

Minutes

of a meeting of the

Scrutiny Committee



held on Tuesday, 5 December 2023 at 7.00 pm
This was a virtual, online meeting.

Open to the public, including the press

Remote attendance:

Councillors: Councillor Katherine Foxhall, Councillor Judy Roberts and Councillor Hayleigh Gascoigne

Officers: Tim Oruye (Head of Policy and Programmes), Adrianna Partridge (Deputy Chief Executive for Transformation and Operations) and Ben Silverthorne (Trainee Democratic Services Officer).

Cabinet members: Councillor Helen Pighills (Cabinet member for Community Health and Wellbeing) and Councillor Bethia Thomas (Leader of the Council and Cabinet Member Climate Action and the Environment, Strategic Partnerships and Place).

Guests: Gordon Muvuti (Place Director, Swindon Locality, NHS BSW ICB) and Caroline Holmes (Deputy Place Director, Swindon Locality, NHS BSW ICB)

Sc23 Apologies for absence

Apologies were received for Councillors Ron Batstone, Oliver Forder, Debby Hallett and Sally Povolotsky.

Sc24 Urgent business and chair's announcements

No urgent business, but the chair did run through housekeeping matters.

Sc25 Declaration of interests

None.

Sc26 Minutes of the last meeting

Resolved: Chair suggested that the minutes be approved in the next in person meeting in February. The committee agreed to this.

Sc27 Public participation

None.

Sc28 Work schedule and dates for all Vale and Joint scrutiny meetings

The committee reviewed the work programme.

Sc29 NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board - community services engagement

The NHS Bath and Northeast Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) Community Services Engagement presentation was presented by invited guests Caroline Holmes and Gordon Muvuti. Councillor Helen Pighills, Cabinet Member for Community Health and Wellbeing was also present. The PowerPoint slides were provided.

The presentation provided an update on the board's integrated community base care programme, which would be informing the recommissioning of community services from April 2025, whose area included the western part of Vale of White Horse (VOWH).

Below provides a summary of the discussion:

- A member asked for clarity around the list of contracts and their ability in gaining new contracts with providers, and the different types of health services that would be provided. It was explained that in Swindon it was Great Western Hospitals NHS Trust and they held the community services for the scheme. With regards to Shrivenham (on the BSW ICB border) there were specific areas, such as community nursing and speech therapy, that were provided by Oxford Health. There were also contributions to three Minor Injury Units.
- A member asked if the GP system fitted into the framework of the programme. It was explained that Elm Tree Surgery was one of the practices within the Swindon locality within the Integrated Care Board and was one of the primary care networks, which spread out into Oxfordshire for social care services and VOWH for some community services. Aim to operate fluidly around geographical boundaries and not let that affect people's experience of care services.
- A member commented on the digital platform and how it was progressing to be incorporated into the programme. It was responded that the ICB was developing an integrated care record, which was currently at a variety of levels of integration but was progressing. Aim to see increased opportunity of using digital platforms, such as apps and home monitoring.
- A member asked for further clarification on dealing with crossing boundaries through their contracts and whether they overlapped. It was recognised that there was an ongoing need for neighbouring Integrated Care Boards to work together and there was real opportunity to build these relationships.
- Cabinet member for Community Health and Wellbeing was welcomed to ask a question with chair's permission. She asked about moving people from hospital care to home care and would this be possible in this overlapping boundary. It was responded that not much would change within the current framework, as this was already being done. A change in provider would not change this. Using Swindon as an example, performance levels were good but there were challenges with ambulance queues and handovers at Great Western Hospital. Discharges were performing well.
- Vale Council Leader was welcomed to ask a question, with chair's permission. She asked about the connection between Oxford services and Swindon services, looking through the eyes of Faringdon and the western side of Vale of White Horse District. GP services for Faringdon were mainly BOB ICB, and hospital provision was BSW ICB, whereas Shrivenham GP services would be mainly through BSW ICB. It was therefore important to have good connections between services. The guests from BSW ICB did acknowledge there was a need to reach out to more groups within Oxfordshire, and Oxfordshire County Council, to ensure more positive links and

connections. Existing pathways won't change, but BSW ICB should make links with Oxfordshire County Council as they develop health services. Guest speakers suggested that they would take this away for consideration.

