Original No.	No.	Question	Response
	Procurement		
1	1	The new procurement legislation provides a wider range of procurement options since January 2024. Health services can now be awarded on a direct award basis. One such basis is under category C of the new regulations whereby commissioners can choose to do a direct award "*if the current provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably* ". Alternatively the ICB could use the Most Suitable Provider process. The guidance is clear that the commissioner must be transparent in their choice of procurement under PSR. As the ICB are awarding on an as is basis - HASC would like to know the rationale for using competitive tender under PSR rather than a potentially less disruptive option which would enable existing providers to codesign the transformation that the ICB seeks?	The procurement of community services comes under the Provider Selection Regime (PSR). PSR provides for 5 different contract award processes. Of these, three can be by way of a "direct award". These involve awarding contracts to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another. Direct award process A and B are not applicable to community services provision. With regard to direct award process C, the ICB is going out to the market "as is" but will be looking to improve services over the lifetime of the contract. These future service improvements may trigger the 'considerable change' threshold and leave the ICB open to procurement challenge. In addition, the new contracts will be based on health and care partnership boundaries. This will bring together Medway and Swale under new contractual arrangements. The other two procurement processes are competitive procurement or "most suitable provider" award. Neither of these are formally regarded as direct awards. Whilst there is no formal competition under the most suitable provider process, the ICB is required to consider all likely providers in the market and other relevant information about the market/provider landscape, to determine whether it is able to identify a most suitable provider to deliver the services in scope to the local population. The community services contracts are significant in scale, with a number of potential providers in the market. Based on the information available, including legal advice, the ICB has determined that the most appropriate route is to go out to full competitive procurement.
	Commissioning / Contracting		
20	2	This paper is clearer on your procurement timeframe, approach and challenges, however you are aware Medway commission services on the ICB's behalf. Our contracts uniquely embed health and care outcomes in an integrated approach and achieve good person centred outcomes. We have no certainty these contracts are not included in your recommissioning, for example the Intermediate care contract is mentioned on page 8. We would like your assurance that the contracts we hold for the ICB are not within the ICB procurement, and where our services are mentioned, the commissioning of these services pertain only for Swale. Can you give this assurance?	Any contracts held by Medway Council are for services out of scope of the ICB's procurement. For explicit clarity regarding Intermediate Care, the contract held by Medway Council is for beds which are confirmed as not included in the procurement.

21	3	If they are excluded, what measure will be in place to align Medway and Swale services to ensure consistency and parity?	As referenced in the ICB's Ambitions document (Appendix to the 15.10 HASC paper), the ICB will establish a Community Services Improvement Group, comprising key stakeholders including Council partners. This group will identify and oversee service improvements, as informed by the Ambitions document and supported by Quality and Equality Impact Assessments, KPI/Outcomes performance, and financial modelling/transformation incentives. This work will aim to align services across not only Medway and Swale but also across Kent and Medway to deliver service standardisation and address health inequalities.
23	4	On page 108 you list Health Visiting and School Nursing - these are Council contracts and not in scope for the ICB, therefore why are they identified here? How have the ICB considered the interdepencies of contracts such as these?	The purpose of the section was to confirm examples of services not in the scope of the procurement. The sections states: *Some services are out of scope of the procurement and will be reviewed separately in the future. These include:* *CYP:* • *health visiting* • *school nursing (except special schools)* The independencies of such contracts are being reviewed through an associated project focused on ensuring services, including out of scope services, are fully aligned and procured, as appropriate. This will also be considered as part of the service development models we will work on with HASC and our population.
27	5	Partnership commissioning have a significant and important role in Medway bridging health, social care and, in the case of children, education. We wouldn't want to see this model diminished. How do you see partnership commissioning for adults and children fitting with this model?	We agree this is important part of current and future service development. As part of the ICS, the ICB is committed to continue and build upon our established and effective partnerships, in line with agreed models. While distinct commissioning and provision responsibilities still formally sit in separate organisations, the national direction of travel will see a shift towards strategic commissioning and a more collaborative approach to planning and improving services. This means that, instead of focusing on procurement and contract management, the role of commissioners will be to work closely with key partners across the system (including providers) to understand population needs, determine key priorities and design, plan and resource services to meet those needs.
