Specification Development Workshop 3 – West Kent

Specification Part One - Introduction/ Strategic Context

Q. The specification doesn't mention frail older people?
A. This will be reflected in the next version of the specification.

Q. The specification includes deprivation indices for older people, does this mean you want services to focus on this part of the population?

A. This is not what we were trying to get across by including these figures, the deprivation index is included as a way of trying to provide an indication of the numbers of people who might look to access services.

Q. Should there be an evaluation question regarding how providers will reflect local need?

A. This is being considered.

Q. The specification references three levels of service – preventative services, services that delay deterioration, and support for more vulnerable people. How much money should be spent in each of these areas?

A. The local needs of the population in each contract area should be reflected in the division of the contract budget.

Q. Do you have data from the Community Navigation contract that will help providers know where the greatest needs are?

A. We do have data from the Community Navigation contract, we will provide what information where we can when the procurement documents are released.

Q. How will you manage the risk that potential providers will provide services and report on targets linked to these that are easy to achieve, and instead ensure that the services reach all those that need it?

A. We will look further at the specification to see how we can reflect this requirement.

Q. Some areas of Kent have a very diverse population and this should be reflected in the service, for example accessibility for people with language barriers.

A. The specification will make equality of access a requirement.

Q. With regards to the sensory specific specification, it reads that the service is available to all adults where as it is currently only available to those aged over 65, is this the case?

A. We will clarify this in the specification.

Q. Wil the CCGs be contributing to the funding of any services?

A. At the moment only the Carers Short Breaks is being joint funded by the CCGs. Dialogue with CCGs is ongoing however, so there is a possibility that over the lifetime of the contracts this may change.

Specification Part Two - Aims and Objectives

Q. The first paragraph says 'developing a range of activities' should this be delivering?

A. We will look at this wording, it could be potentially both developing and delivering.

Q. There seems to be a big overlap with Community Navigators and other services such as Community Mental Health. Should there be a commitment to working with each other?

A. Synergies and relationships between providers in Kent are a fundamental aspect and will form part of the Invitation to Tender.

Q. The specification refers to providers having a knowledge of specialist providers – is this not the role of Community Navigators?

A. Referrals may come from other routes as well as community navigators, providers will require an awareness of other services in their local community in order to work with other organisations where needed, and support people to access specialist information and advice.

Q. How will you ensure the successful providers of different contracts collaborate?

A. It is our intention to create a management board that can be used best practice sharing, information sharing, and including where relevant a community navigation contract representative, or other relevant organisation.

Q. These contracts are about preventing people from needing to access social care, it comes across as a contract for self-funders

A. This is not how it was designed to come across, we will look in to this.

Q. Should person centred support should be an activity in itself within the specification?

A. We will look into adding this in the specification.

Q. Who will be eligible for dementia services –only those that have been diagnosed?

A. We will most likely specify services that target those with a diagnosis, this doesn't mean that those without a formal diagnosis cannot join.

Q. Will there be dementia specific workshops?

A. Yes further workshops will be run as part of phase 2 and 3.

Q. Is there an expectation that there will be a lead bidder for each contract?

A. We are not specifying the make-up of how providers organise themselves to deliver the model. There will be one contract for each area.

Q. Do providers need to keep back a contingency for emerging needs within the contracts' financial envelopes?

A. It is for providers to decide the best way to use the budget. We don't want to take money out of the contract values, so have not yet decided how potential innovation grants may be run alongside these contracts. There is nothing stopping providers proposing to hold money aside for innovation grant funds or similar.

Specification Part Three - Personal Outcomes

Q. What about people who need to be supported to get advice and information?

A. We will look at this outcome further to clarify this requirement.

Q. Under 'My community', it is a shame that there isn't something that says I am able to contribute to my community?

A. We will look at this, we have been trying to limit the number of outcomes to keep the contract management administrative burden to a minimum.

Q. Proving outcomes is often very difficult. What KPIs do you think will be used?

A. Providers will be setting their own KPIs as part of the bid, these will be based on the Personal Outcomes in the specification. The reporting framework will be implemented after the first year of the contract to allow for baselining.

Q. How will you get consistency across the county?

A. Where there are synergies we can bring data together, it may be that we demonstrate the same outcomes across contract areas, even if different measurements lie beneath this.