- A member asked how the board envisaged working with VOWH District Council, being the main link into the area. It was responded that the board would look into this as they were currently in the process of appointing a new Deputy Chair of the strategic Integrated Care Alliance in Swindon, as well as looking into committee effectiveness and memberships. Guests from BSW ICB commented that they could work with Vale officers to look at joining up forums where VOWH can be involved, councillors and officers.
- A member asked further questions on the digital platform, regarding the integrated care record, and whether this was something the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) was also going to do. If that was the case, members asked what the impact would be if patients were referred between geographical areas without this integrated record. The BOB ICB was trying to implement and digital provision into community centres. The member asked whether this would be compatible with the Community Health Provisions and whether that would be put into the current plan. Guest speaker agreed with this but expressed that there was currently no solution to this, but due to the NHS growing the "spine" of the NHS database, they believed a solution could be found. A lot of information can be shared across but different areas may have their own bespoke systems (possibly several systems together), so this can be confusing when sharing information with other areas. There may be potential to address this through procurement process and looking at embedded cultures and working practices.
- A member asked what were the key risks to the service becoming sustainable? The guest speakers responded that a big case for change was noting the number of beds needed and the possible influx of admissions if no changes were made, which would lead to a much larger amount of funding that would be needed to run the services. If we look at supporting people in their own homes and support prevention (helping people to stay healthy, lifestyle, mental health), this would help sustainability over being a reactive service. This programme gives us opportunity to challenge being sustainable and preventative. A cited example was 6% population growth by 2038 for the BSW ICB. Noting mainly 60+ age group and the fact that this group develops more chronic conditions, often more than one. Our workforce was changing and aging, retiring earlier also, impacting the services. Demographic changes would raise the cost of hospital services, noting that this was a national issue. If we did nothing, this was unsustainable, so we were working to transform our services to prevent the risks, treat people earlier and prevent conditions where possible. Technology may assist in this, and not all solutions were expensive.
- A member asked about health scrutiny – it was confirmed that health scrutiny was combined with other scrutiny areas for Swindon. Noted that Oxfordshire County Council had a separate health scrutiny overview committee. Chair suggested that we should ensure all partners have effective and constructive scrutiny, this could be looked at.
- Guest speakers were thanked for their time and expertise and chair hoped that the communication would be sustained between VOWH and the BSW ICB.

The meeting closed at 8.13 pm



Bath and North East Somerset,
Swindon and Wiltshire Together

BSW Together

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The Future of Community Services in BaNES, Swindon and Wiltshire (BSW)

