

# Responses to public questions submitted to ICB Board meeting in public: 21 November 2024

## Introduction

In October 2024, following a robust 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, over the last two years. 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.

The Board has received questions about the appointment of HCRG Care Group for response at its meeting in public on 21 November 2024. To support the timely and efficient running of the Board meeting, these questions and the Board's responses have been collated into a single document and published ahead of the meeting.

The Chair of the Board will provide a summary of the questions and responses at the meeting in public on 21 November 2024. Further details about our ambition for integrated community-based care are available in our document *Transforming community-based care in Bath and North East Somerset, Swindon and Wiltshire*, which is available [on our website](#), along with some frequently asked questions about the procurement and next steps.

## Questions and responses

Question(s)	Response from ICB
<p><b>Can you tell me how exactly patients and the public were involved in the procurement process, and why the names of two shortlisted providers were not made public as this is not commercially sensitive information?</b></p>	<p>All public sector procurement processes are subject to strict confidentiality rules which limits engagement on the contract.</p> <p>Engagement with patients and the public took place on <a href="#">the Health and Care model</a> and elements of <a href="#">Integrated Care Strategy</a>, which gave us a framework of priorities that fed into market engagement events, with providers. These events shaped the <a href="#">Primary and Community Delivery Plan</a> and subsequent <a href="#">transformation priorities</a> 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:</p> <ul style="list-style-type: none"><li>• Engagement on the <a href="#">BSW Health and Care Model</a> involving over 2300 people, 65 events, surveys and direct conversations.</li><li>• Engagement on the <a href="#">BSW Integrated Care Strategy</a>.</li><li>• Three market engagement events with 225 people in attendance overall representing 69 providers.</li><li>• An online survey specifically for clinical and non-clinical primary care staff to provide feedback on the proposed <a href="#">primary care and community delivery plan</a>.</li><li>• Conversations, discussions and briefings between the programme team and stakeholders.</li><li>• 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.</li></ul>

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	<p>Looking ahead, we are actively considering how we can offer opportunities for involvement and engagement, 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.</p> <p>As is standard practice for procurements of this nature, the names of the bidding organisations were kept confidential to avoid prejudicing the outcome of the procurement.</p>
<p><b>Can you tell me how local authorities and NHS Trusts were involved in discussions over the scope of services included in the final bids?</b></p>	<p>Senior representatives from all three local authorities were members of the Integrated Community-based Care Programme Board that oversaw the procurement process and agreed the scope of services to be included in the specification in the contract</p> <p>Prior to the procurement process starting, the commissioning principles and <a href="#">transformation priorities</a> in this procurement were developed with providers through the market engagement events. VCSE were also present and active participants.</p> <p>Across the three market engagement events that the ICB ran (see question above for more details), 225 people attended overall, representing 69 providers.</p> <p>With reference to the involvement of elected members, once the procurement began, they were given updates at key stages when possible and appropriate, but the ICB was not able to provide details of the bidders or evaluation outcome due to the confidentiality requirements of the procurement process.</p> <p>In addition, the ICB Board, which includes LA representation has made key decisions about the procurement, for example the contract shortlist decision and contract award decision.</p>

