assessing individuals for eligibility for NHS Continuing Healthcare funding. The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care sets out the principles and processes to be followed by ICBs;

- CHC funding is a package of care provided to individuals who have been assessed as having a primary health need which is funded by the NHS to support individuals with significant and ongoing healthcare needs and to enable care to be delivered in the most appropriate setting, whether at home or in a care facility;

- Diagrams within the presentation showed that BSW was within the confidence levels of individuals assessed as eligible for CHC per 50k nationally and the comparative positions with BSW's nearest neighbours based on demographics;

- The regional data shows that BSW ICB has the joint highest referral conversion to eligibility rate in the southwest and the second highest assessment conversion to eligibility rate in the southwest with the ICB exceeding the 80% target of assessments being completed within 28 days of notification;

- The Wiltshire specific data showed that there was a 22% conversion rate to eligibility for Wiltshire residents and there had been a sustained increase in positive checklists over the past year in all three localities;

- Wiltshire locality CHC patient spend equated to 52.5% of BSW ICB expenditure at £36.76 million from a total of £70.07 million to date and the adult spend in comparison to the nearest neighbour based on demographic similarities reflected the second lowest annual budget; and

- The transformation work was continuing, and BSW ICS is working to together to empower people to live their best life. Areas of focus were commissioning, contracting, Personal Health Budgets, digitisation, brokerage, shared polices and workforce development.

The Committee asked the following questions which included but were not limited to:

- How we convert people into service eligibility is not addressed, how do you ensure fairness for those deemed to be eligible across a cross section so that no particular type of person is left behind and the CHC funding is ethically distributed. It was noted that BSW ICB have to ensure that there is equity and fairness for all and whilst that information was not shared with the Committee today it could be at a future meeting. It was important

to be able to clearly articulate fairness and equity and BSW ICB worked with all partners across health and care to ensure that the right people have access to CHC funding. The threshold for a positive CHC checklist is low, so that a CHC assessment can be offered to as many people as possible.

- What is meant by BSW being within 'confidence levels' for receipt of referrals and eligibility for CHC? Confidence Interval is a statistical analysis that offers a range of values that is likely to contain a population parameter with a certain level of confidence. The confidence levels are set by the NHSE, and it is uses both national figures and nearest neighbour data to ensure that they are confident that they are converting the right number of people from referral to assessment and from assessment into eligibility for CHC.

Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) asked what accounts for the BSW ICB adult CHC spend in comparison to nearest neighbour reflecting the second lowest annual budget. It was noted that this was multifactorial and should not been seen as a poor indicator for BSW. BSW ICB want to ensure that they are giving the right care according to their assessment and keep the person at the centre with personalised care and offer the opportunity to deliver that care through the mechanisms of Personal Health Budgets (PHB). They also work alongside local authority colleagues to use care providers and homes within the framework that Wiltshire has as a local authority to ensure there is the most effective care provision across BSW.

- What are the expected outcomes of the transformation? It was noted the aim was to ensure that the right people get referred and assessed for CHC funding and that the people of BSW have a good experience and can live their best lives. BSW ICB wish to maintain the NHSE Quality standards that patients have a right and timely assessment, they are offered personalisation and choice and increase the numbers of people in receipt of a PHB. BSW ICB need to ensure they are offering safe and effective services, including financially and do all they can to ensure fairness and equity in service delivery.

The Chairman asked the Committee if they would wish for further scrutiny and receive more Wiltshire specific data. Sarah-Jane confirmed that as they transfer to a more robust data system from April, they are hoping this would be able to pull through more accurate and reliable information at both a system and locality level.

Resolved:

That the Health Select Committee:

1. **Note the update on the Continuing Health Care Funding.**

2. **To receive a report annually on Continuing Health Care Funding to include eligibility breakdown.**

3. **Carry out a rapid scrutiny exercise to determine the information required around the eligibility and request Wiltshire specific data going forward.**

9 **Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy - Progress of Neighbourhood Collaboratives**

The Chairman welcomed Emma Higgins (Head of Combined Place – BSW ICB) who was in attendance to provide an update on the progress of Neighbourhood collaboratives across Wiltshire.

Summarising the key points of the report included in the agenda pack, the following was highlighted:

- The neighbourhood collaboratives represent a community-led, partnership based approach to addressing health inequalities, improving health outcomes and fostering a culture of prevention and early intervention;

- There had been strides in several areas – for the CCB (Chippenham, Corsham and Box) collaborative they were focusing on a targeted cohort of non-hypertensive residents aged 30-49 with obesity and smoking behaviours focusing on preventing long-term conditions such as diabetes and cardiovascular disease and engagement sessions were planned for January 2025;

- In Salisbury there had been an innovative approach by engaging the farmers at the Livestock Market and the development of health and wellbeing work in the market directly. This had been particularly successful and there were ongoing discussions around transferring that learning to other settings;

- In terms of county wide progress despite some delays to reach the April 2025 target there had been recent developments in Warminster, Calne, Trowbridge and Devizes and were on track to establishing collaboratives in those areas and across Wiltshire in 2025;

- Colleagues in the Community Conversations team at the Council were embedded in the collaboratives work and their ongoing dialogue with communities had been crucial in shaping priorities and ensuring the work remains responsive to local needs;

- Key learning, particularly around the Livestock market had provided valuable insights by offering health promotion and some services directly into the market and they had successfully reached usually hard to reach populations and supported them with needs identified at the market. The pilot highlighted the importance of delivering services in a familiar environment and demonstrated the value of preventative care. A full evaluation report and presentation was available for viewing;

- The aims for 2025 were to embed the learning and approach from the collaboratives across the work and the full Steering Group meeting February will focus on lesson learned from the work to date and celebrate success to inform future developments. They were also exploring opportunities to integrate the work with the new ICB provider in HCRG when that into effect in April 2025; and

- The Neighbourhood Collaborative programme had made significant progress towards the objectives and demonstrates the potential of community-led partnership driven approaches to improving health outcomes and tackling health inequalities across Wiltshire. It was not a unique programme and they were drawing on learning from a lot of work being done in a number of areas including Community Conversations and they look forward to further discussions on how they can build on and address challenges together.

The Committee asked the following questions which included but were not limited to:

- Aware that there are already some services in the community for example for trips and falls/hypertension and diabetes etc – how can a collaborative prove to be a success for measure its worth? It was noted that there are of course some domains services that already exist to support people with those conditions. The work of collaboratives was focusing on being led by those in the area, responding to local data and looking to prevent the need for support. For trips and falls it was known that there are more call outs in Bradford-on-Avon and Melksham than in other areas. The collaborative is seeking to prevent people from falling in the first place and that was the area they were working on. Proving the value or worth can be challenging as you are measuring the absence of something but it is more long term measurable so you won't necessarily see improvements in the data immediately coming through but other partners are expressing the value of that work to connect up services and groups.

- A lack of resources and funding for participation are identified in the report as being key challenges, have you identified strategies to overcome these barriers? It was noted that it was always intended that the collaboratives would be self-sufficient and be a repurposing and sharing of resources. They were ever meant to be funded separately or have new funding come into them. As there has been demand and capacity challenges over the years that had been a challenge to maintain, but as a group of partners they had looked to identify other sources of funding and had had 3 or 4 successful bids which they would not have otherwise been able to do. They had their Voluntary and Community Sector (VCS) partners who were experienced in opportunities for funding and submitting bids. They had bid for health and equalities funding and a grant for research work so that that helped with the engagement with women in rural communities. Also, in touch with partners to see who can offer what in terms of expertise and resource etc.

- What data is driving the priorities of neighbourhood collaboratives? What part does public consultation have in identifying priorities? It was noted that there were 3 strands (a golden triangle) – a) data – using population health methodology, public health data and JSNA findings – it was a data lead approach, b) feedback from communities – some funding was used to develop the engagement model as they found a slightly different approach was needed from more traditional models and they don't design any intervention without involving local communities and c) feedback and insights from colleagues working in that environment. They look at all three things together to make sure it tells a whole picture before they make any decision about what to do and how.

- Is the aim to have a collaborative in each of the 13 PCN areas deliverable? It was noted that based on current enthusiasm and progress made then yes it was felt to be deliverable. The 5 PCN's in the Salisbury area had expressed a desire to work together.

