

## **CABINET**

**17 NOVEMBER 2020**

### **GATEWAY 1 PROCUREMENT COMMENCEMENT: RESIDENTIAL AND NURSING CARE SERVICES**

Portfolio Holder: Councillor David Brake, Portfolio Holder for Adults' Services  
Report from: James Williams, Director of Public Health  
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#### **Summary**

Medway Council has a statutory duty to provide and support vulnerable individuals, should they require residential or nursing care services. Residential care services support a person's health, wellbeing, and safety, assisting individuals with everyday tasks such as personal care. In addition to the services offered at a residential care home, a nursing home will provide 24-hour care and support for people who require supervision and care from a registered general nurse (RGN).

All residential and nursing care homes require Care Quality Commission (CQC) registration.

Medway Council currently has 29 (twenty-nine) Residential and 12 (twelve) Nursing homes CQC registered for people over the age of 65 years. For working aged adults there are 32 (thirty-two) learning disability care homes and 8 (eight) mental health care homes registered with the CQC, for people between the ages of 18-64 years.

Medway Council intends to jointly procure these services with NHS Kent and Medway Clinical Commissioning Group (CCG), to provide residential and nursing care across Medway.

This Gateway 1 report has been approved for submission to the Cabinet after review and discussion at Children's and Adults' Management Team (CADMT) on 5 October and Procurement Board on 21 October 2020. The CADMT has recommended that this project be approved as a Level 4 (Category B) High Risk Procurement.

The report requests Cabinet approval to commence the procurement of the Older People's and Working Age Adults residential and nursing care services in Medway.

## 1. Budget and policy framework

- 1.1. Medway Council has the strategic objective of ensuring that adults maintain their independence in the community and live healthy lives.
- 1.2. As a local authority it has the statutory duty to support vulnerable individuals should they be assessed as requiring residential or nursing care.
- 1.3. A failure to facilitate a supply of good quality nursing or residential care could result in avoidable admissions to hospital, with subsequent high social and financial costs. A lack of residential care provision would also affect the ability to discharge patients from hospital in a timely manner.
- 1.4. Residential and nursing care services are funded through the Adult Social Care budget and CCG budgets.

## 2. Background

- 2.1. Residential and nursing care is provided where an assessed need for the service and a financial assessment made to determine the contributions towards the cost of care payable by the service user (where applicable).
- 2.2. Current service – Framework agreements
  - 2.2.1. Medway Council's Access to Resources Team (ART) source and secure residential placements by sending a referral to providers on the Framework. This is the process for both Working Age Adults (18-64) and Older People (65+).
  - 2.2.2. Medway Council commissioned the currently residential and nursing care Framework agreements more than 12 (twelve) years ago. There is a pressing need to update terms and conditions of the contract and to ensure these services are commissioned through a competitive tendering process.
  - 2.2.3. Commissioners are keen to commence the procurement exercise at this time to ensure all relevant work is undertaken in time to ensure a new service is in place by the end of the summer 2021.
  - 2.2.4. We must also ensure that robust service specifications are in place that clearly detail our expectations of providers, both in and out of Medway.

## 3. Contracts out of scope

- 3.1. Medway Council has 3 (three) 25-year block contracts for Older Person's residential care each with planned bed capacity reductions during the lifetime of the contract(s).
  1. Strode Park Foundation (Platters Farm)  
Contract commenced 1 April 2013 to 31 March 2038 (26 beds currently)

2. Agincare (Rochester Care Home & Victory Care Home)  
Contract commenced 1 September 2013 to 31 August 2038 (66 beds currently)
3. Avante Care and Support (Amherst Court)  
Contract commenced August 2010 to July 2035 (22 beds currently)
- 3.2. 36a Birling Avenue, Rochester is a Medway Council owned and operated Working Aged Adults' residential care home that provides respite care to people with learning disabilities.
- 3.3. These block contracts and in-house provision remain out of scope of this commissioning exercise.
4. Current residential provision
  - 4.1. At present there are 12 (twelve) nursing homes and 29 (twenty-nine) residential care homes CQC registered for Older People (OP) in Medway. For Working Aged Adults (WAA) there are 32 (thirty-two) learning disability residential homes and 8 (eight) mental health residential homes.
  - 4.2. Medway Council spot purchases placements for both Working Aged Adults and Older People outside of Medway, where provisions and specialist provisions cannot be found in the local area. As of January 2020, Medway Council was also purchasing residential services from 67 (sixty-seven) WAA homes out of area.
5. Current service issues
  - 5.1. The following have been identified in the way the current services are designed/commissioned.
    - Contracts need updating to ensure compliance with contractual obligations such as the Health and Social Care Act 2008 (Regulations 2014) and the Care Act 2014.
    - Effective and closer contract monitoring of residential and nursing care services.
    - Urgent need for specialist provision for complex and challenging behaviour placements.
    - There is a need to stimulate the market and increase capacity, especially in Older People's nursing care services where referrals have increased in recent years. This is due to the growing, aging population where it is predicted that there will be a 23% increase in adults 65 years and over in the next 10 (ten) years and an 88% increase in the number of adults aged 85+ in the next 15 (fifteen) years.