Question(s)	Response from ICB
	<p>Local authority representatives were also among 36 evaluators involved in evaluating and scoring the final bids.</p> <p>Going forward, the monitoring of the ICBC contract will be overseen by a joint forum of commissioners, known as the BSW ICBC Collaborative Oversight Forum, which includes local authority representation, in line with national guidance.</p>
<p><b>Were staff and trade unions consulted at any stage in your decision making? (Over 2,000 staff will be transferred out of the NHS to a private provider owned by a private equity company, as a result of your decision).</b></p>	<p>While all people implications were considered as part of the overall procurement process, we recognise that any change is disconcerting, and staff may have concerns about the impact of the outcome of the procurement meaning they will transfer to an independent sector provider.</p> <p>We are working closely with our colleagues in both current NHS providers and HCRG to ensure that staff are supported through this process.</p> <p>HCRG Care Group, like many other independent providers, has partnered with the NHS for many years and employs many former NHS staff. All public sector procurement processes are subject to legal guidance and strict confidentiality rules which limit the information that can be placed in the public domain during the procurement.</p> <p>When the procurement commenced, we formally wrote to all current employers of staff who could be impacted by the procurement to collate possible TUPE information and set out a requirement for existing employers to engage with staff through this period.</p> <p>Recognising the impact that change such as this can have on staff, we also noted the importance of supporting staff through the procurement process and beyond.</p> <p>Ensuring workforce conditions and opportunities for the future is also one of the stated priorities of the procurement and HCRG were required to demonstrate their strategy and track record of</p>

Question(s)	Response from ICB
	not only ensuring adequate provisions for the workforce, but also of engaging and supporting staff.
<p><b>Have you conducted any impact assessments about the effect of your decision (financial and other) on local authorities and NHS Trusts in the region?</b></p> <p><b>Have these been shared with the organisations concerned ?</b></p>	<p>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 over the coming months.</p>
<p><b>What safeguards for BSW community health and care services (and for staff delivering those services) are included in the new 7-year contract awarded to HCRG Care Group in the event of a further* takeover of the company during that time period?</b></p> <p><b>(*With reference to the company's history of acquisition by Twenty 20 Capital in 2021, when its name</b></p>	<p>The new contract for the of integrated community-based care for BSW includes provision for this situation.</p> <p>The contract cannot be transferred to another organisation without the agreement of the ICB.</p> <p>Under procurement law, the new organisation would also have to meet certain thresholds to show its economic and financial standing and technical ability to provide the services.</p> <p>If HCRG continues to hold the contract, but there is a change in the ownership of HCRG, then this would be a change of control in the contract and it must notify the ICB and provide the ICB with any further information it requests.</p> <p>The contract restricts all private providers from allowing a restricted person, which is defined below, to hold five per cent or more of the total value of any security in the provider or provider's holding company.</p>

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<p><b>changed from Virgin Care to HCRG Care Ltd.)</b></p>	<p><b>Restricted person:</b> (i) any person, other than an organisation whose primary purpose is to invest its own assets or those held in trust by it for others, including a bank, mutual fund, pension fund, private equity firm, venture capitalist, insurance company or investment trust, who has a material interest in the production of tobacco products or alcoholic beverages; or (ii) any person who the Co-ordinating Commissioner otherwise reasonably believes is inappropriate for public policy reasons to have a controlling interest in the Provider or in a Material Sub-Contractor.</p>
<p><b>How will the new contract provider HCRG Care Group notify the ICB of any financial surplus accrued from efficiencies in contract delivery?</b></p>	<p>There is a fixed financial envelope, and the provider is contractually required to deliver the services from within this funding and to meet various commitments, for example to spend at least £7 million a year with the voluntary sector by the end of year two.</p> <p>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 the context of the delivery of the services.</p> <p>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. Any additional surpluses generated through efficiency in the delivering the services in the contract will be invested in the delivery of the outcomes.</p> <p>The ICB will oversee the contract through a joint forum of commissioners known as the BSW ICBC Collaborative Oversight Forum which includes local authority representation, in line with national governance.</p>