Resolved:

That the Health Select Committee:

1. **Note the update on the progress of the Neighbourhood Collaboratives.**

2. **Receive an annual impact report on Neighbourhood Collaboratives.**

10 **Introduction to Wiltshire Pioneers**

The Chairman welcomed Mary Reed and Abbie-Jo Lawrence (Wiltshire Centre for Independent Living) and Daniel Wilkins (Head of Transformation and Quality) who were in attendance to provide an overview of the Wiltshire Pioneers project as requested by members following the discussion of the service user contract at the last meeting.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- The aim of the work of the pioneers was to ensure that the people who use social care are key engineers in its transformation, working in equal partnership with Wiltshire Council staff. The project went live last year and there are 6 core pioneers that work closely with the Council and a wider network of 100 pioneers. The 35 staff from Adult Social Care who are involved are called Innovators;

- Best practice for doing co-production is where they are trying to get to and that is 'doing with' as opposed to 'doing to' or 'doing for';

- Wiltshire CIL had designed the Pioneers Project, with a lot of thought going into the mechanisms and processes needed to affect change and

develop meaningful partnerships. They had drawn on a range of evidence and theories in the development of the work including business change models and techniques used in strengths based practice. It was acknowledged that not all is perfect in systems and there was consideration as to what could be co-created in the future. It was lots of small actions leading to bigger changes in the system. They were not looking to change Adult Social Care overnight but they wanted people to see change happening, have fun and feel energised to make progress;

- There had been events held across the county, but it was recognised that not all want to attend events so there was also WhatsApp groups, emails and surveys. Open communication was important and the WhatsApp group had opened up great conversations and the sharing of stories of what was going well. Wiltshire CIL staff facilitate interactive meet ups between innovators and pioneers, which were as far away from traditional meetings as possible, encouraging everyone to come together as equals and collaborate;

- There had been great progress since they had got started in February 2024 – there were 6 work streams and growing. Teams had come to them to ask the pioneers to look at their work to see what could be improved. The pioneers had worked closely with the Financial Assessment and Benefits (FAB) and designed a new form. There had been great feedback from those using the new form;

- There had been feedback from innovators saying that it helped remind them of why they became a Social Worker in the first place and that engagement with the pioneers had led to so many good ideas, and some very simple changes that it would make all the difference;

- Some feedback from a pioneer was that they now feel they have a chance for their voice to be finally heard and to make small but important changes and feeling like they had grown as a person and have a purpose in life again;

- The impact was better service integration, improving productivity, enhancing staff insight and practice and changing the culture of social care; and

- They were also working with young pioneers to look at children's services.

The Committee asked the following questions which included but were not limited to:

- We note that that there are organisations in various towns across the county – where do you operate from? It was noted that the work was happening all across Wiltshire but there was a limited resource.

- Should the Area Boards be involved to help spread the word of what was happening and were there any plans to share briefings or publicise what they do? It was noted that the CIL had had initial discussions with David Redfern (Director - Leisure Culture & Communities) and that they would love to do more with the wider community.

- Was this type of innovative work happening elsewhere that they could share for others to learn from? It was noted that Professor Mat Jones from University of West of England was interested and that there were some universities also interested in the work, and Wilts CIL's other national partners such as Think Local Act Personal especially as it was co-production and not just 'doing to' work. Dan Wilkins had presented at Community Care Live which was a national conference to share their work.

Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) wished to thank the Wiltshire CIL and the pioneers and innovators for all the great work.

Resolved:

That the Health Select Committee:

1. **Thank the Wiltshire Pioneers for their innovative work in co-production and ensuring the needs of people with disabilities are central in the delivery of services and to note the overview of the project.**

2. **Receive an update on the work of the Wiltshire Pioneers in January 2026.**

11 **Non-Elected Non-Voting Co-Opted representation on Health Select Committee**

The Chairman highlighted that the Committee had had a preliminary discussion on this subject in September 2024 and that the insight and expertise that is brought by the co-opted members is valued. The aim of the report was to formalise the role of non-elected and non-voting co-opted members on the Committee. The report and draft protocol was for the Committee approve or amend and the intention would be to introduce the new approach from May 2025.

The Committee asked the following question:

- The report is recommending that there be a maximum of 5 co-opted members to be appointed by the committee, we currently have 3. Are the other 2 representatives earmarked or how would the committee decide on who the representatives should be? It was noted that it was planned for the co-opted membership to be reviewed annually by the committee and suitable representatives be considered as appropriate. It a groups

representation was felt to be needed then there would be flexibility to be able to add them to the committee.

Resolved:

1. That the Health Select Committee agree the following:

a) That a maximum of 5 co-opted members are to be appointed to the Committee.

b) That the terms of office of 1 municipal year to be reviewed at the first meeting of each municipal year, supported by a report from the Scrutiny team (paragraph 22 of report refers).

c) That the Voluntary and Community Sector organisations who should retain their current seat as co-opted committee members are:

- **Healthwatch Wiltshire**
- **Wiltshire Service Users' Network (WSUN)**
- **Wiltshire Centre for Independent Living (CIL)**

d) To adopt the following approaches to support inclusion of co-opted members:

- **Annual consultation of co-opted members and their respective groups and organisations when developing the forward work plan for the Health Select Committee**

- **Annual informal presentations delivered by co-opted members, and / or other representatives of their respective organisations and groups on the role and work of the organisations and groups, their key successes and challenges in the previous year as well as priorities for the year ahead.**

- **Ensure that co-opted members are aware of all opportunities to engage with Task Groups and Rapid Scrutiny exercises.**

2. That the Health Select Committee delegates to the Chair and Vice-Chair to report the above decisions to the next available meeting of the Overview and Scrutiny Management Committee.

3. That the Health Select Committee recommends to the Overview and Scrutiny Management Committee that a protocol for non-statutory Co-opted members be included with the relevant protocol for overview and scrutiny to offer clarity on the role of co-opted members, their appointment, and the expectations and support linked to it.

12 **Forward Work Programme**

The Committee's noted the Forward Work Programme (FWP) as circulated with the agenda and agreed that an informal committee briefing from the ICB should be arranged for HCRG contract following the questions raised to the committee for February 2025 and any necessary scrutiny work following that briefing be added to the work programme.

A committee member questioned whether they could now proceed with the panned Rapid Scrutiny on urgent care which was agreed at the meeting on 20 November 2024. The plan would be to make a recommendation to the next Health Select Committee. Cllr Clare Cape and Cllr Gordon King were happy to join that Rapid Scrutiny and any others were asked to contact the Senior Scrutiny Officer (Julie Bielby).

Resolved:

That the Health Select Committee:

1. **Approve the Forward Work Programme with the additions agreed at the meeting.**

2. **Commence the Rapid Scrutiny Exercise to understand the data collected with regards to Urgent Care (in particular response time and to include a range of response times and hospital handovers) and develop a report for the next Health Select Committee.**

13 **Urgent Items**

There were no urgent items.

14 **Date of Next and Future Meetings**

The date of the next meeting was confirmed as Wednesday 12 March 2025 at 1pm.

Future meetings were noted as follows:

5 June 2025
9 July 2025
9 September 2025
12 November 2025.

(Duration of meeting: 10.30 am - 12.40 pm)

The Officer who has produced these minutes is Lisa Pullin of Democratic Services, e-mail committee@wiltshire.gov.uk, tel 01225 713015

Press enquiries to Communications, direct line 01225 713114 or email communications@wiltshire.gov.uk

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Wiltshire Council

Informal Briefing to Health Select Committee

14 February 2025

Integrated Community Based Care Contract

Proposal

That the Committee:

Receive the briefing report requested at the 22 January 2025 Health Select Committee on the ICBC Contract which supports the responses to the questions raised to the Committee (attached at appendix 1).

Author:
Caroline Holmes, Interim Executive Place Director for Wiltshire, BSW ICB and Interim Executive Portfolio Lead for Community, Planned Care and Cancer

Wiltshire Council

Informal Briefing to Health Select Committee

14 February 2025

Summary of Integrated Community Based Care Contract

Purpose of report

1. The purpose of this report is to brief Health Select Committee members on the Integrated Community Based Care (ICBC) contract award to HCRG Care Group in support of the questions raised at the Committee's January 2025 meeting. The responses are attached at **appendix 1.**

Background

2. In October 2024, following a robust and legally mandated procurement process, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board appointed HCRG Care Group as the new provider of integrated community based care for our area. HCRG will lead an innovative partnership with the NHS, local authorities and voluntary sector groups, and will take responsibility for community services from 1 April 2025, under a contract that will run for at least a seven-year period. The decision to appoint HCRG marks the culmination of a robust and detailed procurement process, involving all three of our local authorities and Somerset ICB over the last two years.