Q. You aren't setting any volumes on numbers of people?
A. We will look at this for the procurement documents.

Q. If it is down to providers to tell you how many people need supporting, how do you know that they are reaching everyone that needs support?
A. We will work with providers throughout the contract period to look at levels that are achievable.

Q. The system outcomes look unachievable with an increasing ageing population.
A. We will not be measuring provider performance (via KPIs) on the system outcomes, only the personal outcomes.

Q. 'I don't feel lonely' might need to be revisited – for some a good outcome could be to feel less lonely.
A. We will reflect this.

Q. Once people have met outcomes at a group where will they go? Providers may be tempted to get a new group of people in to purely to achieve more outcomes.
A. It may be the case that a group can evolve over time, for example the group could expand, change frequency, or take on new strands.

Q. Client dependency on a service will affect any provider, and their ability to meet KPIs?
A. This will be something that the management group could have overview of and steer.

Q. There is a risk that smaller, niche providers will get lost in process as it becomes all about the numbers.
A. We will consider this as we finalise the specification.

Specification Part Four - Social Value

Q. Does 'Good Employer' include volunteers?
A. Yes, for our contracts it will do.

Q. Could the environment be covered in the social value section as well?
A. This requirement will be added in to the specification

Q. How much control/ advice will KCC give to any lead provider regarding which smaller partners/ sub-contractors they work with?
A. It will be up to any lead provider who they work with.

Presentation Slide 5 - Contract Values

Q. the 20/21 figure reflects the grants, and that figure is effectively frozen for the next year. There is no provision for extra time taken in contract management, or growth.

A. That is the case. We have to work within the budget that we have been given.

Q. Have KCC allocated a budget to transforming into a commissioning authority? Has this been missed with this contract?
A. We will take this back and escalate the concern regarding the budget for the services.

Q. How were the budget figures calculated/ weighted?
A. It is based taking in to account the population growth in the future and using several indicators within that.

Q. Can you drill down on the population figures even further within a geography? Or will you ask for that in the responses?
A. We haven't done this, we have done it only at contract level. We will be asking about local knowledge. We will put in a request to have it broken down further, and if we can provide any further information that will help you we will.

Slide 6 - Procurement process

Q. Have there been discussions regarding quality versus price assessment?
A. We are currently considering an 80/20 split between quality and KPIs (value for money)

Q. Is change expected straight away at service commencement?
A. If the successful provider is already providing services, change will be expected to be gradual. Whether the new providers are existing providers of services or new providers, we will work with them to plan the transition.

Q. What provision is being put in place for those current providers that aren't successful, if people need to be transferred?
A. We will take this back and get back to you.

Q. Is there a limit to the number of contracts that people can bid for, or be successful on?
A. There will be no limit put in place.

Q. At the negotiation stage, will there be the option to add/ change partners if this is thought of as necessary? As providers will have ben named/ finance checked at SSQ stage.
A. We will check this.

Q. How will we know when the procurement is live?
A. It will be on Portal, we will send the link via email.

Q. How will you be applying the value for money evaluation?
A. This will be fully explained in the tender documents. At the moment we are proposing to treat each of the personal outcomes and the KPIs for these equally.

Specification Development Workshop 3 – Thanet & South Kent Coast

Specification Part One - Introduction/ Strategic Context

Q. Your catchment of people for these services is huge, how can you offer a service to this wide range of people. My main concern is about frail older people. What happens to those people if you don't specify that services should include them?

A. A requirement to provide services for frail older people will form part of the specification. We won't be specifying where/ what you should be sending the money on, but understand you want some guidance. We will be stating an aspiration of what kind of services the contract budget should be spent by the end of the contract period.

Q. Will there be enough funding to meet all these peoples' needs? Funding will have to be spread very thinly?

A. The services are designed to be preventative, but they also need to be person centred, this will dictate what services need to be provided through the contract within the funding available.

Q. What are the CCGs providing towards these services?

A. At the moment they are only putting funding towards Carers Short Breaks services. Discussions to encourage them to contribute are ongoing, there is an awareness by the Council and CCGs that NHS Link Workers will need services with capacity to refer into.

Q. Regarding the measuring of the outcomes – if this is left open, will providers need to agree what tool they use so that everyone is using the same tool?