Vale Scrutiny Committee

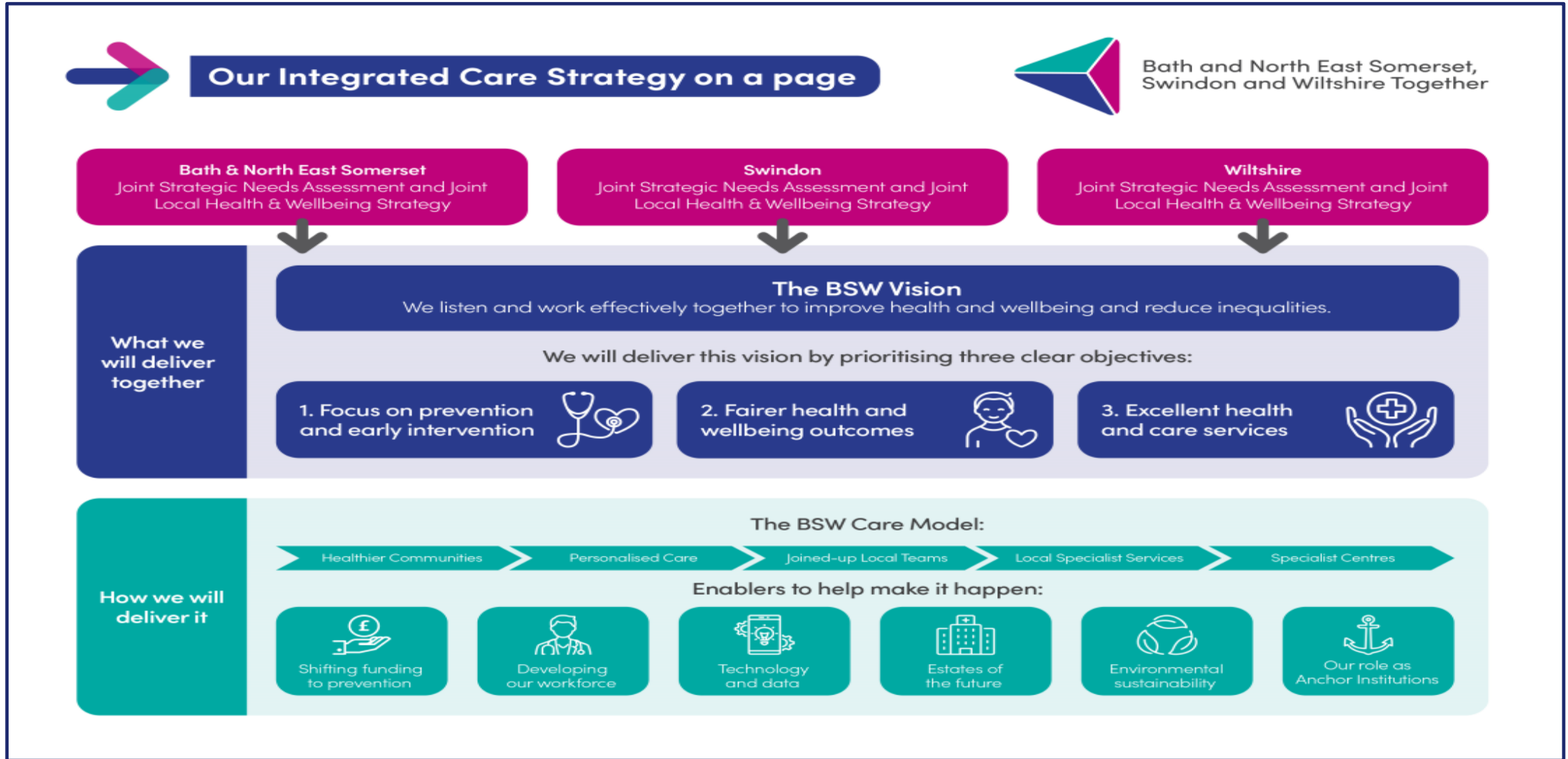
5th December 2023





Setting the scene – ICS vision and Strategy

The foundation for change





Setting the scene – ICS vision and Strategy

Breaking down our vision



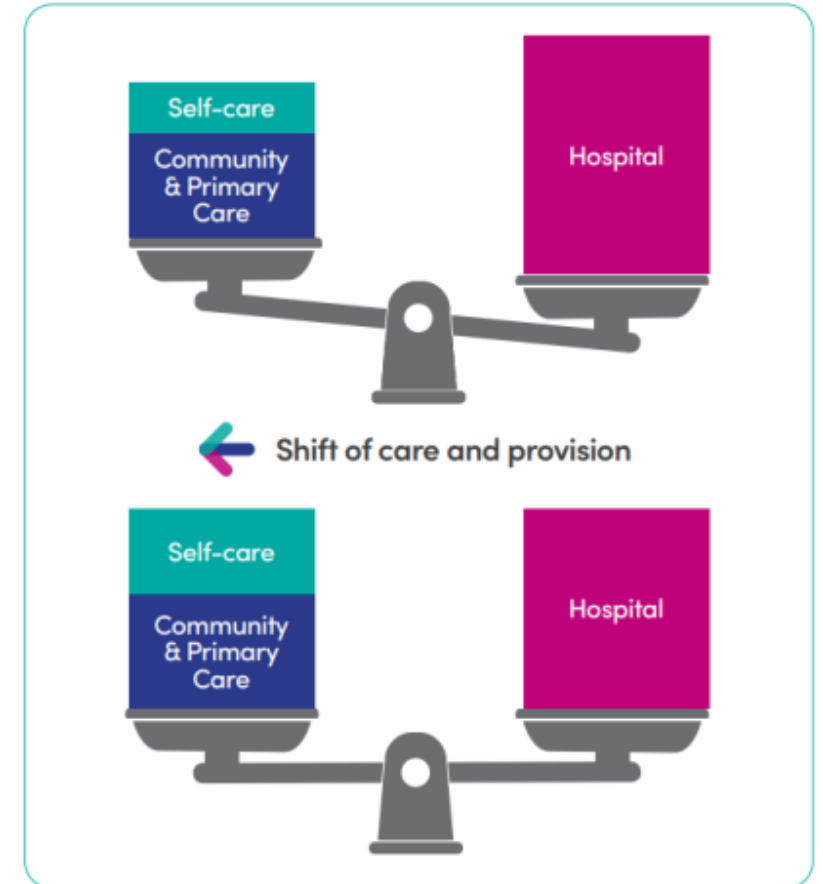
Section 5

What do we want to achieve?



5.3 What achieving our vision will look like

Healthy pregnancy, birth and neonatal care	Start well 0-25 years	Live well 25-64 years	Age well +64 years	Die well
<ol style="list-style-type: none"> 1. Mothers have a healthy pregnancy and good birth experience 2. Babies are born in good health 3. Parents approach parenting with confidence 	<ol style="list-style-type: none"> 1. Children, young people and families have a healthy environment in which they can grow up in 2. Mental health support is available for children and young people who need it 3. The most vulnerable children and young people are well-supported, including those in and leaving care, as well as those who need to be kept safe 4. Children are ready to start education 5. There are better links between health and care services and schools 	<ol style="list-style-type: none"> 1. Individuals are supported to look after their own health and wellbeing 2. All residents benefit from living and working in places that promote health and wellbeing 3. Those with physical disabilities, learning disabilities and mental health conditions are in good health. Their care and support includes access to opportunities such as accommodation, housing and employment 	<ol style="list-style-type: none"> 1. Older people feel that they are happy, healthy, independent and in control of their own care 2. The health and wellbeing of carers is prioritised and supported 3. When needed, health and care services are delivered at home, or as close to home as possible 	<ol style="list-style-type: none"> 1. Individuals are consulted on where they would like their life to end and how they would like to be cared for in the final months of their life 2. Individuals feel that their wishes are respected by staff and those around them 3. Comprehensive support services are provided for individuals and their loved ones through palliative care, including bereavement support for families



The proportions of how much is spent in different sectors is expected to change over time.



Primary and Community Care Delivery Plan Executive summary