3. Together, we believe this partnership will transform the care and support people receive for their health and wellbeing at every stage of their lives, with more health and social care provided in or near their homes, in a more joined- up and streamlined way. The new partnership will be focussed on delivering better outcomes for local people, providing greater support for people to live healthier lives, spotting early signs and symptoms of ill health and helping those with existing health and care needs to live independently for longer. Our focus on shifting the dial towards community-based care is in line with the government's aims to move from hospital care to community care, to shift from sickness to preventative care, and to digitise the health service.

4. This paper will outline for the Committee the process that was followed and will explain the changes to expect.

5. The contract covers community services currently delivered across BaNES, Swindon and Wiltshire. A copy of the scope of services included is attached at appendix 2. To help understand the scope, services include for example, core community services such as community nursing teams, end of life services, hospices, reablement and hospital discharge/admission avoidance community services including therapy, community hospitals, Minor Injury Units plus more specialist community services such as learning disability services, heart failure rehab and falls rehab services. Services cover both adults, childrens' and end of life services. The scope covers those services in the core scope (part of the

contract from day 1) and those on the reserve list which may join the core scope during the life of the contract. Please note, there are minor changes currently being agreed to the scope and these will be made publicly available once approved.

How are services provided now?

6. Currently, community services in BSW are provided through a number of organisations, having been historically commissioned by the three former Clinical Commissioning Groups. Providers include Great Western Hospital NHS Trust, Wiltshire Health and Care, HCRG Care Group, Oxford Health NHS Trust, plus a number of other smaller providers including third sector hospices. There is well recognised variation between services in terms of quality (eg waiting times) and access (eg equal service offer in each locality).

What procurement process was followed?

7. The appointment of HCRG Care Group marks the culmination of a two-year procurement process. It is important to note that the community contracts were coming to an end and could not legally be extended.

8. Before the procurement process began, in 2021-22, engagement with patients and the public took place on the Health and Care model and elements of Integrated Care Strategy in 2022.

9. The feedback from the Health and Care model and the ICP strategy gave us a framework of priorities that fed into later market engagement events held in 2023 as part of the procurement process. These market engagement events shaped the Primary and Community Delivery Plan and subsequent transformation priorities and key outcomes for integrated community based care which formed the basis of the ICBC programme, and the following procurement. In summary this process included engagement on the BSW Health and Care Model involving over 2300 people, 65 events, surveys and direct conversations.

10. The Health and Care Model drew together a number of themes including a focus on the person (personalised care), neighbourhood teams, the left shift of care into the community and further advice and guidance to GP surgeries and community services. These feature throughout the service specifications.

11. Several stages of the procurement took place, including a strategic outline case in July 2023 and a formal decision paper in September 2023. The strategic outline case was structured in accordance with HM Treasury's 'The Green Book: appraisal and evaluation in central government' Five Case Model.

12. The Strategic Outline Business Case was followed by a Decision Making Paper to launch the procurement in September 2023. Following discussions with NHSE, the paper was not written in the format of a standard Outline Business Case (OBC). It contains many of the elements that would traditionally be included within an OBC and those that are relevant to taking a decision to proceed with a negotiated procurement approach.

13. The procurement approach required bidders to set out how they would deliver our

transformation priorities and submit their response to the requirements of the contract. This approach meant that a full business case at that stage to set out the final preferred option would have pre-determined the outcome of the procurement before bidders were able to develop their approach.

14. The robust evaluation process of the final bids assessed core elements including financial viability and affordability, quality, delivery of outcomes and service specification requirements, ability to meet needs of the population including health inequalities, social value, proposals for transformation and public engagement. Thirty-six evaluators scored these responses against the significant requirements of the contract including colleagues from local authorities and people with lived experience. They unanimously scored HCRG as the highest bidder.

15. The ICB's proposal was developed with NHS England and reflected feedback from NHS England.

Oversight of the Procurement

16. The ICBC Programme Board, made up of commissioning partners including Wiltshire Council was established to oversee the procurement in 2023. The ICBC Programme Board (which remains in place now to oversee the mobilisation of the contract) reports into the ICB Board (please note, Wiltshire Council has two members on the ICB Board).

17. The procurement process was scrutinised regularly by the Finance and Investment Committee of the ICB which requires assurance on all major investments made.

18. NHS England attend both the ICBC Programme Board and the ICB Board and provided guidance and assurance throughout the process.

19. The ICB Board has made key decisions about the procurement, for example the contract shortlist decision and contract award decision.

Why was Select Committee not involved in scrutinising the contract award or procurement process?

20. The BSW ICB is the lead commissioner of the ICBC contract, in partnership with our three local authorities and Somerset ICB. Because the ICB is the lead commissioner, assurance is required through the ICB governance process. This is why the outcome of the ICBC procurement was not a decision brought to each individual local authority scrutiny committee. The ICB was not able to provide details of the bidders or evaluation outcome due to the confidentiality requirements of the procurement process. Briefings on the process were provided to local authorities in September 2024.

21. A cabinet paper confirming the financial envelope for the Better Care Fund was approved by Wilts Council in July 2024. This paper also approved the proposal for the Home First service to be provided by Wilts Council given its close links to the reablement service.

22. An update on the outcome was published on our ICB website and circulated to

stakeholders including Local Authorities in October 2024 to ensure consistent information. Briefings for partnership groups have been arranged including Health and Wellbeing Boards, Integrated Care Alliances, the VCSE Alliance, the Local Medical Committee and Health Overview and Scrutiny Committees.

Equality Impact Assessment

23. A full equality impact assessment for the contract was developed at the start of the procurement and updated at each stage of the procurement. This EQIA is publicly available and is attached at appendix 3. This impact assessment acknowledged that there may be short term disruption during the change to anew provider but that the long term positive benefits outweighed the short term disruption.

What did we ask bidders to include in their model?

24. We set out a requirement for a lead partner to deliver integrated community care across BSW. In this we asked bidders to develop proposals to transform care and services at every stage of people's lives (eg for children and young people, adults and those at end of life). We asked them to set out how they would join up care between providers (so no one falls between services) and developing care in pathways that integrated care between partners (for example frailty or weight management). Importantly, we asked bidders to tell us how they would prioritise prevention as well as urgent responses and how they would harmonise services for our populations, recognising that there are different offers currently across BSW.

25. To support this new approach, we have set the budget for the contract term, allowing the provider more flexibility to invest where needed. As part of this approach, we require providers to reinvest efficiencies to help transform services.

26. There are 9 transformation priorities within this contract and they are:
    a. Developing neighbourhood teams
    b. Developing an all-age single point of access for services to help people get the right help at the right time from the right service (for urgent and non-urgent needs)
    c. Developing family child health hubs for children and young people with specialist health care needs
    d. Developing a range of care pathways including frailty, weight management so that people can be cared for closer to home and to help prevent unnecessary hospital admissions
    e. Developing specialist advice and support in communities and primary care to help care for people in their local communities
    f. Specialist advice and support for people with learning disabilities and neurodiversity
    g. Implementing initiatives to develop a sustainable workforce
    h. Harnessing digital innovation to make the most of modern technology (eg AI, NHS App)
    i. Shifting funding and capacity into community care (creating efficiencies to reinvest in our third sector partners and community services).

What will be different?

27. This contract is an outcomes-based contract which means we will be monitoring a

set of outcomes to measure what is different for local people. If we are successful, we will expect to see the following long term improvements:

a. An overall increase in life expectancy across our population
b. A reduction in the gap between life expectancy and healthy life expectancy across our population
c. A reduced variation in healthy life.

28. And specifically, we will expect to see the following outcomes:

a. Maintaining the levels of demand for ambulance dispatches, hospital admissions and hospital stays for our most complex and vulnerable individuals (eg those with multiple conditions).
b. There are more detailed outcomes listed as part of the specifications and within the outcomes framework (see point 29).

29. We have developed an outcomes framework which links all of the requirements of the contract to a set of measures (KPIs) that we will monitor with HCRG Care Group.

30. Some of the early initiatives set to be introduced by HCRG include:

a. A single place or front door to get community-based care, help and support. The new front door will be fully accessible to all, and be available in a face-to-face location, as well as online and over the phone.
b. Investing in partnerships with VCSE providers to build community capacity to provide early help and support within communities from the end of 2027.
c. Transforming the way that people access care will also reduce the pressure on GP practices and hospitals, which are seeing more people with health problems that could be effectively treated closer to home. This includes developing neighbourhood teams to support people with complex needs and to help treat them at home to avoid going to hospital unnecessarily.

Mobilisation: October 2024- March 2025

31. HCRG Care Group's mobilisation plans and readiness were evaluated as part of the final evaluation process before contract award.

32. Mobilisation began immediately following contract award. The ICB is responsible for providing assurance that the mobilisation process is proceeding as per the mobilisation plan and for monitoring and addressing any risks that may impact on the wider system and services.