- Improve the assessment referral process and decrease the time taken to assess clients from hospital and improve service user outcomes.
- The impact of placing clients during weekends/holidays/peak periods and how this can cause bottlenecks in the system.
- There is a need for providers to enhance the personalised care support provided to individuals.
- There has been an increase in spot purchasing leading to increasing cost pressures. Greater transparency is needed to ensure long term sustainability.
- Low wage rates for care workers and a high turnover of care staff.
- Lack of knowledge/training provided for care staff around complex and challenging behaviour clients, especially those with dementias. The risk of developing a dementia increases rapidly in people 65 years and over.

5.2. In addition, the Public Health England Dementia profile for Medway records the estimated dementia diagnosis rate for 65 and over as 53.3%, significantly below the England average of 67.4% (PHE Fingertips September 2020).

## 6. Service vision

6.1. Medway Council's strategic objective is to support residents to remain as independent for as long as possible and evidence suggests an individual's length of life is improved by doing so.

6.2. Primarily, individuals in need of residential and nursing care should be placed in block contract beds. Where this is not possible, suitable placements should be found in a timely and proactive way. Not only to prevent bottlenecks in the wider system but to ensure good outcomes for service users.

6.3. The key objectives to be achieved through this procurement exercise are:

- Improve transparency in care delivery/costs
- Ensure capacity in the market meets future demand
- Commission provision for those with complex and challenging behaviours
- Improve referral assessment process times to improve service user outcomes and hospital flow

## 6.4. New Service Design

6.4.1. Residential and nursing care services will be recommissioned in 2 (two) separate Lots, Older People and Working Age Adults.

## 6.5. Existing service model for Older People

6.5.1. Older Peoples' residential and nursing care currently operates under a Framework Agreement with set weekly rates for each of the following 4 (four) bandings.

- Residential care
- Residential dementia
- Nursing care
- Nursing dementia

6.6. New Service Model for Older People

6.6.1. The new service for Older People would be procured under a Framework Agreement with set weekly rates within an amended banding structure that meets the needs of current and future demands\*:

- residential
- residential high
- residential complex and challenging behaviour
- nursing
- nursing high
- nursing complex and challenging behaviour

6.7. Existing service model for Working Aged Adults

6.7.1. Working Age Adults residential and nursing provision currently operates under a Framework Agreement. Providers currently charge a variable hotel/management fee plus care and support costs to make up the total fee.

6.8. New Service Model for Working Age Adults

6.8.1. This Lot will be split into three (3) categories; mental health, physical disability, and learning disability. The services will be purchased through a Dynamic Purchasing System (DPS).

6.8.2. The Kent Business Portal, which the Council already pays for, does provide DPS functionality which would assist the ART team in brokering placements.

7. Costs and benefits

7.1. A DPS is:

- (a) established by a contracting authority to purchase commonly used goods, work, works or services; and
- (b) open throughout its duration for the admission of economic operators which:
  - (i) satisfy the selection criteria specified by the contracting authority; and