The primary and community care delivery plan is a strategic document that supports the broader **BSW Together Integrated Care Strategy and Implementation Plan**. It was approved by the BSW ICB Board on 21 September 2023. The plan is the **next level of detail** for the ICS Strategy and Implementation Plan.

Purpose

BSW Together has the opportunity to transform how we deliver primary and community care services across the integrated care system (ICS). We want those living and working within our communities, and those who use and deliver these services to feel a step change in how we come together and collaborate. This will create a truly integrated network where everyone’s contribution is valued and recognised.

We need to address important drivers including an ageing population with increasingly complex needs, including frailty; growing demand and pressure across our services and on our workforce; the need for a person-centred approach to care; and the relationship between greater equality, better care, and a healthier economy

Approach

A range of inputs have been captured and consolidated to develop the delivery plan and identify the supporting detail. These include:

- Review of existing BSW Together documents including the Integrated Care Strategy and Implementation Plan
- Broader national policy and guidance including the Fuller stocktake, Major Conditions strategy and NHS Long Term Plan
- Market engagement with local providers and partners
- Stakeholder feedback from the ICBC Programme, Clinical Oversight Group and ICB members, and primary care GPs

Transformation priorities

Six **transformation priorities** have been set out to provide a consolidated view of the direction of travel for primary and community care services:

1. **Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams**
2. **Adopt a scaled population health management approach by building capacity and knowledge**
3. **Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets**
4. **Increase personalisation of care through engaging and empowering our people.**
5. **Improve access to a wider range of services closer to home through greater connection and coordination**
6. **Support access to the right care by providing co-ordinated urgent care within the community**

Each transformation priority is then detailed through **interventions and actions** which identify the specific activities that need to be completed to support successful delivery of each transformation priorities.