33. Specific governance to oversee the mobilisation is in place. HCRG Care Group have dedicated subject matter experts (for example on workforce, quality, estates) who meet fortnightly with ICB subject matter experts. There are fortnightly mobilisation assurance meetings and a full risk monitoring process in place.

34. Services transferring to other providers (for example the Home First service in Wiltshire transferring to Wiltshire Council) have dedicated mobilisation

workstreams to ensure this transfer is made appropriately and smoothly for employees.

35. All employees transferring to HCRG Care Group have received measures letters and are being supported by both their current employers and HCRG as part of the legally mandated TUPE process (Transfer of Undertakings - Protection of Employment).

36. Not all employees will transfer to HCRG. Some services will be subcontracted to HCRG and so employees will remain with their existing employer.

Employment with HCRG

37. Throughout the procurement process, HCRG demonstrated that it has appropriate arrangements for its workforce including robust pay and reward policies.

38. HCRG have assured us that they and will continue to uphold high employment standards and are actively monitoring their position against the Draft Employment Rights Bill. In particular:

    a. National pay parity – 71% of the current HCRG workforce in BaNES and Wiltshire are aligned with national recognised terms and conditions, such as Agenda for Change with a further 15% having their pay aligned to Agenda for Change pay rates.
    b. Flexible working – empowering teams to define agile working arrangements from day one
    c. Enhanced leave policies – comprehensive parental and bereavement leaven ad menopause support, including reimbursed HRT prescriptions and manager guidance
    d. Committed to fair practices – ahead of transfer, HCRG will update their pay policy position so that if a TUPE transferred non-registered colleague applies for a non-registered role in HCRG, they will retain their existing terms and conditions.

Governance of the contract

39. The ICBC contract will be overseen by an ICBC Collaborative Oversight Forum which follows national guidance for contracts with multiple commissioners. The Oversight Forum is made up of the five commissioning bodies; BSW ICB, Somerset ICB, BaNES Council, Swindon Council and Wiltshire Council. It is responsible for oversight and management of all aspects related to the contract including variations, scope and overseeing the implementation of co-ordinating commissioner's actions.

Future reporting to the Health Select Committee

40. On behalf of the five commissioning organisations involved, BSW ICB would be keen to provide further assurance and reports to the Health Select Committee on the performance of the ICBC contract and the impact on health and care for local people.

Conclusion

41. On behalf of the five commissioning partners, BSW ICB followed a robust and legally mandated procurement process, with clear governance and oversight in place, supported by NHS England at each stage. Local Authorities were involved in this process through their membership of the ICBC Programme Board which oversaw the procurement and through their membership of the ICB Board which took the final decision on contract award.

42. The five commissioning partners recognise the need to provide assurance given the size and complexity of this contract and are keen to continue to provide assurance to the Health Select Committee on its performance and impact for local people going forward.

Caroline Holmes
Interim Executive Place Director for Wiltshire
Interim Executive Portfolio Lead for Community, Planned Care and Cancer BSW ICB

Date of report:
11 February 2025

Appendices

- Appendix 1: Responses to Health Select Committee questions – January 2025 meeting
- Appendix 2: ICBC Contract Scope
- Appendix 3: Equality Impact Assessment

Questions from UNISON NHS members submitted to Wiltshire Health Select Committee – 22 January 2025

Responses from Integrated Community Based Care Contract with HCRG Care Group

Question	Submitted by	Response
Non-compliance with HM Treasury Business Case Guidance The ICB has not prepared a proper Business Case as required by HM Treasury guidance. This is essential for accountability and to ensure efficient, effective, and economical decision-making. Specifically: • Can the scrutiny committee confirm whether the ICB has completed a Strategic Outline Case, Outline Business Case, and Full Business Case in line with HM Treasury guidance? • Without a Full Business Case, how can the scrutiny committee be assured that this contract will deliver good value for money? • Given the scale of this project, which appears to exceed NHS England's delegated authority,	Thomas Simblet	We are confident that the process we undertook was robust and comprehensive. A strategic outline case was approved in June 2023. The paper is structured in accordance with HM Treasury's 'The Green Book: appraisal and evaluation in central government' Five Case Model. The BSW Integrated Community Based Care Programme: Decision Making Paper – Launch of Procurement was approved in September 2023. Following discussions with NHS England, the paper was not written in the format of a standard outline business case (OBC). It contains many of the elements that would traditionally be included within an OBC and those that are relevant to taking a decision to proceed with a negotiated procurement approach. The procurement approach required bidders to set out how they would deliver our transformation priorities and submit their response to the requirements of the contract. This approach meant that a full business case at that stage to set out the final preferred option would have pre-determined the outcome of the procurement before bidders were able to develop their approach.

Question	Submitted by	Response
has the ICB secured the necessary HM Treasury approval? • Will the scrutiny committee demand a pause in the contract's implementation to allow the ICB to fulfil its statutory obligations including but not limited to a) completing the FBC and get authorisation b) completing the system wide impact assessment working with stakeholders and c) sign off with stakeholders a proper mobilisation and implementation plan including risk management and benefits realisation and get that approved. **Reference Guidance:** • HM Treasury: Business Case Guidance for Projects and Programmes • Infrastructure and Projects Authority: Assurance Review Toolkit • Managing Public Money May 2023 outlines the consequences of spending without proper approvals.		The evaluation process of the final bids assessed core elements including financial viability and affordability, quality, delivery of outcomes and service specification requirements, ability to meet needs of the population including health inequalities, social value, proposals for transformation and public engagement. Thirty-six evaluators scored these responses against the significant requirements of the contract. They unanimously scored HCRG Care Group as the highest bidder. The ICB's proposal was developed with NHS England and reflected feedback from NHS England.

Question	Submitted by	Response
Lack of Impact Assessment The ICB has failed to conduct a formal impact assessment regarding how changes to community care services will affect other services and providers. This should have been included in the Full Business Case. ● Will the scrutiny committee demand a pause in the contract delivery until a) they complete the FBC and get authorisation b) they complete the system wide impact assessment working with stakeholders and c) they sign off with stakeholders a proper mobilisation and implementation plan including risk management and benefits realisation and get that approved, so as to consider and prevent the potential destabilisation of healthcare services in Wiltshire?	Thomas Simblet	The impact of the contract award on existing providers (including financial impact) is being carefully worked through by the ICB in partnership with current providers and all commissioners (including local authority commissioners) as part of the transition phase. We recognise the anxiety that this change is causing, and we will continue to work through with partners during this period. An overall quality impact assessment was undertaken for the procurement, and this is now publicly available. This assessment acknowledged that there may be short term disruption during the change to a new provider but that the long-term positive benefits outweigh the short-term disruption. See below for response on mobilisation plan.
Short Mobilisation Period and Associated Risks The proposed mobilisation period (December 2024 to March 2025) for transitioning approximately 2,000 jobs and services is alarmingly short and poses significant risks.	Helen Nash	The mobilisation timeframe began at the point the contract was awarded (October 2024). Bidders had to demonstrate their readiness and ability to mobilise within the six-month period (October 24 to April 25) as part of the procurement process, and this was assessed and scored as part of the bid evaluation. HCRG Care Group were unanimously the highest scored bidder. Assurance for this

Question	Submitted by	Response
• Has the scrutiny committee received impact assessments and business cases demonstrating HCRG's capability to safely assume these services within this timeframe? • If not, will the committee demand the ICB pause this transfer until a) they complete the FBC and get authorisation b) they complete the system wide impact assessment working with stakeholders and c) they sign off with stakeholders a proper mobilisation and implementation plan including risk management and benefits realisation and get that approved.?		process was led by the ICB's Finance and Infrastructure Committee and the ICB Board (LA partners are members of the ICB Board). In addition, the ICB had prepared for the mobilisation period including setting-up relevant accountability structures with its co-commissioners. A full assurance structure is in place within the ICB to oversee the mobilisation with HCRG Care Group.
Failure to Engage Staff in Service Changes The NHS Constitution requires staff and their representatives to be involved in service changes at the earliest opportunity. However, the ICB initiated the procurement process before meaningful staff engagement and has awarded a contract to deliver transformation of a plan that has had no meaningful consultation and negotiation.	Helen Nash	There are no proposed changes to service delivery at this stage. The new contract is designed around transformation priorities and an outcomes framework that is informed by the BSW Integrated Care Strategy and Primary and Community Delivery Plan. Engagement with patients and the public took place on the Health and Care model and elements of Integrated Care Strategy, which gave us a framework of priorities that fed into market engagement events with providers. These events shaped the Primary and Community Delivery Plan and subsequent transformation priorities and key outcomes for integrated community-based