A. At KCC the measurement tool that we want used as standard hasn't yet been decided, so it may be that discussions are had with providers regarding the possibility to align further down the line, if is this is appropriate and not too disruptive.

Q. Is there a risk that the goal posts change, and services become available to a wider age group than over 55s?

A. We would push for those services to picked up through other services; and push for these to continue to focus on older people.

Q. Is the income deprivation statistics in the specification telling us that this is where services should be focused?

A. We have used this indicator as an indication of numbers of people that might look to access the services, but that is all. Income derivation was only one of the indicators used to complete the financial modelling.

Q. It is hard to identify some people's vulnerability, e.g. in relation to what they are able to contribute towards services. How do you propose that this is done?

A. Providers are best placed to determine what people are able to contribute, and their policies regarding this.

Q. The service will be available to support people even if they are known to KCC social care, is that correct?

A. Yes, these services can sit alongside statutory services.

Specification Part Two - Aims and Objectives

Q. Setting up the monitoring and measurement requirements of the service seems quite doable. Lots of organisations are already doing this, so then it becomes about proving it.

A. Yes this is what we hope.

Q. It would be useful to have a steer on what Community Navigation services are navigating in to.

A. We have some data on this, which we will include within the procurement documents. Community navigators primary care Link Workers, social prescribers are referral points in to these services (as well as self-referral). Information and advice is part of these wellbeing services as well.

Q. In terms of consistency of services, the population is very diverse across South Kent Coast and Thanet, is there a steer what you would like to see?

A. There is flexibility in what is provided across areas, which should be based on evidence of local need.

Specification Part 4 – Personal Outcomes

Q. Regarding the personal outcomes – is there an expectation that people will exit the service if outcomes have been met?

A. Potentially, people could go in and out. All down to individual circumstance.

Q. How do providers define who is a user of the service? Does it have to be for a certain period of time?

A. Providers will determine the most appropriate level of interaction. If someone is engaging with the service beyond a simple contact, then that can be measured regardless of length of interaction.

Q. How will success be measured over different kinds of services (e.g. a time-defined course versus day services)?

A. It is down to the provider to determine how they manage this ofr each of the types of service provided.

Q. How will you monitor what providers are telling you in relation to how many people they are supporting?

A. There will be a provision for contract audits.

Q. What level of detail are you expecting from providers in terms of data on the people helped?

A. Providers will usually have a database of people who access their services, we don't want to add to many extra layers of reporting.

Q. Will there be an audit of smaller services under the lead provider as well as the lead provider?

A. In this situation our contract would be with the lead provider, so it would be down to the lead provider to manage their delivery network.

Q. The results of the public consultation said that people thought that a place to call their own was important, where is this reflected in the specification?

A. A report of the consultation will go out as part of the tender documents so that providers can see the results when developing their bids.

Presentation Slide 5 - Contract Values

Q. Have you got a breakdown of what services are currently provided through grants in what areas? It would be useful to know what assumptions have been made about this?

A. Figures were published in the Cabinet Committee report, we will look at how these figures were reached and publish this.

Q. How will the contract funding work in practice?

A. We will issue an annual purchase order, with payments made monthly in advance.

Presentation Slide 6 - Procurement Timetable

Q. The procurement procedure contains some very short timescales, particularly for charities, this creates a lot of pressure

A. We will take this back and bear it in mind for future phases of this project.

Q. Does everyone in a consortium need to return Selection Questionnaire?

A. If there is a lead provider, they will be completing the documents, they will need to provide evidence on behalf of all those in the partnership where asked to do so.

Q. Can a single provider bid?

A. Yes, if they feel they can meet the specification in full on their own.

Q. Will past contract performance be evaluated in the Selection Questionnaire?

A. We will ask for evidence of experience of delivering similar services in the past

Q. Will you be using the same procurement process for all contracts?

A. That is the current proposal.

Q. A lot of providers might be providing services that cross over multiple phases. If they don't win at phase 2, it might affect their ability to continue to provide phase 1 services that they have already won. How will this risk be addressed?

A. In terms of putting bids together we would be expecting part of budget to go towards back office/ overheads. This risk will be escalated.

Q. Can you confirm that the dementia service contract will be for post-diagnosis?

A. It will be primarily for people post-diagnosis.