- (ii) submit an indicative tender to the contracting authority or person operating the system on its behalf which complies with the specification required by that contracting authority or person.
- 7.2. The establishment of the system and award of contracts under it are done using electronic means. The DPS will allow each individual placement to be evaluated against the needs of the individual and on completion of the quality assessment, will then allow for competitive identification of pricing across a range of providers.
- 7.3. The Council currently pays a wide range of prices for residential and nursing care, however, using a DPS, the Council would be better placed to manage and control prices whilst getting the best price to support a service user's needs.
- 7.4. Through the DPS the Council will be able to establish a minimum quality threshold for providers that the Council is willing to engage with and will be similar to an invitation to tender process.
- 7.5. Once providers have been assessed in terms of their quality, experience, and expertise, they will be admitted to the DPS. These providers will have sight of all new placement requirements and as such will be able to set out how they will be able to meet the needs of the service user.
- 7.6. Based on their ability to meet the specified needs of individual service users, Providers will be evaluated and those who demonstrate that they are able to meet the minimum requirement of the placement will be able to submit a competitive price for the care placement, based on a fixed hotel/management cost and an indicative/capped care cost.
- 7.7. The DPS will be used for new placements only. The current (2020) WAA budgeted spend of £23.4 million per annum is already committed to existing placements.
- 7.8. The Council reserves the right to review existing packages and put them through the DPS process where they do not represent value for money.
- 7.9. In addition, there is a risk that some providers that Medway Council already commissions services from may not meet the minimum quality threshold or may not apply to join the DPS.
- 7.10. Service Benefits

Recommissioning Older People's and Working Age Adults' nursing care provision will ensure the following:

- Providers adopt an outcomes-based approach
- Bottlenecks in service provision are addressed, i.e. improve assessment process

- Equity of provision within Older People and Working Age Adult placement, and applicable across both contracts i.e. Activities, Top ups.
- Create specialist services for individuals with complex and challenging dementias, where skilled and professional workforce meet the needs of service users (hard to place)
- Use of a Dynamic Purchasing System (DPS) for WAA will provide greater control and management of prices

## 8. Project Timetable

8.1. The proposed project timetable is outlined below:

Project Phase	Action	Date
Gateway 1	CADMT	14 November 2019
	GW1 JCMG	28 January 2020
	GW1 Adult Management Team	September 2020
	GW1 Procurement Board	October 2020
	GW1 Cabinet	November 2020
Service Specification	Finalise Invitation to Tender – Specification, T&Cs, Tender Docs etc.	November 2020 to March 2021
Tender Stage	Issue ITT	April 2021
	Tender Evaluations	May 2021
Gateway 3	Internal Governance GW3 Draft	May/June 2021
	GW3 CADMT and JCMG	
	GW3 Procurement Board	
	GW3 Cabinet	
Contract Award	Contract Award (Inc. standstill period)	July 2021
Mobilisation	Mobilisation	July/September 2021
Implementation	Service go Live	Summer 2021

## 9. Project Dependency

9.1. The proposed service model is dependent on the existence of placement/brokerage functions that refer placements to providers. The existing placement function within Medway Council is the Access to Resources Team (ART). The Specialist Assessment and Placement Team (SAPT) is the placement function within the CCG.

## 10. Statutory/Legal Obligations

10.1. Medway Council has a range of statutory duties and powers to provide services to vulnerable adults such as older aged adults, individuals with

learning disabilities, and/or physically disabilities, and to those with mental health conditions.

- 10.2. The Care Act 2014 and statutory guidance forms the basis of statutory duties for Local Authorities, replacing the National Assistance Act 1948, the Chronically Sick and Disabled Persons Act 1970, and the NHS and Community Care Act 1990.
- 10.3. A fundamental principle of the Care Act 2014 places emphasis on promoting an individual's wellbeing by ensuring care and support provided meets the individuals identified outcomes.
- 10.4. When arranging services, local authorities must ensure commissioning practices and the services delivered comply with the requirements of the Equality Act 2010, the Mental Capacity Act 2005, and the Human Rights Act 1998.
- 10.5. Residential or nursing care services are only provided where there is an assessed need for the service, and a financial assessment is made to determine the contributions towards the cost of care payable by the service user. The assessments are in line with Medway Council's eligibility criteria.

## 11. Procurement Project Management

- 11.1. Partnership Commissioning (Adults) will lead the commissioning process with support from Category Management.
- 11.2. The Partnership Commissioning Team working on behalf of Medway Council and the CCG and in conjunction with Adult Social Care colleagues will take responsibility for the design of a detailed service specification.
- 11.3. A panel of relevant internal stakeholders will evaluate tender submissions.

## 12. Post Procurement Contract Management

- 12.1. Medway Council and the CCG will be responsible for contract managing their respective elements of the service. Both parties will agree clear contract management roles and responsibilities.
- 12.2. The Quality Assurance Team will monitor the performance of providers through the Quality Assurance dashboard and associated surveillance meetings, with a yearly site visits conducted to ensure and validate the performance of providers.