28	6	The ambitions document says it "has been informed by Joint commissioning approach for SEND (kent.gov.uk) developed in collaboration with Kent County Council" – how has Medway SEND journey informed the document? Why is this not explicit within the document?	We apologies for this; it is a typo and should say "KCC and Medway". The "CYP Joint Commissioning Group" has always had both Councils on it and this is critical to its success and achievement.
33	7	What are the current wait times for an autism assessment for adults and for children? How long have the waits been this significant? How does the ICB propose that providers can have any impact on this just because services have been reprocured? Surely this needs a whole new system approach and significant investment – are the ICB setting new providers up to fail?	The pathway for Adult Neurodevelopment is part of a separate procurement which was discussed at the HASC on 15/10. This is not part of the Community Services Procurement. Waits for children are approx. 4 years. While this is in line with the national picture, we are working hard with partners to address this and don't think it is acceptable for people to wait this long. Work is in progress to ensure that all urgent referrals are triaged and seen as a priority. There is also work ongoing to transform the current pathways-this is a system approach as education, social care and the voluntary sector are key partners. The risks around long waits are well documented and the ICB will work with providers to ensure that they are mitigated and managed as appropriate. Work will continue as part of the transformation programme and additional investment will be explored. We will keep HASC informed of the progress for this.

	Transformation / SV		
6	8	Given HASC have deemed this an SV on the basis that the transformation (which is predetermined - i.e. whilst ICB is procuring on as-is they plan to fully transform services) will happen post award - what opportunity will HASC have to influence the transformation and object should this have a negative impact on Medway residents?	The Ambitions document (Appendix to the HASC paper) identifies that following the award of the contract we will set up the Partnership Improvement Group which will consider proposals for service improvements. We want to discuss with you how best you feel HASC can be involved in the process. The ICB will work with HASC through regular informal and formal meetings to ensure HASC has full opportunity to influence the transformation programme and ensure a position impact on Medway residents. We plan to engage with patients, service users, communities and staff throughout the upcoming service improvements. If any of the service improvement proposals under consideration represent substantial development of or variation in the provision of health services, appropriate formal public consultation will be conducted to ensure services are designed and delivered to meet our citizens' healthcare needs. We will present to the meeting on 30 October some examples and detail on our framework for engagement to discuss together.
7	9	What investment has the ICB identified for the transformation? Providers already have significant waiting lists despite innovation and changes made during the current contract. Transformation cannot be free otherwise services would have already done it . How will the transformation be funded?	The ICB is intending to release to the providers up to 2% of the contract value linked to the costs of key transformational deliverables as they are agreed. There is also likely to be additional investment in community or out of hospital services over the life of the contract. We know that current providers are working hard to innovate but we also know that current providers are also aware of areas for further improvement; some of which are about how services link with other services, some efficiencies and some whole system work. These will also be discussed as part of the development of specific proposals.
24	10	Is the ICB-held transformation fund to support providers to deliver transformational changes (page 109) the 1% contingency outlined in exempt appendix?	No this is a contingency for unforeseen issues at the time of the procurement. This is standard practice in our contracting process.
25	11	Is it equitable that all Lots will get 1% towards transformation when this may be more challenging to achieve in one patch over another – how has this been decided?	Using a % to set the transformation fund means that it is broadly proportionate to the services currently being delivered. Appropriate funds will only be allocated to providers on provision of robust plans that demonstrate value for money for the patient. We recognise that some areas may need a greater level of investment than others and the ICB is committed to "levelling up" services across Kent and Medway. This may, in part, be achieved through service transformation and, therefore, through the transformation fund to support greater provision in the community – an ambition supported by Lord Darzi in his recent report. We hope this will ease the pressure on secondary care but more importantly ensure that patients are treated in the community and are prevented from needing hospital admission where this is not the best place for them based on their needs.