Question(s)	Response from ICB
<p><b>How will the ICB monitor the actions of HCRG in reinvesting any efficiencies (in the form of financial surplus) into the delivery of community health and care services?</b></p>	<p>Please see answers above.</p>
<p><b>Can the ICB reassure the public that any publicly-owned NHS premises (including Wiltshire Health and Care premises - clinics, offices and community hospitals) used by HCRG Care Group for the delivery of community health and care services from April 2025 will remain in public ownership?</b></p>	<p>HCRG Care Group will not take ownership of any estate.</p> <p>HCRG is required to provide a range of services across the ICB footprint and will be using the existing estate to enable the provision of those services.</p> <p>The estate will remain within the core NHS estate. HCRG and the ICB will develop an estates strategy by the end of year two.</p>
<p><b>What specific quality metrics and innovations did HCRG propose that exceeded those potentially offered by NHS providers' proposal?</b></p>	<p>The specifics of all bidders' solutions are confidential. However, throughout the procurement process we invited bidders to set out how they would deliver our <a href="#">transformation priorities</a> and submit their response to the requirements of the contract.</p> <p>We took these responses and scored them against the significant requirements of the contract.</p> <p>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, as well as holding both good and outstanding ratings by the Care Quality</p>

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	<p>Commission, that this appointment will be a positive and exciting development for local patients and service users, and the wider community.</p> <p>HCRG will be sharing more details of its proposals, and opportunities to take part in co-design and other engagement early in the New Year.</p> <p>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 Joint Oversight Forum.</p>
<p><b>How does the board anticipate HCRG will maintain or improve the quality standards already upheld by Wiltshire Health Care (WHC) and the NHS locally?</b></p>	<p>HCRG will be held to account for supporting the delivery of our ambition for transforming community based care in BSW, which will see people in Bath and North East Somerset, Swindon and Wiltshire receiving more health and social care in or near their homes, in a more joined-up and streamlined way.</p> <p>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.</p> <p>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.</p> <p>HCRG will be expected to deliver the <a href="#">transformation priorities</a> set out within the ICBC contract.</p> <p>Some of the early initiatives set to be introduced by HCRG include:</p>



Question(s)	Response from ICB
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Inappropriately located or outdated buildings will also be refurbished or phased out (this will not happen immediately and there will be conversations with patients, service users, staff and the public about any changes).</li> <li>• 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.</li> </ul> <p>Services delivered currently by HCRG in BSW are rated as either good or outstanding by the CQC.</p>
<p><b>In what ways does HCRG's approach to innovation in care delivery support improvements in patient outcomes? How will these be measured and monitored over time?</b></p>	<p>Please see answers above and below.</p> <p>The monitoring of the contract will be overseen by a joint forum of commissioners, known as the BSW ICBC Collaborative Oversight Forum, which includes local authority representation, in line with national guidance. The ICBC contract includes an outcomes framework which sets out the requirements of the contract, what outcomes will be delivered as a result and how they will be measured. Within the contract there are also specific mandated quality measures.</p>

Question(s)	Response from ICB
	<p>As a provider of health and care, HCRG Care Group's performance will also be reviewed by the healthcare regulator the Care Quality Commission and NHS England pursuant to its provider licence.</p>
<p><b>What specific cost or value advantages did HCRG provide over NHS providers proposal, and how will these be reflected in service quality and patient outcomes?</b></p>	<p>HCRG was chosen to deliver these services based on its response to the procurement and requirements of the contract.</p> <p>There is a fixed financial envelope, and the provider is contractually required to deliver the services from within this funding and to meet various commitments, for example to spend at least £7 million a year with the voluntary sector by the end of year two. 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.</p> <p>Out of the bids received, HCRG scored the highest, and we are confident that given their strong track record, which includes already providing many community-based services in parts of Bath and North East Somerset, the appointment will be a positive and exciting development for local patients and their families.</p> <p>We cannot provide details about or comparisons with other bids as these are confidential to the procurement process.</p>
<p><b>How does the cost-effectiveness of HCRG's proposal compare to NHS providers and WHC projections for delivering these services over the same period?</b></p>	<p>Please see answers above.</p> <p>HCRG was chosen to deliver these services based on its response to the procurement and requirements of the contract.</p>