Five **focus areas** are considered across all priorities: health inequalities, children and young people, mental health, major conditions, learning disabilities and autism.

This delivery plan will be supported by the **six enablers** identified in the BSW Together Integrated Care Strategy, as well as an additional enabler on commissioning and contracting:

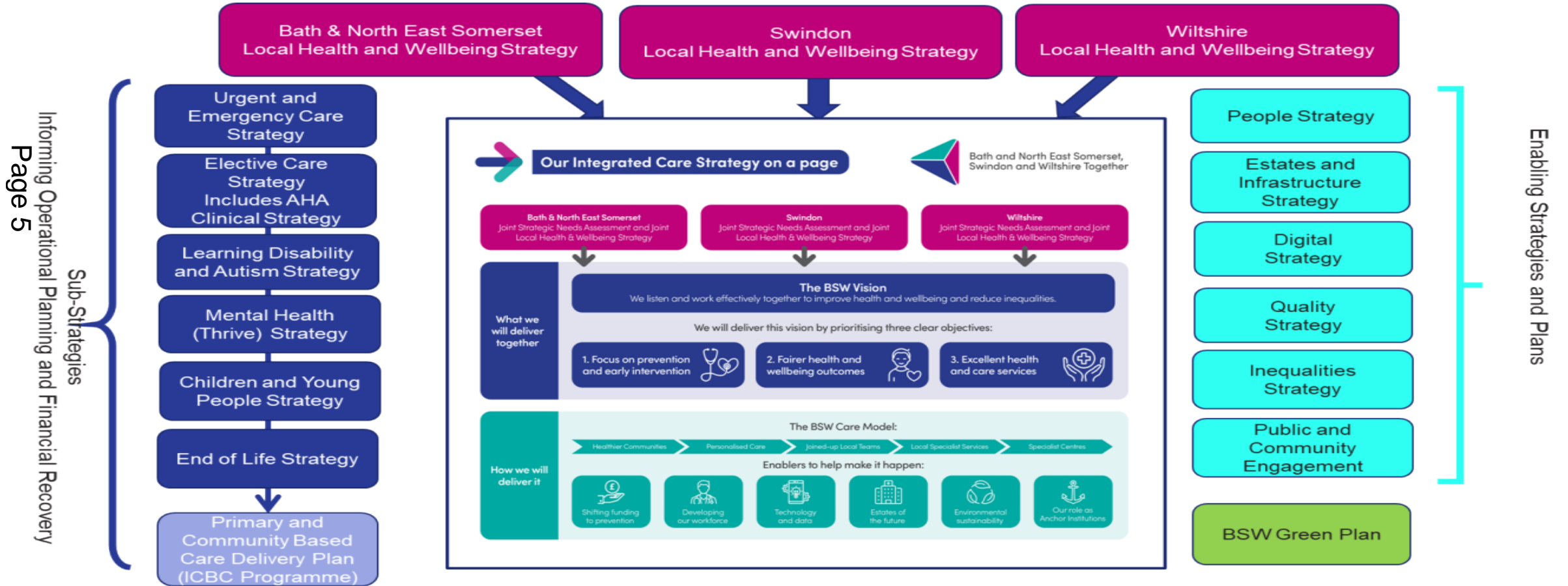
- Shifting funding to prevention
- Developing our workforce
- Technology and data
- Estates of the future
- Environmental sustainability
- Our role as an anchor institution
- Commissioning and contracting

This work is part of the Integrated Community Based Care Programme, one of six BSW transformation programmes. It is one of the first priority transformation programmes and focuses on community services. The ICBC programme is also the vehicle for the recommissioning of community services.



Moving towards delivery

The ICB initiated a strategic programme in the Autumn of 2022 called the Integrated Community Based Care Programme. This programme will serve to enable delivery of a long term transformed model of Community Services and is informed by the Primary and Community Delivery Plan. It works alongside the other ICS Strategic transformation programmes including Primary Care, Elective Recovery, Urgent and Emergency Care, Mental Health and Learning Disabilities and Autism.