15	12	You note that there are inequities across Kent and Medway and at HASC on 15/10/24 you said that you would level-up. Where is the investment coming from for this? Is there potential that services can be taken away from Medway residents if they aren't currently delivered in Swale for example or reduced to cover both patches?	The ICB plan is to level up, we will not be moving resource from one locality to another; rather we will be targeting investment in to the areas with less provision to bring these up to the level of other areas.

8	13	Swale does not have a NICE compliant pathway for CYP ND and it does not have a community paediatric service (current service only offers ND). Your ambition document says that you want evidence-based services, which would imply adding these services - where will the money come to ensure Swale has NICE compliant and therefore evidence-based offer?	The CYP ND services are not covered as part of this procurement but are part of a separate discussion and procurement (with the exception of a small Swale based service). That withstanding, we will work through the models of care, NICE guidelines and best practice to ensure that we are offering the best service we can with the funds available. We are not looking to move money from one area to another but are looking to level up. In the HASC discussion on this item, the service lead explained that much of the support needed by patients can be met without a medical diagnosis for example and we need to find way to speed up the diagnosis and get the patient the support that they need.
11	14	The ambitions document sets out some key transformational service areas: a) Looked After Children: the ambitions don't seem very transformational - for example having a single care record across Kent and Medway when it is currently delivered by one provider so presumably this already exists - shouldn't the transformation be about ensuring initial health assessments are carried out in a timely way when they are currently less than 60% b) Therapies - by the end of year 1 waiting times will be reported on a dashboard - this doesn't feel very ambitious? What about tackling the waits? c) Why is there no ambition around the very challenging ND waits now at over 4 years in children?	The Looked after Children's pathway is not currently delivered by one provider, it sits within several providers who all use different clinical record systems and different systems for capturing and reporting data. Service Improvement will be driven by the implementation of one system to streamline and maximise efficiencies which will, in turn, impact the ability to achieve targets. National Guidance for Looked after Children's Services is currently being reviewed and when published, will be the catalyst for our wider transformation programme, which will include reviewing resources. Specific areas for improvement will be agreed collaboratively through the partnership. This includes therapies and ND waits, which need to be tackled with system partners. We want to be able to deliver the service that everyone needs and wants but we also have to be realistic; we don't want to make claims that are unachievable and then not deliver them.
12	15	The following were listed as areas of improvement, as captured in the Ambitions Document: •Integration of services •Locality based services •Single clinical record •Children & Young People Elective Community Care •Integrated Specialist Care •Therapies •Community Nursing •Palliative and End of Life Care Some of the bullet points are not necessarily areas of improvement but rather a list of services - Children & Young People Elective Community Care, Integrated Specialist Care, Therapies, Community Nursing - what improvements are you seeking from community nursing or children's therapies	These areas are the areas of focus for the transformation programme but the specifics of the agreed improvements will be developed through working collaboratively across the partnership.

29	16	We had a SEND inspection in 2018 and this was repeated in 2024 - despite many efforts from the provider, commissioners and wider system waits across therapies and community paediatrics have increased in that 6 year period. Without significant investment and an increased workforce that doesn't exist - how do you expect providers to drive transformation within 1 year?	We were pleased that the huge amount of work we have done together with the Council was noted in the Medway SEND inspection in February 2024. The inspectors recognised that waiting times in Medway in some services are better than the national waiting times, but also reflected our assessment that these waiting times are not good enough and there continued to be a challenge we want to meet together. Investment has gone into much earlier support for families in Medway whilst waiting for assessments. Work is already underway to look at models of care for therapies and how to support the workforce, etc and will continue through the transformation programme. We will continue to keep HASC informed of these plans and proposals.
34	17	What should we tell SEND inspectors in November when they will want to know how we are addressing waits?	Through the SEND Partnership Board, we are working collaboratively to improve waits and support families whilst waiting. This was recognised in the last inspection and the work continues. Together with Medway Council we are committed to seeing improvements in this area continue.