Question	Submitted by	Response
• Does the scrutiny committee agree that the ICB must fulfil its duty to engage staff as required by the NHS Constitution? • Will the committee demand a pause in the contract award to enable proper staff consultation and negotiation before further progress and until a) the ICB complete the FBC and get authorisation b) they complete the system wide impact assessment working with stakeholders and c) they sign off with stakeholders a proper mobilisation and implementation plan including risk management and benefits realisation and get that approved.		care which formed the basis of the ICBC programme, and the following procurement. In summary this process included: • Engagement on the BSW Health and Care Model involving over 2300 people, 65 events, surveys and direct conversations. • Engagement on the BSW Integrated Care Strategy. • Three market engagement events with 225 people in attendance overall representing 69 providers. • An online survey specifically for clinical and non-clinical primary care staff to provide feedback on the proposed primary care and community delivery plan. • Conversations, discussions and briefings between the programme team and stakeholders. • People with lived experience were also involved in informing the priorities in key thematic areas such as Learning Disability and Autism, and Children Services, and people with lived experience also were involved in the evaluation of the bids, bringing their unique perspectives to the process. The current focus is on the safe transfer of services without interruption, and therefore without changes being made. Transformation is due to begin from 1 April 2025, and HCRG Care Group is required to commit to engagement and co-design opportunities as part of this process and their actions in this regard will be subject to monitoring by the ICBC Collaborative Oversight Forum (made of the 5 commissioning organisations. Commissioners welcome review from the Select Committee as part of this process.

Question	Submitted by	Response
		HCRG Care Group committed in their bid to both co-design and engagement with service users, staff and the community as well as working with the ICB in any formal consultation required. The ICB will exercise its statutory public involvement duties (Health and Care Act 2022) as required and expected. These ICB duties do not apply to HCRG.
Public and Patient Involvement The ICB acknowledges its obligation to involve the public in decisions involving service changes. Despite this, it has not commenced a public consultation process before awarding a contract to HCRG to deliver a contractual agreed transformation programme. Additionally, it is unclear how HCRG will adhere to service change guidance once the contract is awarded. • Will the scrutiny committee demand a pause in the contract implementation until the ICB complies with its duties to engage the public and patients regarding the proposed service changes and until a) they complete the FBC and get authorisation b) they complete the system wide impact assessment working with stakeholders and c) they sign off with stakeholders a proper	Roger Davey	There are no proposed changes to service delivery at this stage. Engagement with patients and the public took place on the Health and Care model and elements of Integrated Care Strategy, which gave us a framework of priorities that fed into market engagement events, with providers. These events shaped the Primary and Community Delivery Plan and subsequent transformation priorities and key outcomes for integrated community based care which formed the basis of the ICBC programme, and the following procurement. The current focus is on the safe transfer of services without interruption, and therefore without changes being made. Transformation is due to begin from 1 April 2025, and HCRG Care Group is required to consider engagement and co-design opportunities as part of this process and their actions in this regard will be subject to monitoring by the ICBC Collaborative Oversight Forum (made of the 5 commissioning organisations. Commissioners welcome review from the Select Committee as part of this process. HCRG Care Group committed in their bid to both co-design and engagement with service users, staff and the community as well as supporting the ICB

Question	Submitted by	Response
mobilisation and implementation plan including risk management and benefits realisation and get that approved.		with any formal consultation which becomes necessary as a result of the transformation. The ICB will exercise its statutory public involvement duties (Health and Care Act 2022) as required and expected. These ICB duties do not apply to HCRG.
Oversight of a Large-Scale Contract The scope and scale of this contract appear to exceed the ICB's capacity and capability. Its predecessor, the CCG, faced challenges managing a smaller contract. ● What evidence has the scrutiny committee received to confirm the ICB's ability to manage this significantly larger contract effectively? ● If no such evidence has been provided, will the committee recommend delaying the contract award until the ICB demonstrates its readiness to manage the contract and until a) they complete the FBC and get authorisation b) they complete the system wide impact assessment working with stakeholders and c) they sign off with stakeholders a proper mobilisation and	Roger Davey	The ICB manages many large contracts, some in excess of £350m per year. Together with co-commissioners listed below, the ICB has sufficient capacity and capability to manage this contract and will do so alongside its other statutory duties and priorities. The contract will be managed and monitored through a joint forum of the 5 commissioning organisations (BSW ICB, Somerset ICB, BaNES Council, Wilts Council and Swindon Council), known as the BSW ICBC Collaborative Oversight Forum, in line with national guidance.

Question	Submitted by	Response
implementation plan including risk management and benefits realisation and get that approved.		
Clarity and transparency on transferring services. HCRG have so far failed to inform the recognised unions or staff as whole every specific service and staffing groups will transfer to their control in eleven weeks time. ● Does this committee know every specific service and staffing group that will transfer? ● If not, is that acceptable to the committee and will the committee recommend the transfer is paused in order to investigate and gain this clarity and ensure the staff, recognised unions and wider public are also given this clarity in the name of transparency and meaningful consultation?	Maribel Harrington	A list of services in scope is publicly available and has been shared with Unison. All staff TUPEing into HCRG have received individual measures letters and consultation meetings with staff are underway. Measures letters have been shared with Unison. The ICB, HCRG and incumbent providers are clear about which services will transfer, and which are subcontracted. The scope which sets out the services transferring has been shared with the committee. There are a very small number of services where discussions are still underway to confirm final arrangements.
Meaningful consultation HCRG have promised “bold transformative change”.	Norma Thompson	The current focus is on the safe transfer of services without interruption, and therefore without changes being made. Transformation is due to begin from 1 April 2025, and HCRG Care Group is required to consider engagement and co-design opportunities as part of this

Question	Submitted by	Response
• Has the council been fully consulted on the “bold transformative change” being promised by HCRG and the possible impact of this on the transferring staff and services including potential staff restructures and consolidation or closure of specific services or service locations? • Have their constituents been consulted on this change? • If not, is this acceptable to the committee? Will the committee recommend the transfer is paused in order to investigate and gain this clarity and ensure the staff, recognised unions and wider public are also given this clarity in the name of transparency and meaningful consultation?		process and their actions in this regard will be subject to monitoring by the BSW ICBC Collaborative Oversight Forum. HCRG Care Group committed in their bid to both co-design and engagement with service users, staff and the community as well as supporting the ICB with any formal consultation which becomes necessary as a result of the transformation. The ICB will exercise its statutory public involvement duties (Health and Care Act 2022) as required and expected. These ICB duties do not apply to HCRG Care Group. The ICB will of course continue to engage with scrutiny committees across the three local authorities as work progresses so they can determine if any proposed changes to services in the future may constitute substantial variation that requires formal consultation.
Staffing disruptions HCRG, a for profit provider proposes to create a two-tier workforce, something soon to be stopped under the incoming Employment Rights Bill. TUPE conditions combined with this two-tier workforce will lead to a situation where staff are	Norma Thompson	The new BSW Community Services contract brings together staff and services from multiple organisations into a single integrated service. As a result, existing union recognition agreements do not transfer under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE). This presents an opportunity to develop a tailored approach to workforce

Question	Submitted by	Response
prevented from progressing and forced to either stay in their current role or leave in order to protect or improve their pay, conditions and opportunities. This, combined with the stated intention of HCRG to derecognise the currently recognised trade unions, is likely to lead to greatly increased staff turnover and short or long term staff shortages causing serious disruption to service provision. This has been seen previously in HCRG contracts, for example in Lancaster and Blackpool. • Is the committee satisfied for HCRG to set up a staffing structure that does not comply with the Employment Rights Bill? • If not, will the committee request the transfer be paused pending further consultation and negotiation to protect staffing?		engagement that best meets the needs of all colleagues in the new arrangements. HCRG Care Group have assured us they will place great importance on meaningful engagement and two-way dialogue with the workforce through partnership arrangements led by local leadership teams and that they are working through updating their current approach to scale up for the new contract, including that ensuring colleagues are involved and represented in the transformation of community services, and will be sharing more on this ahead of the transfer. As part of the tender process, we saw evidence of their past approaches to engaging colleagues and of the positive results of two-way dialogue with the workforce. Whilst HCRG Care Group do not recognise Trade Unions, they are committed to supporting colleagues during this transition and beyond, with high employment standards. To date, they have: • Engaged with transferring colleagues through their existing staff representatives and unions, group consultations, and online engagement events. • Launched a welcome portal featuring transparent communication, including FAQs and other key information. • Regularly asked colleagues for feedback, facilitating improvement and providing an opportunity for transferring staff to share their views in a confidential, open forum • Begun developing a Partnership Working framework for the BSW contract, which will include union and colleague group engagement to shape the transformation of services. HCRG Care Group expect to be