Integrated community-based care – Strategic Outline Case

Case for change in BSW

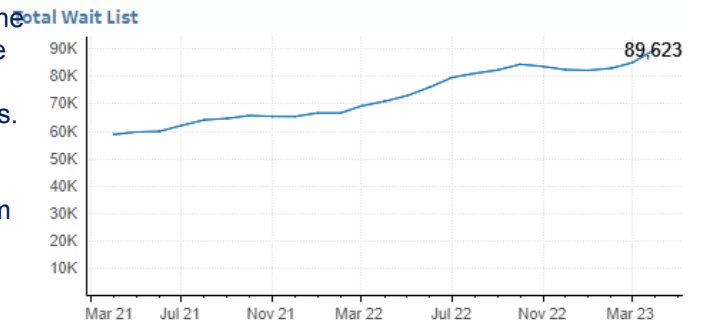
Like all care systems BSW faces a range of strategic challenges, including an ageing population and workforce, significant variation in health and wellbeing outcomes, increasing demand for services, growing numbers of individuals living with chronic conditions, challenging performance targets with regards to access to some services, significant medical and technologic advances and limited financial resources. When these challenges are combined with the public and political expectations that are placed on Local Authority and NHS services, the need for innovation and improvement in the way services are delivered becomes essential.

Children’s health

While most child health indicators are better than national average, many children have difficult living circumstances across the system:

- 1 in 4 children do not achieve a good level of development at the end of Reception
- 1 in 10 children are living in poverty
- 1 in 200 children are in care
- Obesity and mental health problems are increasing.

Access to services is a challenge within BSW. Since the start of the Covid pandemic we have seen an increase in the waiting times for many services.

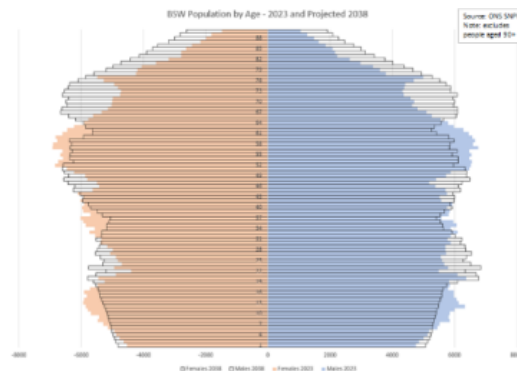


The **resilience** of many organisations within the system is also a key factor for us to address in order to deliver effective services in the future.

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Equality: The prevalence of many health conditions is higher for those living in less advantaged communities. Inequalities across the BSW population arise because of the conditions in which people are born, grow, live, work and age. These conditions influence the opportunities for good health, and how people think, feel and act, and this shapes their mental health, physical health, and wellbeing. The Covid-19 pandemic has only exacerbated existing health inequalities.

Ageing population: In BSW, significant population growth in the older age groups is expected. There are currently over 80,000 people aged over 75 across the area. By 2025, this number is expected to grow by over 40 per cent to over 100,000 and the BSW population is likely to exceed one million, with one in five people – or more than 200,000 – aged over 65 years. . This will also have the long-term effect of reducing the proportion of our population who are working.



BSW TOGETHER GREEN PLAN 2022-25

KEY AREAS OF FOCUS

- Climate Resilience:** Focus on reducing carbon emissions and increasing resilience to climate change.
- Health and Wellbeing:** Focus on promoting physical and mental health, and reducing health inequalities.
- Environment:** Focus on protecting and enhancing the natural environment.
- Energy:** Focus on increasing energy efficiency and using renewable energy sources.
- Waste and Resource Management:** Focus on reducing waste and increasing resource efficiency.
- Water:** Focus on protecting water resources and increasing water efficiency.
- Green Spaces:** Focus on increasing green spaces and promoting outdoor activities.

The climate emergency facing our planet is directly impacting on the health and wellbeing of the BSW population. Through our Green Plan we have identified the areas where health and care services can play an important role in responding to this significant challenge.