	Population Health Needs		
2	18	The profiles in Annex A carried out by the Public Health team are good population level assessments of need – however they are strategic level. How do you know what the needs of the population are without a full and robust needs assessment? And how can the provider predict how to design future services without this especially if they are for example and out of area provider?	We will work through the development of services based on need and fully accept that these must be underpinned by a good understanding of population need and a robust needs assessment to inform the design of future services. Some of this will be gathered through data analysis and PHM work, some of this will be gathered through engagement and talking to people but it will underpin what we do.
3	19	You say that consideration has been given to the HCP profiles: what do the HCP profiles tell you about the needs of children with disabilities, or neurodivergent children - how does it show how these needs are changing?	The HCP profiles help to inform disease prevalence by location and activity and cant provide the detail needs of relevant groups in the profiles, these profiles have been developed and shared by MCC PH team and welcome continued insights to inform commissioning at local partnership level. The needs of these groups will be reviewed and discussed in the next phase of engagement.
4	20	Does the M&S HCP profile provide insight into the needs of special schools and clinical capacity challenges as they expand? If not, what information source have you used for this?	Special nursing is currently under review as there is a national drive to bring children closer to home. This review includes capacity and demand planning and will feed into the wider transformation piece.
5	21	Does the HCP profile, upon which you have relied, capture waiting times and the impact of those on families? If not, what information about waiting times have you used?	The ICB has used national and local activity and waiting times data.

	CYP Vision / New Model of Care		
9	22	What is the new model of care for children? Presumably not the same as adults as many children's community services are not on a hospital discharge pathway - such as long term disabilities, behavioural concerns, ADHD, Autism etc	The Model was included in the 15.10 HASC paperwork as Appendix 2.
10	23	There is a vision for Children's services in the ambitions document although arguably not a model of care. This vision seeks locality based teams delivering early intervention, system expert at point of triage and neighbourhood level workforce. This is indeed ambitious and would require significant investment in terms of money and workforce - where will this come from? Are you expecting providers to achieve this all alone and within existing budgets?	We are expecting to have a whole system transformation programme to work on the challenges collaboratively.
26	24	The ambitions document for children sets out the plan to deliver "the Balanced System" for speech and language across all of K&M. Medway do not currently deliver the balanced system – could the ICB explain how they will ensure that staff from Medway won't be expected to stretch across to Swale, or other areas of Kent to deliver the balanced system and how this will be funded for Medway?	The Balanced System is already funded for Kent including Swale. The procurement is "as is" so there is no expectation regarding Medway staff "to stretch across to Swale". The ambition will be that The Balanced System is introduced in Medway as part of the transformation programme.
	Engagement		

14	25	What specific engagement have the families of Medway (and Swale) had around the procurement of these services, the potential for transformation and what this might look like and the impact this may have on them? How many schools have been consulted on this procurement? How many special schools have been consulted specifically? How have you engaged with Medway Children's Social Care so they understand the implications and can inform transformation?	The first step of engagement was to understand what we had already heard. We know that engagement and involvement related to children's services had taken place in recent years and we wanted to build on the views and feedback families and young people had already provided. We reviewed a variety of reports, including engagement with children and young people in colleges and youth forums to develop a Kent and Medway children's and young peoples strategy, Involving Medway and Swale projects looking at local views, Healthwatch feedback and surveys of families to develop integrated children's services in Medway and feedback used to develop Child Friendly Medway. In addition to the two specific online events on children's services, we attended events in the community to gather views. Two of these were Medway-based events aimed at children and young people and families. These were Medway Young People's Town Hall event in May and the Healthy Medway Stay and Play Group, for parents and carers with children aged five and under in June. We also worked with a number of community organisations to look in depth at people's experiences. Medway Parents and Carers forum spent time talking to families on our behalf, to understand their priorities for community services. All planning for engagement around children's community services was done in partnership with Medway Council's children's team which attended all planning meetings, advised on how to best carry out the engagement and led one of the online conversations.