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	<p>There is a fixed financial envelope, and the provider is contractually required to deliver the services from within this funding and to meet various commitments, for example to spend at least £7 million a year with the voluntary sector by the end of year two.</p> <p>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.</p> <p>We cannot provide details about or comparisons with other bids as these are confidential to the procurement process.</p>
<p><b>What provisions are in place to ensure that any cost savings do not come at the expense of quality, accessibility, or workforce welfare?</b></p>	<p>The monitoring of the contract will be overseen by a joint forum of commissioners, known as the BSW ICBC Collaborative Oversight Forum, which includes local authority representation, in line with national guidance. This includes the monitoring of outcomes, quality and finance. The Care Quality Commission will also assess the quality of community services.</p> <p>There is a fixed financial envelope, and the provider is contractually required to deliver the services from within this funding and to meet various commitments, for example to spend at least £7 million a year with the voluntary sector by the end of year two.</p> <p>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.</p>

Question(s)	Response from ICB
	<p>Accessibility is a key element of the new contract and ensuring that local communities have access to consistent services.</p> <p>Within the contract there are also specific expectations regarding workforce, for example:</p> <ul style="list-style-type: none"> <li>• Developing a short, medium and long term workforce plan to ensure a strong and sustainable workforce,</li> <li>• Making best use of the diverse range of skills within the workforce and communities</li> <li>• 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.</li> <li>• 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)</li> <li>• 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.</li> </ul> <p>In addition to this, HCRG 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.</p>
<p><b>What unique contributions will HCRG bring to integrating services across health and social care that</b></p>	<p>Please see response to previously answered question.</p>

Question(s)	Response from ICB
<p><b>could not be achieved by the NHS trusts proposal?</b></p>	<p>Throughout the procurement process we invited bidders to set out how they would deliver our <a href="#">transformation priorities</a> and submit their response to the requirements of the contract.</p> <p>We took these responses and scored them against the significant requirements of the contract.</p> <p>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 service users, and the wider community.</p> <p>We cannot provide details about or comparisons with other bids as these are confidential to the procurement process.</p>
<p><b>What assessment was made of the potential impact on NHS service sustainability and local healthcare workforce stability in awarding this contract to an external for-profit provider?</b></p>	<p>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 over the coming months.</p> <p>Our focus during the mobilisation period is to work with the incoming provider, as well as the existing providers, on a smooth transfer to the new arrangements. As part of mobilisation, HCRG is required to work to a short-term transition plan that recruits and retains staff with access to health and wellbeing support. The plan details how the workforce is safe during early transition.</p>

Question(s)	Response from ICB
	<p>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 service.</p> <p>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.</p>
<p><b>What assurances does the board have that HCRG will match or improve WHC and NHS levels of access and choice, particularly for underserved or vulnerable populations?</b></p>	<p>The focus of our plans for the future of integrated community-based care is on levelling up services, removing unwarranted variation and tackling health inequalities across BSW. HCRG's bid demonstrated that their vision for reducing health inequalities mirrors that of our own, and we will work collaboratively with the group, both now and over the course of the contract, to ensure this happens.</p> <p>The new contract is designed around <a href="#">transformation priorities</a> and an outcomes framework that is informed by the BSW <a href="#">Integrated Care Strategy</a> and <a href="#">Primary and Community Delivery Plan</a>.</p> <p>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.</p> <p>The <a href="#">transformation priorities</a> that HCRG are required to deliver under the contract will support new ways of working, improve health outcomes and improve people's experience of community-based care.</p>

Question(s)	Response from ICB
	<p>This contract includes an outcomes framework that HCRG will be expected to deliver against. This will allow the ICB to measure progress on delivering the <a href="#">transformation priorities</a> and long-term improvements in services and support provided to people across BSW.</p> <p>Contract monitoring will be overseen by a joint forum of commissioners, known as the BSW ICBC Oversight Forum, which includes local authority representation, in line with national guidance.</p>
<p><b>What measures will HCRG implement to reduce health inequalities, and how will these be monitored and evaluated over the duration of the contract?</b></p>	<p>See previous responses regarding the <a href="#">transformation priorities</a> set out by the ICB and the monitoring of the contract against an outcomes framework.</p> <p>Some of the early initiatives set to be introduced by HCRG include:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Inappropriately located or outdated buildings will also be refurbished or phased out.</li> <li>• 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.</li> </ul>
<p><b>How does HCRG's proposal specifically address local health</b></p>	<p>Please see above, along with answers to previous questions regarding the HCRG bid.</p>