## 13. Market Conditions

### 13.1. Older People

A financial analysis is outlined within Exempt Appendix 1.



## 13.2. **Top Up Payments**

The other factor to consider with regards to rates is “top-up” payments being paid by either a third party or Medway Council.

- 13.3. The focus for addressing price increases will be to look at band prices in relation to the increasing number and size of top ups. A review of the current Top Up policy will seek to ensure any increase in band prices will not lead to an overall increased spend on placements.

## 13.4. **Working Age Adults**

The current view is that the best way to address price increases for Residential (including Nursing) would be to undertake a review of all rates paid to providers as part of the targeted review work, and that by doing this future price increases could be managed.

- 13.5. This would involve looking at cost matrices for current placements to understand that not only is payment being made for the appropriate level of care but also that a fair price is being paid for that care. This would be a substantial piece of work and would require both commissioning and finance support to work with the targeted review team in a planned way.
- 13.6. Whilst this approach does contain some element of risk in that some packages may end up costing more, the result should be a position that means a fair price is paid for care that helps improve relationships with providers.

## 14. **Evaluation Criteria**

- 14.1. The award of the contract will be made based on the most economically advantageous tender comprised of:

Older People:	70% quality and 30% price
Working Aged Adults:	70% quality and 30% price

- 14.2. Evaluation criteria will include an assessment of the suitability and capability of providers to deliver the service as well as understanding of the service as set out in the specification of requirements.

## 15. **Diversity & Equality**

- 15.1. Providers’ diversity and equality policies and procedures will be reviewed to ensure that they meet necessary requirements.
- 15.2. Additionally, Commissioners will work with appointed service providers to achieve conformity to Medway Council’s Equality and Diversity Strategy and Safeguarding Children & Vulnerable Adults Procedures.

15.3. A Diversity Impact Assessment has been completed in June 2020 by the Partnership Commissioning Team (Appendix 1).

## 16. Social, Economic, & Environmental Considerations

16.1. The Public Services (Social Value Act) 2012 requires all public bodies to consider how the services they commission might improve the economic, social, and environmental wellbeing of the area. As part of this procurement, social value themes, outcomes, and measures will be set out in the service specification and tender documents. Provider commitments will be captured in tender responses and verified through performance monitoring.

## 17. Covid-19

17.1. The declaration of the global pandemic in March 2020 has already had an impact on the project timeline. Provider and service user engagement was due to take place at the beginning of April, but the national lockdown forced local authorities to move into response mode under Emergency Planning.

17.2. After several months of restrictions and the move into recovery, the project restarted, and public engagement took place over the Summer. A change of Medway's status and the enforcement of local restrictions could affect the go live date.

17.3. Commissioners have good working relationships with care home providers and are in regular contact via monthly Provider Forums hosted by Medway Council and NHS Kent and Medway Clinical Commissioning Group. National COVID 19 documents and local information is shared daily via a Care Portal hosted by Medway Council.

17.4. Commissioners also continue to support providers to access funding made available from central Government, for example the release and payment from the Adult Social Care Infection Control Fund.

## 18. Options

18.1. Option 1 – Do nothing

18.1.1. The current Framework agreements were drafted in 2007. Medway Council currently purchases services from Providers for both Working Age Adults and Older People's care services under these agreements, with spot purchasing required for complex/specialist services.

18.1.2. There is a risk the contracts will become non-compliant with procurement regulations.

18.1.3. Advantage:

- Continue to collate activity/finance data to inform the service design of an improved service in the future

18.1.4. Disadvantage:

- Medway Council will be reliant on spot purchasing specialist provision from providers, with little control over price. This would be more expensive and would result in bottlenecks and inefficiencies in the system. Additionally this could be non-compliant with 2015 Public Contracts Regulations (PCR's)

18.2. Option 2 - Recommission new contracts for Older People and Working Age Adults

18.2.1. Medway Council will commission services under two different contracts for Working Age Adults and Older People's residential care services.

18.2.2. The new service model will be commissioned for a period of four (4) years. Providers will be appointed through a competitive tender process.

