

Integrated Community-based Care (ICBC) programme: frequently asked questions (FAQs)

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General questions about community-based care in BSW

What is community-based care?

Community-based care covers a wide range of support and services for people from birth to the end of their life. Services are delivered in a range of places, including in people's homes, care homes and in local community settings.

Community-based care plays a vital role in supporting people with complex health and care needs to live independently in their own home for as long as possible. It also includes health promotion services, such as school health and health visiting.

Different types of organisations can provide community-based care, including NHS trusts, the voluntary, community and social enterprise sector, local authorities and independent providers. Community-based care often involves partnership working across these organisations with teams made up of a wide variety of health and care professionals.

What is happening with community services in BSW?

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) has carried out a rigorous and competitive procurement process that began in October 2023. The procurement involved all three local authorities who have worked together to jointly commission a new contract for providing integrated community-based care in BSW.

Who is the new provider of community-based care in BSW from April 2025?

HCRG Care Group has been appointed to lead an innovative new community-based care partnership with the NHS, local authorities and charities that will transform the care and support that people get to help them with their health and wellbeing at every stage of their lives.

HCRG will take responsibility for community services from 1 April 2025 and the contract will run for at least a seven-year period.

HCRG operated its first NHS service within BSW in 2006, and has delivered more than 200 community services, employing more than 1,300 NHS staff in BSW since 2017. They have been rated both 'good' and 'outstanding' by the CQC for services provided across the area.

Why did you appoint HCRG?

Throughout our procurement process, we invited all bidders to submit their vision for how community-based services should be provided. We took these responses and scored them against the significant requirements of the contract.

HCRG was the highest scoring bidder, and we are confident, given their strong track record, which includes already providing many community-based services in parts of Bath and North East Somerset, this appointment will be a positive and exciting development for local patients and their families.

Why is a new provider needed?

Currently, patients living in Bath and North East Somerset, Swindon and Wiltshire receive community-based care from different providers depending on where in the region they live. There is also unwarranted variation in the services that are available, depending on where people live.

We also know that the health and care needs of local people are going to change over the next 10 to 15 years. We will see more people over the age of 65 in our communities, and more people living with long term conditions like diabetes or heart disease. This means we need to shift the focus of our services so that we can do more to support people close to where they live, rather than in big hospitals. We also want to do more to help people to avoid ill health in the first place and to avoid existing conditions getting worse so they can live as well as possible for as long as possible.

Having one provider of all community-based care will help to create a much more level playing field and support us in reducing health inequalities.

What is the focus of the transformation of community services in BSW?

We want to deliver better outcomes for the people of BSW against the three areas agreed by the NHS, local government and the voluntary and community sector.

- **Focus on prevention and early intervention** - by providing more services and support that catch illnesses and health conditions early to help people stay well and live independently for longer.
- **Fairer health and wellbeing outcomes** - many of our residents have different health needs and life expectancy because of where they live. The new contract will ensure that services will be provided to meet the needs of local people, wherever they live.
- **Excellent health and care services** – by developing thriving community-based services, we will reduce pressure on GPs and hospitals, help to reduce waiting times and make sure people get the right care, in the right place, at the right time.

How is this work linked to wider BSW Integrated Care Board plans and priorities?

Transforming community services is key to the delivery of the Integrated Care Plan strategy and our BSW model of care, and supports our Primary and Community Care Delivery Plan. The programme works alongside the other Integrated Care System (ICS) strategic transformation programmes, including primary care, elective recovery, urgent and emergency care, mental health and learning disabilities, autism and neurodivergence.

The image below shows our BSW Vision, strategic objectives and overarching strategic which have informed the ICBC Programme.



What improvements will the new arrangements bring about?

People in Bath and North East Somerset, Swindon and Wiltshire will receive more health and social care in or near their homes, in a more joined-up and streamlined way.

Traditional community services such as nursing, therapy and personal care will be enhanced as they become part of new integrated neighbourhood teams, working across homes, care homes, clinics, schools and community centres to bring more personalised support to local people.

The aim is to give people more support in living healthier lives, spot early signs and symptoms of ill health and help those with existing health and care needs live independently for longer.

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.

Can you give some examples of what this will look like in practice?

Among the benefits local people can expect to see will be:

- 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.
- At least £7 million a year will be invested in partnerships with VCSE providers to build community capacity to provide early help and support within communities from the end of 2027.
- Inappropriately located or outdated buildings will also be refurbished or phased out.
- 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.

Will HCRG Care Group be the only provider of community-based care in BSW?

HCRG will lead a partnership with the NHS, local authorities and charities to provide community-based care in BSW. The exact details of the organisations that will be involved and the services they will provide will be worked through in the coming months.

How will HCRG work in a joined-up way with other services?

As part of the new contract, HCRG is required to work with all providers of community-based care in BSW, this includes voluntary, community and social enterprise organisations that play a vital role in the delivery of services to local people, as well as with providers of acute care. We will be working closely with HCRG and other health and care partners across BSW over the coming weeks and months to establish this new, integrated approach.

Will there be changes to community-based care?

Overall, we expect to be providing more services in the community in the future. Some services may change over time, and there may be changes to the organisations providing current services. We will be working with HCRG to ensure that service users, patients and wider communities have the opportunity to co-design services to ensure they meet the needs of those who rely on them.