Question(s)	Response from ICB
<p><b>disparities, and in what ways does this differ from or improve upon NHS and WHC approaches?</b></p>	<p>We cannot provide details about or comparisons with other bids as these are confidential to the procurement process.</p>
<p><b>What specific social value benefits does HCRG's proposal offer that are expected to positively impact the local community, particularly regarding employment practices?</b></p>	<p>As part of procurement evaluation, 10 per cent of the score was weighted to social value benefits in line with central guidance.</p> <p>The commitments made by HCRG within their bid form part of their contract.</p> <p>Along with their bid which scored highest during the procurement process, since 2006, HCRG has delivered more than 200 community services within the local area, and has employed more than 1,300 NHS staff across Bath and North East Somerset, Swindon and Wiltshire.</p>
<p><b>How will the board ensure HCRG's employment practices (pay, training, stability) align with NHS employment standards?</b></p>	<p>Existing staff will transfer under TUPE regulations, which protects their pay and terms and conditions and, in addition, those with access to the NHS Pension will retain it.</p> <p>As part of the procurement process, HCRG was required to set out both its overall workforce strategy and initiatives, as well as to identify specific short-term and long-term plans for recruiting and retaining the appropriate workforce.</p> <p>We understand that HCRG is well rated by its current staff.</p> <p>It is required to report to the ICB regularly both quantitative and qualitative metrics to demonstrate it is delivering on its commitments and acting as a responsible employer.</p>



Question(s)	Response from ICB
	<p>The contract that HCRG has been awarded is based on the NHS Standard Contract and includes the same provisions on staff that are in all NHS trusts' contracts, including Freedom to Speak Up and staff health and wellbeing provisions.</p>
<p><b>Can the board confirm that HCRG will fully adhere to NHS Agenda for Change terms and conditions for all staff throughout the duration of this contract, ensuring that both transferring and newly hired employees retain NHS Agenda for Change terms and conditions, including pay, holiday entitlement, and pension benefits?</b></p>	<p>Through the procurement process, HCRG has demonstrated that it has appropriate arrangements for its workforce, including robust pay and reward policies.</p> <p>Existing staff who transfer will have their existing pay and terms and conditions protected under TUPE, and those who currently have it will retain access to the NHS Pension.</p>
<p><b>What specific commitments has HCRG made to ensure there will be no reductions in pay, benefits, or working conditions for both current NHS staff and new employees under this contract?</b></p>	<p>Through the procurement process, HCRG has demonstrated that it has appropriate arrangements for its workforce, including robust pay and reward policies.</p> <p>Existing staff who transfer will have their existing pay and terms and conditions protected under TUPE law, and those who currently have it will retain access to the NHS Pension.</p>
<p><b>Can the board confirm that there will be no redundancies as a result of awarding this contract to HCRG, and how will they ensure job</b></p>	<p>The ICB will hold HCRG to account for recruiting and retaining the appropriate workforce for delivering the service. Any failure to do so would be investigated and the provider held to account for rectifying the reasons for the failure where these are within their control.</p>

