

Wiltshire Council

Health Select Committee

22 January 2025

Item 5 – Public Participation

Below is the Chairman's response to all of the questions submitted to the Health Select Committee

The Health Select Committee has received 26 questions from 8 individuals all relating to one subject, the new community health contract.

It is in the remit of the 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 Integrated Care Board, as commissioners of the service have been asked to provide a response. It is understood that they will provide a response at the meeting and confirm when they will provide detailed written responses to the questions raised.

Wiltshire Council

Health Select Committee

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From Mr Michael Rivers (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-01)

Preamble

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.

Question

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

Wiltshire Council

Health Select Committee

22 January 2025

Item 5 – Public Participation

From Ms Kim Watkiss (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-02)

Preamble

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.

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, 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 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.

Question

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?

What specific procedures and resources are in place and how is this going to be even vaguely replicated or feasible after transfer?

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Item 5 – Public Participation

From Ms Kim Watkiss (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-03)

If not, **[see Q25-02]** 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

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From Ms Stephanie Sterling (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-04)

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?

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From Ms Norma Thomson (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-05)

Preamble

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 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.

Question

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?

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Item 5 – Public Participation

From Ms Norma Thomson (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-06)

Preamble

HCRG have promised “bold transformative change”

Question

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?

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From Ms Maribel Harrington (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-07)

Preamble

HCRG have so far failed to inform the recognised unions or staff as whole every specific services and staffing groups will transfer to their control in eleven weeks time.

Question

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?

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Item 5 – Public Participation

From Mr Roger Davey (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-08)

Preamble

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.

Question

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 implementation plan including risk management and benefits realisation and get that approved?

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Item 5 – Public Participation

From Mr Roger Davey (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-09)

Preamble

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.

Question

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 mobilisation and implementation plan including risk management and benefits realisation and get that approved?

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From Ms Helen Nash (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-10)

Preamble

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.

Question

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?

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Item 5 – Public Participation

From Ms Helen Nash (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-11)

Preamble

The proposed mobilisation period (December 2024 to March 2025) for transitioning approximately 2,000 jobs and services is alarmingly short and poses significant risks.

Question

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.?

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From Mr Thomas Simblet (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-12)

Preamble

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.

Question

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?

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Item 5 – Public Participation

From Mr Thomas Simblet (Unison)

To Cllr Johnny Kidney, Chairman – Health Select Committee

Question (25-13)

Preamble

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.

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

Question/s

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, 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.