30	26	Across Medway and Swale HCP there are 110,991 children and young people alone. Across the whole of Kent and Medway you have engaged with less than 200. This is a very small proportion of children, parents and professionals in M&S. How does this fit with the ethos of "Listening to children, young people and their families' experiences, as a core feature of the children and young people's system in Kent and Medway"? Does the ICB believe that engaging with less than 1% of public and professionals on the largest NHS commissioning in the country currently is sufficient?	The number would not be sufficient if it were the only engagement we were planning. While we agree that a relatively low percentage of the total population responded in the first phase of engagement, we broadly advertised opportunities, through print and digital advertising, as well as asking all partners, councils, district councils and NHS partners to share messaging to reach as many people as possible. We also attended targeted events where our audiences may have been and worked with community groups to hear from those less likely to engage. We would expect, as we progress through phases two and three and are speaking about specific services or pathways, more people who use those pathways to be involved as they have a specific connection to and understanding of services being considered. We welcome support from our partners in getting out the message around this important work during the coming engagement.
31	27	You said that there were face-to-face and online engagement events based within the four HCP areas. We believe that there were only 2 online events for children run in the summer holidays - is this correct?	That is correct. Through conversations with Medway Council's Children's Team, it was flagged that parents in Medway had recently been asked for their views a number of times, for example during the substantial work to develop Child Friendly Medway and a lot of those engagement outcomes could be used without needing to repeat similar questions to families again - a danger of engagement fatigue. Neither event was over subscribed despite digital advertising of the children's events reaching more than 77,000 people.
22	28	And what engagement has been offered to reach those with low mobility, low literacy levels and/or neurologically diverse?	In-depth interviews were carried out with housebound patients to make sure we heard from those who weren't able to attend events. We also worked with community groups, which represent specific communities to make sure we heard from people with a range of needs. For children's services, we worked with Medway Parents and Carer Forum, an independent, pan-disability, parent-led charity for young people with special educational needs and/or disabilities (SEND) and their families. We also worked with 21 Together, which supports children and young people with down's syndrome and their families. For adults, we worked with nine organisations, including Kent association for the blind, HiKent, Disability Assist and Diversity House.

	CYP Age Transition		
16	29	Medway services are up to 19 - by and large Swale services are up to 18 - which will new contract be? If 19 - where is the additional money coming from? If 18 what happens to Medway families and how have they been consulted? If remaining as is – are you expecting one provider to offer different aged services across the patch?	The MCH service specification has been updated to reflect future provision into Swale (as LOT 5) so the same age criteria will be used. (up to 19). Age ranges will continue to be reviewed as part of the transformation work and additional funding options will be explored.
18	30	The table of transition of care shows the fragmentation across Swale compared to Medway - if the new service is expected to transform how can this be done without pulling resource away from Medway? E.g. management time, contracts and finance time, expertise from lead Medway clinicians etc.	The financial envelope for each lot, including Medway and Swale – Adults and CYP - will reflect the year end outturn as well as support for future transformation work through the planned Transformation Fund (1-2%). The successful provider(s) will use these funding streams to ensure delivery of current services as well as agreed service transformations to address fragmentation and health inequalities.
19	31	If adult services are only for 18 plus in new contract but services currently see 16+ how have families been consulted on this and has the money been moved across from adults?	The model in the ITT will have the necessary services required to delivery the relevant care required for each individual CYP. Our ambition is to align to the Children's act of 2014 and 18 years old being the definition of an adult. It has been assessed as not having a significant impact. It would be helpful to receive clarity on the service referenced so we can give HASC the as-is assurance.
	Workforce		
32	32	How is the ICB working with providers to cover vacancies and gaps in large number of key workforces across health services e.g., speech and language therapies, occupational therapies, community paediatricians?	We have ongoing discussions with the provider trusts Chief People Officer (CPO) teams and a formal monthly meeting with Paul Lumsdon and the CPOs in which we support them in their recruitment and retention. We work with the region and the providers regarding taking forward career pathways and monitoring temporary and substantive staffing with the intention of reducing temporary staffing, along with an increase in our substantive staffing position. This is monitored and reported on a monthly basis. We also work with our local universities with regard to the future pipe line for all professions.