Question(s)	Response from ICB
<p><b>security for all affected NHS staff members?</b></p> <p><b>What processes are in place to monitor job security over the duration of the contract and address any workforce concerns related to redundancies or reductions in working conditions?</b></p>	
<p><b>What mechanisms are in place to measure HCRG's social value contributions, and will these be benchmarked against NHS standards?</b></p>	<p>The performance of HCRG Care Group, both from a clinical and non-clinical perspective, will be subject to the same scrutiny as all other health and care providers commissioned by the ICB, which includes NHS and non-NHS organisations.</p> <p>Social value contributions will be monitored as part of the contract monitoring process. As part of procurement evaluation, 10 per cent of the score was weighted to social value benefits in line with central guidance. The commitments made by HCRG within their bid form part of their contract.</p> <p>The monitoring of the contract will be overseen by a joint forum of commissioners, known as the BSW ICBC Collaborative Oversight Forum, which includes local authority representation, in line with national guidance.</p>

Question(s)	Response from ICB
<p><b>What were the primary reasons for selecting an external provider over the NHS providers proposal?</b></p>	<p>Throughout the procurement process we invited bidders to set out how they would deliver our <a href="#">transformation priorities</a> and submit their response to the requirements of the contract.</p> <p>We took these responses and scored them against the significant requirements of the contract.</p> <p>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 service users, and the wider community.</p>
<p><b>Can the ICB share the business case for awarding HCRG the contract to deliver community services with UNISON the recognised trade union?</b></p>	<p>A business case, in the traditional sense, was not required as the new provider was chosen as a result of the procurement process, and the thorough evaluation of bids by 36 evaluators.</p> <p>All public sector procurement processes are subject to legal guidance and strict confidentiality rules which limit the information that can be placed in the public domain. This protects the ICB and the broader interests of the NHS in securing good value for money from providers on behalf of the taxpayer.</p> <p>The ICB is meeting with UNISON and will provide as much information and context as possible.</p>
<p><b>How does the board intend to monitor HCRG's adherence to contractual commitments regarding quality, social value, and</b></p>	<p>The monitoring of the contract will be overseen by a joint forum of commissioners, known as the BSW ICBC Collaborative Oversight Forum, which includes local authority representation, in line with national guidance.</p>

Question(s)	Response from ICB
<p><b>service integration over the term of the contract?</b></p>	<p>The contract contains the usual safeguards and ability to issue notices, as is standard with all NHS contracts.</p> <p>The new contract is designed around <a href="#">transformation priorities</a> and an outcomes framework that is informed by the BSW <a href="#">Integrated Care Strategy</a> and <a href="#">Primary and Community Delivery Plan</a>.</p> <p>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.</p> <p>The <a href="#">transformation priorities</a> that HCRG are required to deliver under the contract will support new ways of working, improve health outcomes and improve people’s experience of community-based care.</p> <p>This contract includes an outcomes framework that HCRG will be expected to deliver against. This will allow the ICB to measure progress on delivering the <a href="#">transformation priorities</a> and long-term improvements in services and support provided to people across BSW.</p>
<p><b>In the event that HCRG’s performance falls short of NHS standards, what provisions are in place for accountability and potential intervention?</b></p>	<p>Contract monitoring will be overseen by a joint forum of commissioners, known as the BSW ICBC Collaborative Oversight Forum, which includes local authority representation, in line with national guidance.</p> <p>The contract is based on the NHS Standard Contract, which is the same form of contract held by all NHS trusts when delivering healthcare services.</p>

Question(s)	Response from ICB
	<p>It includes safeguards and provisions for commissioners to take a range of actions depending on the severity of the failure from issuing notices through to termination, as is standard with all NHS contracts.</p> <p>The NHS Standard Contract template is publicly available here:  <a href="https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2024-25-particulars-service-conditions-general-conditions/">https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2024-25-particulars-service-conditions-general-conditions/</a></p>
<p><b>To what extent were patient and public opinions considered in the decision to outsource this contract to HCRG, and what feedback has been gathered regarding their preferences?</b></p>	<p>The ICB had a legal duty to proceed to procurement because our existing contracts were ending and there was no scope to legally extend them further. Therefore, reprocurring the contract could not be subject to consultation as it was not optional.</p> <p>Under current law, private companies are entitled to bid for contracts. Therefore, we could not meaningfully consult on who the provider would be or on whether it could be an NHS provider or not.</p> <p>Likewise under the PCR (Public Contracts Regulations 2015, which is the procurement process used for the ICBC contract), the detail of the procurement is not something we could consult on as it is commercial in confidence to protect the interests of the ICB and again a process bound by legal responsibilities (including confidentiality). Additionally, the successful bidder is not something that can be consulted on under procurement rules.</p> <p>The procurement was carried out in line with the requirements of the process, therefore we are required to abide by the outcome.</p> <p>Engagement with patients and the public took place on <a href="#">the Health and Care model</a> and elements of <a href="#">Integrated Care Strategy</a>, which gave us a framework of priorities that fed into market engagement events, with providers. These events shaped the <a href="#">Primary and Community</a></p>