18.2.3. Advantages:

- Achieve a legally compliant service
- Consolidation of supplier base leading to greater efficiency in service delivery and contract management
- Model will support the integration of health and social care services
- Procuring services without the CCG prevents possible delays in the process

18.2.4. Disadvantages:

- Procuring without the CCG may lead to future directional differences, reducing the ability to jointly provide services by health and social care
- There is an increased financial risk by not procuring with the CCG as this reduces the ability to align rates
- The WAA service model represents a change in the way placements are purchased. This requires an IT system and could take time to implement

18.3. Option 3 – Joint procure with the CCG

18.3.1. Medway Council will lead the joint procurement of the service working in partnership with the CCG.

18.3.2. Medway CCG Governing Body previously agreed to jointly commission residential care services on 29 January 2020. However, since then the Local CCG has transformed into a single CCG meaning they have responsibility for the whole of Kent which may have altered the direction of travel. This transformation potentially adds an additional layer of complexity to jointly procuring the service.

18.3.3. The same advantages will be achieved as with Option 2. The additional advantages and disadvantages with this option are outlined below.

#### 18.3.4. Advantages:

- Model will support the integration of health and social care services
- Medway Council and NHS Kent and Medway CCG will be delivered in parallel in terms of price and practice

#### 18.3.5. Disadvantages:

- There may be instances where this arrangement makes managing providers and the service more complex
- Commissioning at single prices may lead to higher rates for Medway Council whilst achieving lower rates for the CCG. To date a risk sharing agreement between both parties has not been developed
- Both Medway Council and the CCG will be reliant on the same providers to deliver services. In the main, this is the case at present

### 19. Advice and analysis

19.1. The preferred procurement route is Option 3 which will achieve all key aims and objectives.

19.2. Medway Council will lead the procurement of the service working in partnership with the CCG.

19.3. A Diversity Impact Assessment on recommissioning residential and nursing care services has been completed and is attached to this report.

### 20. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Service model	The model will see a reduction in the number of contracted providers.  Lack of providers could destabilise the market and unintentionally create gaps in provision	Existing providers will be consulted on the model and have opportunity to feed into the service design. Medway Council will not actively remove services from providers and will allow for the natural cessation of placements or seek to transition services at the point of review. Existing providers will be retained on a spot purchase basis, which will also ensure gaps in provision are met	C2
Procurement process	Failure to attract sufficient successful bids	The provider market will be kept informed of the Council's commissioning intentions and timelines. There has been a consultation period and market engagement event for providers,	E2

Risk	Description	Action to avoid or mitigate risk	Risk rating
		<p>capturing their input and our aims to address any concerns they may have about the procurement.</p> <p>The Council will regularly review the number and quality of providers who bid for complex and challenging behaviour beds, to ensure the market has capacity and experience to manage these services. The Council will work with providers to meet the needs of Medway's population.</p>	
Financial	Suppliers may submit low prices and compromise service quality, or suppliers may bid at a high price meaning the cost of the service increases significantly	Price caps will be guided by information gathered from other local authorities and intelligence relating to the true cost of care. Robust financial review of tender submissions will be undertaken, and prices/sustainability will be discussed routinely between Commissioners and providers.	C2
Financial	In jointly commissioning with the CCG there is a financial risk that Medway Council's rates rise, and the CCG's reduce.	The proposed new banding structure (to contain a complex/challenging band) will reduce this risk by ensuring payments are proportionate to the individual's level of need.	C2
Contractual delivery	Provider may fail to fulfil contractual obligations	Commissioners will work in partnership with providers to ensure early identification of issues. Contract management will be robust and performance reviews will be conducted regularly. Other stakeholders including social workers and the Business & Intelligence Team will support the management of the service.	C2
Legal	Unsuccessful bidders slowing down the process by challenging award decision	Robust procurement process in line with best practice and Public Contracts Regulations 2015	E2

Risk	Description	Action to avoid or mitigate risk	Risk rating
Reputational	The service fails to deliver the quality outcomes set, therefore affecting the community and stakeholder perception of the Council and the CCG	Regular contract management and performance reviews will be undertaken	E3
Procurement	Medway Council and the CCG fail to jointly commission residential and nursing care provision	Commissioners will continue to work in partnership with the CCG whilst system wide changes are taking place. However, a decision will be made in mid-October whether Medway Council procures these services alone due to outlined challenges.	B3
Service Model	Failure of providers to engage in the procurement process due to pandemic pressures	Commissioners will continue to foster good relationships with care home providers in Medway and provide ongoing advice and support during the pandemic. So far none have raised concerns about their ability to engage. Providers have shared business continuity plans and are in regular contact with Commissioners and the Quality Assurance Team on a daily/weekly basis. Commissioners will be mindful of the pressures caused by the pandemic and the impact this may have on providers.	C2
Financial	Inconsistent bed rates/placement costs	Commissioners will continue to work closely with finance colleagues and monitor placement costs during the pandemic. Category Management will support the Access to Resources brokerage team where high placement fees are requested by providers. We aim to continue to achieve value for money with new placements during the pandemic.	B3