Question	Submitted by	Response
		able to share more information on their proposals in this space in the coming weeks. Additionally, HCRG Care Group will be establishing a system-wide Community Services People Partnership Forum to share best practices and continuously improve employment standards across all community providers. **Two-Tier Workforce** HCRG Care Group have assured us that they do and will continue to uphold high employment standards and are actively monitoring their position against the Draft Employment Rights Bill. In particular: • National Pay Parity: 71% of the current HCRG workforce in BaNES and Wiltshire are aligned with nationally recognised terms and conditions, such as Agenda for Change (AfC) with a further 15% having their pay aligned to Agenda for Change pay rates. • Flexible Working: Empowering teams to define agile working arrangements from day one. • Enhanced Leave Policies: Comprehensive parental and bereavement leave and menopause support, including reimbursed HRT prescriptions and manager guidance. • Commitment to Fair Practices: HCRG Care Group have never engaged in “fire and rehire” practices, and will make it a policy position that the in the event of restructuring, a colleague will remain on their TUPE T&Cs. In addition, ahead of transfer HCRG Care Group will update their pay policy position so that if a TUPE transferred non-registered colleague applies for a non-registered role in HCRG Care Group they will retain their existing T&Cs.

Question	Submitted by	Response
		Within the contract there are specific expectations regarding workforce, for example: • Developing a short, medium and long term workforce plan to ensure a strong and sustainable workforce, • Making best use of the diverse range of skills within the workforce and communities • Maximising the benefits of pooling and sharing resources to work more effectively and achieve better value e.g., shared back-office functions, utilisation of the estate, shared workforce models. • Using technology and digital tools and innovation to empower people, make best use of the workforce and improve outcomes (e.g., the potential for artificial intelligence) • Developing and innovating the workforce helping people to work flexibly, with rewarding careers and new roles with organisations acting as anchors bringing societal and economic benefits to communities. In addition to this, HCRG Care Group is an existing local and national provider of these and similar types of services and has a strong track record of high quality services and positive ratings from regulatory inspections by the CQC.
Equalities Impact Assessment	Stephanie Sterling	A full EQIA was undertaken and updated at each stage of the procurement. This EQIA is publicly available.

Question	Submitted by	Response
• Is the committee satisfied that a full Equality Impact Assessment has been conducted and that this transfer is in line with the Equality Act 2010? • If not, will the committee request the transfer be paused pending further consultation, negotiation and Equality Impact Assessment to take place to protect staffing?		
Separation of integrated service delivery Frontline NHS workers in Wiltshire are deeply alarmed that this transfer will separate currently integrated services, increasing friction between service staff and disruption to service delivery (please see examples below). There is a significant risk of a breakdown in care provision and danger to life in some cases. • Is the select committee satisfied that HCRG are immediately capable on April 1 2025 of matching or exceeding the current levels of frictionless communication and coordination across integrated services with NHS and other providers?	Kim Watkiss	The nature of this contract means that a number of services from previously separate organisations will come together under a collaborative of providers led by HCRG Care Group. This means that some staff will TUPE into HCRG who will manage services directly and some services will be sub-contracted. A critical aim of this contract is to ensure that providers work together and support each other, and it recognises that no one organisation can deliver all of these services on their own. HCRG Care Group will work together with providers to develop a collaborative with the specific aim of ensuring that no-one falls between different services. This aim was specifically tested with bidders during the procurement process. We believe example 1 refers to the Home First service in Wiltshire. It was agreed with Wiltshire Council in July 2024 that this service would be integrated with the local reablement service to create one single discharge pathway home, and this decision was approved at Cabinet and within the ICB. An Equality Impact Assessment was carried out to inform the recommendations. This improved pathway will ensure support people to leave hospital as soon as they are ready to be discharged. Currently there

Question	Submitted by	Response
• What specific procedures and resources are in place and how is this going to be even vaguely replicated or feasible after transfer? • If not, will the committee recommend the transfer is delayed pending full investigation and confidence that this is the case? • Further to the above, has there been a thorough risk assessment to identify potential risks associated with the separation of previously integrated community care teams and to develop strategies to mitigate these risks? This risk assessment should be documented and made available to staff, patients, and the public to ensure transparency and build trust. **Examples:** Example 1: Outcome measures for rehab care for fracture patients are currently excellent. This is due to excellent coordination and communication across currently integrated teams of (for example) physiotherapists and rehab support workers. Under this transfer,		are a number of different pathways and referral points which can create delays and handoffs between teams. The home first and reablement service will continue to work alongside community partners such as community nurses and GPs and this will not change. The Home First and reablement service in the Council includes therapists and Reablement Support Workers and both roles are transferring to the Council. All patients who are ready for discharge from hospital are referred through a Transfer of Care Hub in each hospital – this hub is made up of a number of community and hospital professionals (eg discharge nurses, ward therapists, community in-reach teams) who meet each day to review the needs of each patient ready to leave hospital and agree the best pathway for them. This means that every patient's needs are assessed in the same way and there is a co-ordinated plan between teams. This will not change with the new contract award. For patients with more complex therapy needs, they will be supported by HCRG Care Group therapists as required. For clarity, the reablement service in Swindon is currently managed by Swindon Borough Council with therapists provided by Great Western Hospital community team. The therapists provided by Great Western Hospital community team will transfer to HCRG Care Group so there will be no significant change to this service. With reference to example 2, HCRG Care Group as the new provider for community-based Learning Disability, Autism and Neurodivergence services is working with AWP as the current provider to ensure the smooth transition of services. This includes weekly meetings and agreed processes for the

Question	Submitted by	Response
physiotherapists will transfer to HCRG with rehab support workers transferring to Swindon Borough Council. This raises serious questions related to different operational processes and the potential for Great Western and community hospitals to be unable to discharge patients safely leading to backlogs and disruption. Example 2: Staff working in adult autism diagnostic service - who are due to transfer to HCRG - have been servicing increasingly complex cases over recent years, with people who have comorbid mental health/personality disorders and other neurodevelopmental conditions, as well as severe trauma and safeguarding concerns. It is imperative they are able to liaise with other AWP teams, particularly when the service user is at risk and needs support, or we need specific advice from another service. There are established processes and procedures in place at the moment where they can share information and refer to other teams, as well as continuous electronic notes from AWP services who may be (or have been) involved with the individual. This means that there is considerably less friction of the flow of information and referral elsewhere is		handover of the active caseload including sharing of patient information that is held by partner agencies. As part of the ICBC programme, there will be a new consistent BSW autism pathway for adults that will include those individuals with co-existing mental health and physical health conditions. The ICB and HCRG Care Group will work together with current service users and engage with them and wider stakeholders as appropriate as this new pathway is developed. The new pathway will include recognised data sharing routes for day to day work, including support for those with complex needs, as well as more specific safeguarding processes. It will also include clear processes, building on current best practice, to continue and further promote multi-agency working to support the needs of each individual.

Question	Submitted by	Response
easy, which is vital for effective risk management and ongoing specialist care provision. Additionally, assessing adults for autism is often very complex due to layers of life experience, trauma, substance use and sometimes because they don't have an informant to provide evidence from early years. We sometimes access information from other teams via electronic notes or chat with the care coordinator, as it is so important to corroborate the client's account.		
Financial impact of a for profit business model Currently, some of the services which we believe will transfer - notably Wiltshire Health and Care - are operating at a loss. HCRG is a private, for profit company. ● Is the committee satisfied that it understands where that profit will come from and that it will not comprise a reduction in funding for any of the transferring services and a subsequent reduction to service delivery? ● If not, will the committee recommend the transfer be paused pending further	Michael Rivers	There is a fixed financial envelope for the contract, and the provider is contractually required to deliver the services from within this funding. HCRG Care Group has committed to working transparently with commissioners throughout the life of the contract and will be required to undertake regular reporting regarding financial performance to the ICB which will include oversight of any surplus or losses made by the provider. In addition to this, HCRG Care Group will be making multi-million-pound investments up front in delivering the transformation of the services in line with the ICB's vision. The ICB will hold HCRG Care Group to account for delivery of the services.

Question	Submitted by	Response
investigation on the likely financial impacts of the transfer on the transferred services and wider health and social care services in Wiltshire and beyond?		