## Question(s)

## Response from ICB

[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.
- 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.

Looking ahead, we are actively considering how we can offer opportunities for involvement and engagement, 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.

Question(s)	Response from ICB
<p><b>Can ICB confirm that they will expect UNISON recognition to continue for the duration of the contractual award?</b></p>	<p>While it is not the ICB's role to dictate the provider's approach to employee relations, the procurement process required bidders to set out their approach.</p> <p>In discussions, we understand HCRG employ colleagues who are members of various unions and as a result have partnerships with various unions as well as partnering with colleagues who are not members of unions. HCRG have committed to engaging with colleagues through several forums throughout the contract, including through existing and new union partnerships.</p> <p>HCRG are also signatories of the BMA consultants' charter, recognising their employment practices.</p>
<p><b>Is there a cap on profits that can be made by HCRG?</b></p>	<p>Not contractually. However, there is a fixed financial envelope, and the provider is contractually required to deliver the services from within this funding and to meet various commitments, for example to spend at least £7 million a year with the voluntary sector by the end of year two.</p> <p>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.</p> <p>The ICB will hold HCRG to account for delivery of the services.</p>
<p><b>What specific measures in the new contract will monitor and improve outcomes for local people with learning disabilities?</b></p>	<p>The new contract has been designed around <a href="#">transformation priorities</a> and an outcomes framework that is informed by:</p> <ul style="list-style-type: none"> <li>• <a href="#">BSW Integrated Care Plan strategy</a> – which is informed by the Joint Strategic Needs Assessments and Joint Local Health &amp; Wellbeing Strategies developed by each local authority</li> </ul>

Question(s)	Response from ICB
	<ul style="list-style-type: none"> <li>• <a href="#">Primary and Community Care Delivery Plan</a> which is also informed by the needs of our local population.</li> </ul> <p>Both of these documents outline the need to provide for a wide range of services, including those designed for people with learning disabilities, and HCRG will ensure that continuity of care for patients is maintained. There is a specific transformation priority related to people with Learning Disabilities, Autism and Neurodiversity.</p> <p>Please see previous answers for details of contract monitoring.</p>
<p><b>Is there a limit to the profits that can be made by HCRG from the BSW contract?</b></p>	<p>Not contractually. However, there is a fixed financial envelope, and the provider is contractually required to deliver the services from within this funding and to meet various commitments, for example to spend at least £7 million a year with the voluntary sector by the end of year two.</p> <p>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.</p> <p>The ICB will hold HCRG to account for delivery of the services.</p>
<p><b>What specific, measurable clinical outcomes have been agreed between BSW ICB and HCRG?</b></p>	<p>The new contract is designed around <a href="#">transformation priorities</a> and an outcomes framework. Please see previous answers for further details on this and how it will be used to monitor the contract.</p>
<p><b>I am a specialist physiotherapist and contribute to an equipment authorisation panel, who will benefit when we save money on</b></p>	<p>This funding will not be paid to HCRG. The equipment services and budget are out of scope of the ICBC contract. Therefore, any savings of the type you note will continue to flow as they do today.</p>