Risk	Description	Action to avoid or mitigate risk	Risk rating
Reputational	Unrealistic procurement schedule	Commissioners will endeavour to maintain the current timeline for the new service to be in place by the end of the Summer 2021. Any significant delays to the timeline caused by the pandemic will be fed back to members.	B3

## 21. Procurement Board

21.1 The Procurement Board considered this report on 21 October 2020 and supported the recommendation as set out in paragraph section 26 of this report below.

## 22. Consultation

22.1. In January 2020, an internal working group was formed to review current processes and to clarify the outline specification. Meetings were paused in March due to COVID-19, but the intention is to restart this working group imminently, with membership from Adult Social Care, Partnership Commissioning, Systems, Business Intelligence, Public Health, Quality Assurance, Finance, Access to Resources Team and Kent and Medway Clinical Commissioning Group.

22.2. Approval of service detail will be sought throughout the commissioning process from Adult Social Care management team and CADMT where required.

22.3. In November 2019, (former) Medway CCG (JCMG, Commissioning Committee, and Governing Body) approved the content of the paper allowing this piece of work to move forward.

### 22.4. External Stakeholder Consultation

A six-week engagement period was held between 13 July to 28 August 2020. A local media campaign was launched to obtain views on existing residential and nursing care services in Medway from providers, service users and their families and the public.

### 22.5. Service user engagement

During the engagement period service users and their families were invited to complete a questionnaire on current residential and nursing care services in Medway. 80 questionnaires were received and feedback from this will inform the service specification design.

## 22.6. Provider engagement

Market events were held on 26 August 2020 for Working Aged Adults and Older Peoples care providers. Presentations were given and feedback was obtained on the current service.

- 22.7. All feedback will inform an outline service model which will be designed in partnership with providers and stakeholders. This will be developed and further expanded upon through continued consultation with internal stakeholders prior to the publishing of the Tender advert.

## 23. Climate change implications

- 23.1. There are no climate change implications arising from the contents of this report.

## 24. Financial implications

- 24.1. The procurement requirement and its associated delivery (as per the recommendations at Section 15), will be funded from existing revenue budgets.

## 25. Legal implications

- 25.1. Medway Council has a statutory duty to provide and support vulnerable individuals, should they require residential or nursing care services. The Council has the power under Local Government (Contracts) Act 1997 and the Localism Act 2011 to enter into contracts in connection with the performance of its functions. From the information provided it appears that the process to be followed is appropriate as the value of this contract is significantly over the EU procurement threshold value for contracts for services.
- 25.2. This report recommends that the procurement should be considered high risk. Level 4 (Category B) High Risk Procurement Processes are prescribed by the Monitoring Officer, in consultation with the Procurement Board with recommendations for the decision making associated with the initial Gateway 1 Report and subsequent Gateway 3, 4 and 5 Reports being made to the Cabinet.

## 26. Recommendation

- 26.1. The Cabinet is asked to approve the commencement of a procurement process (as outlined in Option 3 at paragraph 18.3) to commission Working Age Adults' residential and nursing care through a Dynamic Purchasing System (DPS) and through a Framework Agreement for Older People's residential and nursing care services.



## 27. Suggested reasons for decision

27.1. The procurement of residential and nursing care services will deliver a service that will enable the following:

- i) Achievement of strategic objectives by updating the terms and conditions of residential and nursing care contracts.
- ii) Improvement to residential care by developing a specification that focuses on health prevention and individual service user needs.
- iii) Meeting the demand of the local population by working with care providers in recognising the changing needs of the local population, i.e. by increasing the number of specialist complex and challenging behaviour beds.
- iv) Provision of sustainable services by increasing capacity and improving quality of care within a price point that is sustainable for providers.

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### Appendices

Appendix 1 - Diversity Impact Assessment - Older People and Working Age Adults  
Residential and Nursing care  
Exempt Appendix 1 – Financial Analysis

### Background papers

None.