Rurality

BSW covers an area of 1,500 square miles, much of which is rural, especially across Wiltshire and BaNES. There are several challenges that rural areas face, including around transport and broadband connectivity. In terms of health services, trusts operating in rural areas tend to treat more older people than in urban areas. Frailty and complex needs amongst elderly populations present major challenges to the delivery of care in rural settings – particularly in isolated, small communities.



Integrated Community-based Care – The ICS vision and strategy

The local and national foundations – the BSW model of care and national strategies (Fuller Stocktake)

[BSW Care Model Video](#)

Working together to empower people to lead their best life
Starting well → Living well → Ageing well



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Priorities of the Fuller Stocktake Report

- Streamlining access to care and advice
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals; and
- Helping people to stay well for longer.

1. Personalised care

We want everyone who lives in BSW to experience a personalised approach, however they interact with health and care

2. Healthier communities

We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life

3. Joined-up local teams

Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people

4. Local specialist services

We will make more specialist services available at home and closer to where people live

5. Specialist centres

Our network of specialist centres will develop to focus more on the most specialist care and less on routine services which we can provide elsewhere

Integrated Community-based Care

What outcomes are we seeking?

The BSW Vision
We listen and work together to improve health and wellbeing and reduce inequalities



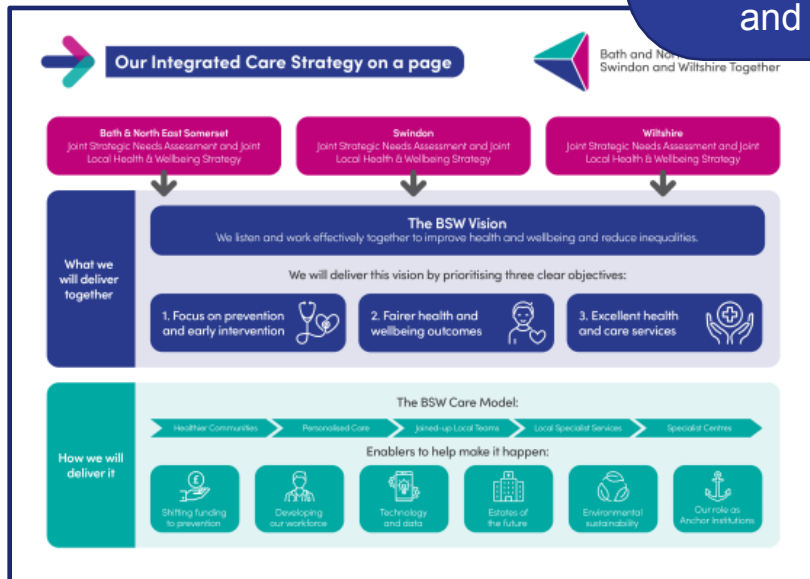
- Strategic objectives**
1. Focus on prevention and early intervention
 2. Fairer health and wellbeing outcomes
 3. Excellent health and care services



- If we are successful, we will see long-term improvements:**
1. An overall increase in life expectancy across our population
 2. A reduction in the gap between life expectancy and healthy life expectancy across our population
 3. Reduced variation in healthy life expectancy by geography, deprivation, ethnicity and other characteristics

Overarching Outcome Measures

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Integrated Community-based Care

Commissioning approach for community-based services

Context

- Current service contracts date back to the era of three separate Clinical Commissioning Groups across BSW
- Some contracts are highly integrated between the Councils and ICB and include health, public health and social care services, others are focussed on health only services.
- Mix of 'all age' and separate 'adults' and 'children's' only contracts.
- Some contracts include end of life services including hospice care.
- The B&NES contract is a prime provider contract and includes the sub commissioning of 39 sub-contractors providing a range of services on behalf of the Council and the ICB.
- There is unwarranted variation in the scope and level of services commissioned varies across BSW.
- Sustainability of providers within BSW and the recruitment and retention of a valued workforce are core priorities in our approach.
- *In Swindon, the current community health contract for adults is held by Great Western Hospital NHSFT and serves Shrivenham residents. Oxford Health NHSFT also provide community nursing services, access to MIUs and speech and language therapy for schools. Both contracts are in scope for the re-provision of services in April 2025.*





Integrated Community-based Care

Principles underpinning our approach to the recommissioning of community-based health and care services.