Adult's core service scope

ICBC Contract - Adults Core Scope

Ref:	Service name	BaNES	Current provider	Swindon	Current provider	Wiltshire	Current provider	Somerset	Current provider
	Specialist Health Services								
ICBC01	Audiology and Hearing Therapy	Audiology	HCRG	Audiology	GWH - Acute	Audiology	RUH/GWH/SFT		
ICBC01	Audiology and Hearing Therapy	Hearing Therapy	HCRG	Hearing Therapy	GWH - Acute	Hearing Therapy	HCRG	Hearing Therapy	HCRG
ICBC01	Audiology and Hearing Therapy					Action on Hearing Loss	RNID		
ICBC02	Bladder and Bowel Service	Bladder and Bowel Service	HCRG	Bladder and Bowel & Continence Service	GWH - Comm	Continence Service	WH&C service/ Medequip products		
ICBC03	Cardiac Rehabilitation Service	Community Heart Failure & Heart Failure Rehab	HCRG	CVD/Heart Failure and Cardiac Rehabilitation	GWH - Acute	Cardiac Rehab	WH&C		
ICBC04	Clinical Psychology Service	LTC clinical psychology	HCRG	LTC clinical psychology		LTC clinical psychology			
ICBC05	Diabetes Service	Diabetes Structured Education and Diabetes Nurse Facilitator	HCRG	Diabetes structured education – type 2 Diabetes – Community Services Diabetes Structured Education – type 1	GWH - Comm	Community Diabetes Service	WH&C		
ICBC05	Diabetes Service	Diabetes Services	Primary Care & RUH	Diabetes Nurse Facilitator Type 1	GWH - Acute	Diabetes Nurse Facilitator (partial coverage)	Primary Care		
ICBC06	Dietetics Service	Community Dietetics	RUH	Dietetics Service	GWH - Comm	Dietetics Service	WH&C		
ICBC07	Enteral Feeding Service					Home Enteral Feeding and Ancillary Paeds (Adult and Children's)	WH&C		
ICBC08	Falls, Balance & Movement Disorders Service	Movement Disorders and Falls and Balance clinic	HCRG	Falls and movement disorders	GWH - Comm	Falls in UCR		Parkinson's Specialist Clinics	HCRG
ICBC09	Lymphoedema Service	Lymphoedema Service	HCRG	Lymphoedema	Prospect Hospice	Within Tissue Viability Service	WH&C	Lymphoedema	Prospect Hospice
ICBC10	Neurological and Stroke Service	Community Neuro and Stroke Service	HCRG	Neurology (PD, stroke, ESD) & IP and Community Stroke Services	GWH - Comm	Neurological and Stroke Services (ICNSS) inc. ESD, Neurotherapy and Neurology Specialist Practitioners	WH&C		
ICBC10	Neurological and Stroke Service	Neuropsychology (outpatients only)	HCRG	Neuropsychology		Neuropsychology			
ICBC10	Neurological and Stroke Service	Stroke Communication support & Community stroke coordinator	Stroke Association						
ICBC11	Physiotherapy	Community Physiotherapy	HCRG	Therapy at Home	GWH - Comm	Physiotherapy (Outpatient) including MAS & CPS	WH&C		
ICBC11	Physiotherapy	Orthopaedic Interface Service	HCRG	Orthopaedic Interface Service & Physiotherapy	GWH - Acute	Orthopaedic Interface Service	WH&C		
ICBC11	Physiotherapy	Interim Pain Management	HCRG						
ICBC12	Podiatry Services	Community Podiatry	HCRG	Podiatry	GWH - Comm	Podiatry Service	WH&C		
ICBC13	Respiratory Rehabilitation Service	Community Respiratory Service including Pulmonary Rehab	HCRG	Respiratory (general, COPD, O2 Assessment) &Pulmonary Rehab	GWH - Comm	Cardiology and Heart Failure & COPD/PACE	WH&C		
ICBC13	Respiratory Rehabilitation Service	Home Oxygen service – Assessment and Review (HOS-AR) in-place	HCRG	Home Oxygen service - Assessment and Review (HOS-AR) in-place	GWH - Comm	Home Oxygen service - Assessment and Review (HOS-AR) within COPD and PACE service	WH&C		
ICBC14	Speech and Language Therapy	Speech and Language Therapy	HCRG	Therapy – SALT	GWH - Comm	SALT	WH&C		
ICBC15	Tissue Viability Service	Tissue Viability Service	HCRG	Tissue Viability Service	GWH - Comm	Tissue Viability Nurse and Lymphoedema NOTE: TVN includes Children Lymphoedema adult only	WH&C		
ICBC35	Orthopaedic Service					Orthotics	WH&C		
	Community Health and Care Services								
ICBC17	Care Coordination Service	BSW Care Coordination UEC into community contract	Medvivo	BSW Care Coordination UEC into community contract	Medvivo	BSW Care Coordination UEC into community contract	Medvivo		
ICBC17	Care Coordination Service	HCRG care co-ordination roles and discharge co-ordination roles.	HCRG			Access to Care	Medvivo		
ICBC18	Community Hospital Inpatients	Community Hospitals Inpatients	HCRG	Community Hospitals/Intermediate care, step up and step down, including GP cover	GWH - Comm	Community Beds (Community Hospital Wards) Geriatrician (community ward cover plus geriatric support)	WH&C		
ICBC19	Community Nursing Service	Night nursing is provided as a part of Community Nursing (10pm to 8am overnight)	HCRG	Night Nursing	GWH - Comm	Overnight Nursing	WH&C		
ICBC19	Community Nursing Service	Community Nursing Services and the Cluster Team Model	HCRG	Community Matrons/LTC/ACPs (this will include Community Nursing)	GWH - Comm	Core Community Teams & End of Life Care for Adults	WH&C		
ICBC19	Community Nursing Service			Shrivenham day time community nursing	Oxford Health				
ICBC19	Community Nursing Service	Community Phlebotomy within Community Nursing	HCRG	Phlebotomy	GWH - Comm	Phlebotomy			
ICBC19	Community Nursing Service			Deep Vein Thrombosis (DVT)	GWH - Comm	Deep Vein Thrombosis (DVT)			
ICBC20	Discharge Support Service	Combined Discharge function (Community resource only)	HCRG	Discharge Support/flow hub	GWH - Comm	Patient Flow Hub & Acute Trust Liaison (In reach)	WH&C		
ICBC21	End of Life Care	End of Life Care	Dorothy House	Hospices	Prospect Hospice	Hospices	Dorothy House/ SFT / Prospect Hospice	Hospices	Dorothy House/ SFT / Prospect Hospice
ICBC24	Intermediate Care Services	Within reablement services	HCRG	Therapy support to Pathway 2 beds	GWH - Comm	Intermediate Care Team	WH&C		
ICBC25	Minor Injuries Unit	Minor Injuries Unit	HCRG	Minimal MIU for Shrivenham population only	Oxford Health	Minor Injury Service	WH&C		
ICBC26	Post Covid Syndrome Assessment Clinics	Post Covid syndrome assessment clinics	HCRG	Post Covid syndrome assessment clinics	GWH - Comm	Post Covid syndrome assessment clinics	WH&C		
ICBC27	Reablement Service	Integrated Reablement	HCRG	Integrated Reablement service	GWH - Comm				
ICBC28	Urgent Response Service	Community Nurse (Urgent Community Response (UCR) + Falls)	HCRG	Urgent Community Response + Falls	GWH - Comm	Rapid Response (UCR) + Falls	WH&C		
ICBC29	Virtual Wards	NHS at Home (Virtual Wards)	HCRG	NHS@Home/Virtual Ward	GWH - Comm	NHS@Home/Virtual Ward	WH&C		
	Learning Disabilities Service								
ICBC30	Learning Disabilities Service	LDAN & ADHD Community provision.	HCRG & AWP	ADHD provision	AWP	LDAN & ADHD Community provision.	WHC & AWP		
ICBC30	Learning Disabilities Service	LDAN, BASS & Community Forensic provision	AWP	LDAN & Community Forensic provision	AWP	LDAN & Community Forensic provision	AWP		
	Mental Health Service								
ICBC38	Bereavement Counselling Service	Bereavement Counselling Service	CRUSE			Bereavement Counselling Service	CRUSE		

	Medicine & Equipment Delivery Service									
ICBC32	IV Therapy	Community IV Therapy	HCRG	IV Therapy	GWH - Comm	IV Therapy	WH&C			
ICBC34	Wheelchair Services	Wheelchair Services	NBT	Wheelchair Service (adults and children)	GWH - Comm	Wheelchair Service (adults and children)	WH&C			

Equality Impact Assessment (EIA) Summary

Title/Summary of work requiring an Impact Assessment:

ICBC Programme SOC/PACC Delivery Plan

Date of assessment:

05/09/2023

Document / Policy / Strategy / Project Aims:

SOC/PACC Delivery Plan to address service transformation post current community service

9 Protected Characteristics EIA Summary Table:	Impact considered? Yes / No	Equality risk identified? Yes / No
Race	Yes	No
Gender	Yes	No
Disability	Yes	No
Age	Yes	No
Maternity & Pregnancy	Yes	No
Religion or Belief	Yes	No
Gender Identity	Yes	No
Marriage & Civil Partnerships	Yes	No
Sexual Orientation	Yes	No

Groups / Individuals considered and engaged with during EIA process:

Need to engage with Safeguarding partnerships across BSW ICB

Action summary (timescales and action overview and review):

1)

2)

3)

EIA completed by (Name and designation):

(Removed for publication)

Executive approval (Name and designation):

(removed for publication)

Legal requirement:
This document must be published on the BSW ICB website.