Question(s)	Response from ICB
<p><b>the highly specialised equipment our clinicians prescribe?</b></p> <p><b>Will it be fed back into patient services or become profit for HCRG?</b></p>	
<p><b>Please can the ICB give specific examples of how HCRG scored more highly in the bidding process.</b></p> <p><b>What made it a better bid?</b></p>	<p>All public sector procurement processes are subject to legal guidance and strict confidentiality rules which limit the information that can be placed in the public domain.</p> <p>Throughout the procurement process we invited bidders to set out how they would deliver our <a href="#">transformation priorities</a> and submit their response to the requirements of the contract.</p> <p>We took these responses and scored them against the significant requirements of the contract.</p> <p>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 service users, and the wider community.</p>
<p><b>In this new contract BSW want to reduce the impact of long term conditions and improve the health and wellbeing of local people.</b></p>	<p>Please see previous answers about contract monitoring against the <a href="#">transformation priorities</a> and outcomes framework.</p> <p>As part of the contract, there is a data quality improvement plan which sets out a number of requirements for the provider to meet in terms of data collection.</p>

Question(s)	Response from ICB
<p><b>There is limited data in community health care (locally and nationally).</b></p> <p><b>What will be done to improve data collection to monitor outcomes, service levels and provide the data to demonstrate if these big ambitions are achieved by the providers, including HCRG?</b></p> <p><b>How will BSW ICB hold providers to account?</b></p>	<p>As part of the transformation priorities, all teams will be trained in population health management approaches as well, so that they can understand the impact of services and identify pts and communities who need specific support or with specific health or care needs.</p> <p>The outcomes framework has a set of key performance indicators that are linked directly to each outcome.</p>
<p><b>In line with the Institute of Government 2023 guidance, please share the strategy for explaining to all stakeholders why outsourcing rather than insourcing is being proposed and what trade-offs are expected.</b></p> <p><b>How can stakeholders have confidence in this decision when many similar have not met their objectives?</b></p>	<p>The ICB had a legal duty to proceed to procurement because our existing contracts were ending and there was no scope to legally extend them further.</p> <p>Under current law, private companies are legally entitled to bid for contracts.</p> <p>The procurement was carried out in line with the requirements of the process, therefore we are required to abide by the outcome, which saw HCRG receive the highest score out of all the received bids.</p> <p>Please see previous answers about the <a href="#">transformation priorities</a> and outcomes framework around which the contract is based, and contract monitoring arrangements.</p>

Question(s)	Response from ICB
<p><b>When commissioning the new community-based care partnership, how have we involved residents?</b></p>	<p>All public sector procurement processes are subject to legal guidance and strict confidentiality rules which limit the information that can be placed in the public domain during the procurement.</p> <p>The ICB had a legal duty to proceed to procurement because our existing contracts were ending and there was no scope to legally extend them further. Therefore, reprocurring the contract could not be subject to consultation as it was not optional.</p> <p>Private companies are entitled to bid for contracts. Therefore, we could not meaningfully consult on who the provider would be.</p> <p>Likewise, under the Public Contracts Regulations 2015 (PCR), which was the procurement process we had to use because of when procurement had to start, the detail of the procurement is not something you can consult on as is commercial in confidence and again a process bound by legal responsibilities (including confidentiality). Additionally, the successful bidder is not something that can be consulted on under procurement rules.</p> <p>The procurement was carried out in line with the requirements of the process, therefore we have to abide by the outcome.</p> <p>Engagement with patients and the public took place on <a href="#">the Health and Care model</a> and elements of <a href="#">Integrated Care Strategy</a>, which gave us a framework of priorities that fed into market engagement events, with providers. These events shaped the <a href="#">Primary and Community Delivery Plan</a> and subsequent <a href="#">transformation priorities</a> 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:</p>

## Question(s)

## Response from ICB

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- 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.

Looking ahead, we are actively considering how we can offer opportunities for involvement and engagement, 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.