What are the next steps in the process?

We are working closely with HCRG and our wider system partners to move to the new arrangements by April 2025. Transformation will take place in phases. There will be no immediate changes to services, and people will continue to receive the care and support they need under the new partnership, with the transfer to HCRG being carefully planned to ensure that there is no break in services.

What does this mean for GPs and acute (main) hospitals?

Our transformation of integrated community-based care will be good news for GPs and acute hospitals.

Instead of a system where patients 'step down' from acute hospitals to the community after an admission or visit to A&E, the new approach will involve moving to a 'stepping up' model with more care provided in the community first, keeping people at home wherever possible.

Community services will help those with long term conditions stay as well as possible, by supporting them to manage their own health and acting early if they start to become unwell. By focusing on prevention, we will also reduce the number of people who develop long-term conditions in the first place. This combined will help to reduce pressure on primary and acute care, who will continue to be vital partners in joined-up health and care services across BSW.

What does this mean for staff working for current providers of community services in BSW?

We are working closely with HCRG and our wider system partners to move to the new arrangements by April 2025. Any existing staff, if they are transferred under TUPE arrangements, would be on the basis of their existing terms and conditions.

We will continue to work in the best interest of all our staff to commit to parity of working arrangements.

All staff will be treated fairly in line with employment legislation.

How have you considered the views of stakeholders, patients and the public in this programme?

Engagement has informed the development of the ICBC programme, the transformation priorities and the outcomes framework. This includes:

- Conversations, discussions and briefings between the programme team and stakeholders.
- 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.
- Engagement on the BSW Integrated Care Strategy.
- Engagement on the BSW Care Model.
- People with lived experience were also involved in the evaluation of the bids, bringing their unique perspectives to the process.

Will there be opportunities to get involved or share my views?

We are actively considering how we can offer opportunities for involvement and engagement during the mobilisation period, working with HCRG to give people more understanding and awareness of the proposals for the future of community care across BSW. This will include working with service users, patients and wider communities to co-design services to ensure they meet the needs of those who rely on them.

How is new contract with HCRG designed?

We are asking HCRG to play a key role in transforming out of hospital care in a way that delivers joined-up, proactive care and focuses on improving patient outcomes.

The new contract is designed around transformation priorities that are informed by our Primary and Community Care Delivery Plan and the delivery of improved outcomes for patients.

What is outcomes-based commissioning?

Outcomes-based commissioning looks at the health and care needs of a population – including opportunities for improving health and preventing ill health – and designs contracts that aim to address those needs. Typically, outcomes-based commissioning is designed to encourage health and care organisations to work collaboratively to deliver improved outcomes for patients and service users.

How is outcomes-based commissioning being used in this new contract?

We have developed some transformation priorities to support new ways of working, improve health outcomes and improve people's experience of community-based care. This will allow us to measure progress on delivering the transformation priorities and long-term improvements in services and support provided to people across BSW.

Where can I find out more about your plans for community-based care?

We have published a more detailed document about our plans on our website. This explains more about the reasons for wanting to make changes to services and sets out our transformation

priorities. It also sets out the expected timeline for delivering this transformation, which will be led by HCRG as the new lead partner.

Questions for current patients, service users and carers

Will how I receive care change following this announcement?

Although the ICB has identified a new lead provider for community-based services, this change will not happen overnight, meaning that staff and services will continue as normal for the time being.

The new provider is set to take on the contract from April of next year (2025), and while most services are expected to continue as before, any potential changes to how or where care is given will be communicated with patients at the earliest opportunity.

What happens next?

Our focus now is to ensure a safe and smooth transition to HCRG, and teams will be working hard on this behind-the-scenes between now and April 2025, when HCRG officially takes over the running of our community-based services.

Transformation will take place in phases. There will be no immediate changes to services, and people will continue to receive the care and support they need under the new partnership. The transition will be carefully planned with HCRG to ensure that there is no break in services.

From a patient's perspective, little will change between now and April, and we expect all services to carry on as normal. Should there be any changes to normal service, patients will be notified at the earliest possible opportunity.

What will happen during transition?

The transition period will allow us to support HCRG in picking up the new contract with as minimal disruption to patients and their families as possible. It will allow us time to work with them on getting things ready for the contract start-date of 1 April 2025.

Much of this work will take place behind-the-scenes, but we will endeavour to provide updates as and when notable developments occur.

Does having a private provider of these services mean I will have to pay for care?

No. HCRG Care Group has been appointed by the local integrated care board, which plans and buys health and care services on behalf of people living in Bath and North East Somerset, Swindon and Wiltshire, to provide NHS services. This means that all care will continue to be free at the point of need.

Will I still be cared for by the people I have come to know and trust?

Although a new provider has been identified, no visible changes will happen until April of next year at the earliest. Even then, most current staff are expected to continue in their roles, however patients may notice that their uniform or name badge is different.

Between now and April of next year, all services will continue as normal, and patients and families should not notice any changes.

I would like to make a comment or complaint. How can I do this?

The ICB welcomes all forms of feedback, and would encourage anybody who wishes to make a formal complaint to contact our Patient Advice and Liaison Services (PALS) team by sending an email to scwcsu.palscomplaints@nhs.net or calling 0300 561 0250.