Draft Older Persons Accommodation Strategy

2025 - 2030

What Residents Told Us

- The majority of older residents want to stay in their own home for as long as possible but may need adaptations and practical support to achieve this (including personal care). They may need help with small tasks in the home or garden and staying connected to facilities and the wider community.
- They want accessible information about housing choices and options locally, as well as ensuring information is accessible to all and easy to understand.
- Older residents want equitable access to support and housing options regardless of their personal circumstances.

What Residents Told Us

- Over half of residents suggested their housing needs were likely to change in future and, whilst most people wish to stay in their own home, over a third would consider downsizing.
- There was a significant preference for private bungalows with a small garden.
- Living in a care home is the least desirable option for older residents in Wiltshire.
- Almost half of respondents said they live in a rural area and residents in rural areas are likely to need a lot of practical support to remain in their own home as they get older. Almost a quarter of rural residents can only access essential services with help from others and some said they cannot access essential services at all. There is likely to be significant overlap between the theme of transport and access to facilities, health care and social activities for older rural residents.

Demand

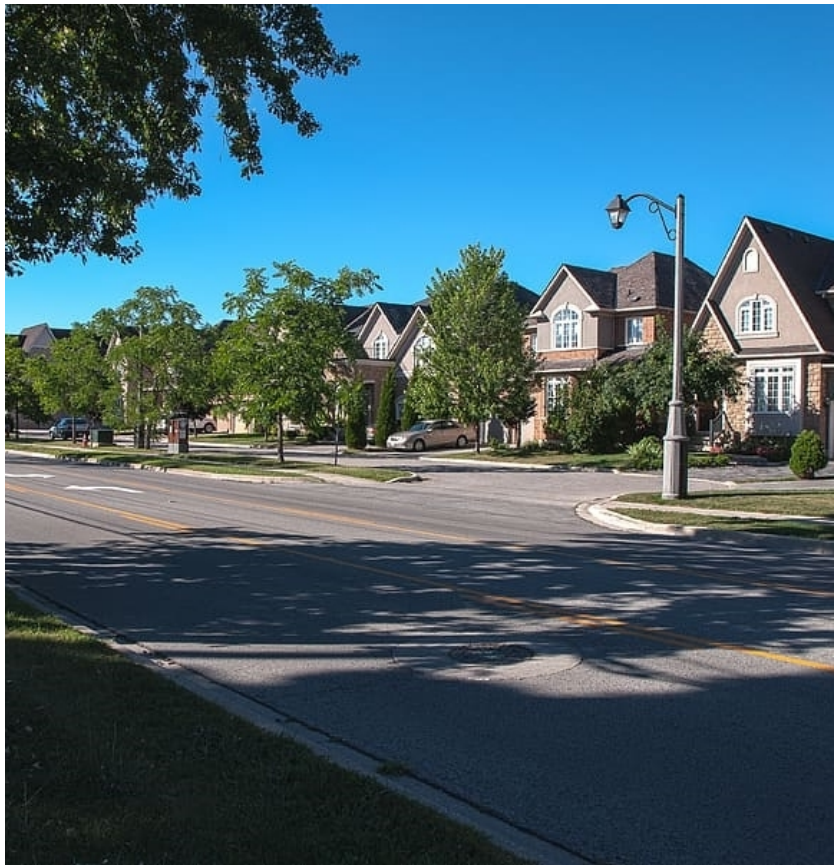
- Living longer, healthier lives is a real positive. However, ill health and dependency in later life can be hugely challenging for individuals, families and services
- In 2021 Wiltshire's population was approximately 510,400 and it is projected to increase by 7% over the next 20 years. The most significant growth is expected to be among older adults.
- By 2030, about 43,909 residents, or 8.3% of the population, will be aged 80 years or older. A 29% increase from now (2024).
- Whilst we know that people wish to remain in their own homes, we also know that there will be an increase in those with dementia and those with complex dementia will require care home facilities

The Draft Strategy

- Right Homes
- Right Place
- Right Support

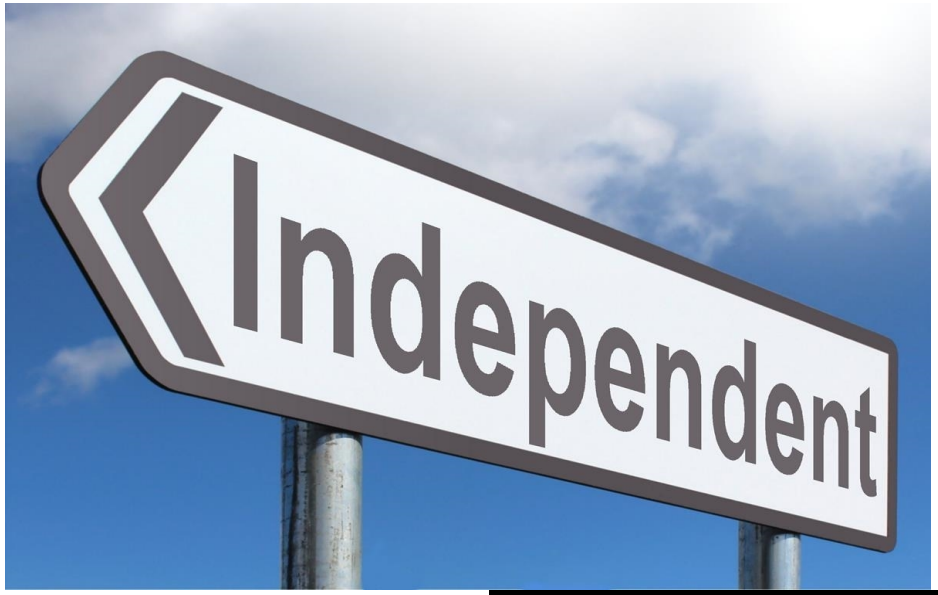
What We Want to Achieve

- **Outcome 1** – Easy access to information and services on housing choices and options.
-
- **Outcome 2** – Increased involvement of older people in planning their future accommodation needs.
-
- **Outcome 3** - Sustainable housing options that meet the current and future needs and aspirations of older people.
-
- **Outcome 4** - Support to enable older people to live independently across all housing tenures, enhancing the availability of technology and preventative services.



Commitment

- Investing in community services which will support independent living.
- Expanding the use of digital technologies in both supported living and care settings.
- Engaging more with our older residents so that we can more fully assess and understand their future housing needs.
- Looking to increase supported accommodation options with specialist designs for complex needs as required.
- Enhancing availability of accessible housing through developer contributions for people aged fifty-five and over.
- Developing specialist residential facilities, which promote independent living.
- Boosting the provision of nursing and specialist dementia care homes.



Commitment

- Developing additional housing options, such as home share, shared houses, and independent flats to reduce predicted demand increase on care homes. The number of people over the age of sixty-five living alone in Wiltshire is predicted to increase by 25% by 2035, from 120,500 to 150,800.
- Using Individual Service Funds (ISFs) to give people choice and control over the support they receive e.g., people wishing to pool their budgets could attract new providers into the market.
- Wherever possible modernise care homes to make them fit for purpose and phase out older, converted facilities. This could potentially reduce available placement capacity by 333 in current block contracted facilities. However, analysis does show an oversupply of beds in some areas of Wiltshire.
- Encourage the development of innovative community-based homes with wrap around community services e.g., shops, health services, voluntary support services and leisure services.
- Encouraging innovation in the current market.
- Providing learning and development opportunities to ensure standards and cost efficiencies.
- Collaborating with Area Boards and Parish Council to identify, plan and develop land that aligns with strategic priorities set out in this Strategy.
- Support planning processes for developers to meet strategic goals.