Core principles associated with the provision of community-based care

1. Population focussed

- We will collectively focus on the wellbeing of the population, the prevention of ill-health and the provision of early interventions when needed.
- Our approach will be informed by the use of Population Health Management tools and intelligence to target improvements more accurately to the areas of greatest need within BSW.
- Our approach will be holistic, focussing on the whole person and the wider determinants that affect their health and wellbeing.

2. Informed by the experts and those with lived experience

- We will develop approaches and services through co-creation with the local population who use them and colleagues who deliver them.
- We will become an effective learning system, with a willingness to experiment, fail and learn so that we can deliver better outcomes.

3. Rewarding roles and careers

- We will invest to develop and grow a dynamic and innovative workforce with the skills, knowledge and behaviours to offer personalised care with patient safety and positive experience as central to all care delivery for the local population
- We will recognise and value the critical role played by formal and informal carers and the voluntary and community sectors in the delivery of care.

4. Support delivery of the BSW Together 'Integrated Care Strategy'.

- Our approach to the provision of community-based care services will reflect our commitment to delivering the outcomes set out in the Integrated Care Strategy and the approach described in the BSW Care Model.
- Particular attention will be given to the delivery of fairer health outcomes within BSW.

5. Consistency of service offer

- The service offer across BSW will be consistent, but with variation in services where it is appropriate for meeting local needs.



Principles underpinning our approach to the recommissioning of community-based health and care services.

Principles specifically associated with this commissioning process

6. Specification of requirements

- We will commission services by:
 - describing a set of desired outcomes; and
 - setting out specific requirements (e.g: Personalised care, collaborative operating between different providers, coordinating service delivery at the neighbourhood level, using Population Health Management Tools and sharing information via the Integrated Care Record).

7. Scope of requirements

- The scope of requirements will be described in two ways:
 - Core – what range of services are we commissioning from 1st April 2025 to replace the current services – linked to the expiration of five existing contracts across BSW.
 - Reserved – additional services that may be introduced into the contract(s) at a later date, for example when other existing contracts expire, or an improved way of working is identified.

8. Work collaboratively

- The new provider or providers are expected to emerge through true collaboration between current and potential providers. They will need to involve a cross section of statutory, voluntary and community sector organisations and are expected to maximise the contribution from local organisations.

9. Focus on value for money

- Our investment decisions will be informed by an evidence-based approach to achieving value for money.
- We expect to see a shift in the proportion of resources invested in different sectors to more effectively deliver care and improve outcomes (shift left).
- Our emerging 'Case for Change' highlights the risk if we do nothing and challenges our traditional approaches to the allocation of financial resources.
- We need greater financial transparency between partners.



Principles underpinning our approach to the recommissioning of community-based health and care services.

Principles specifically associated with this commissioning process

10. Use technology better

- We will deploy digital and automated tools to enhance capacity and capability, supporting individuals and professionals to make better choices.
- With more relevant, timely and accurate information our aim is to increase the ability and confidence of our local communities to take responsibilities for their own wellbeing, health and care.

11. Achieve environmental sustainability

- Providers will need to deliver improvements in the environmental sustainability of services.

12. Allow time for innovation and collaboration

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

Timeline	Phase	Decision Gateways
Oct-23	Pre-selection (Selection Questionnaire)	1. To agree go-live of negotiated procurement
Nov-23		
Dec-23		
Jan-24	Invitation to Negotiate (ITN)	2. To shortlist bidders to ITN stage (max 4 bidders) 3. To publish ITN
Feb-24		
Mar-24	Round 1 - Dialogue / negotiation / evaluation/moderation	
Apr-24		
May-24		4. To shortlist bidders to stage 2 (max 2 bidders)
Jun-24	Round 2 - Dialogue / negotiation / evaluation/moderation	
Jul-24		
Aug-24		5. To approve proposed contract award * (final contract & final specifications)
Sep-24	Commencement of new Contract for mobilisation and transition of services to new provider	
Apr-25	Commencement of full ICBC contract	