

## **CABINET**

**13 JUNE 2023**

### **GATEWAY 3 CONTRACT AWARD: INTERMEDIATE CARE AND REABLEMENT SERVICE**

Portfolio Holder: Councillor Teresa Murray, Deputy Leader of the Council

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#### Summary

This report seeks Cabinet approval to award the procurement of the Intermediate Care and Reablement Service contract.

#### Procurement Overview

Total Contract Value:	£14.963m (Lot 1) £13.779m (Lot 2)
Project Budget:	£28.742m (from the Better Care Fund)
Contract Term:	36 months with options to extend for 2 further periods of 24 months each

#### 1. Background Information

##### 1.1. Budget and Policy Framework

1.1.1. The budget for this procurement comes from the Better Care Fund. The budget is agreed by Cabinet as part of the Better Care Fund planning process. Governance for the Better Care Fund is provided by the Joint Commissioning Management Group (JCMG).

1.1.2. The total budget for the Intermediate Care and Reablement Service (ICRS) is £4.106m per year for supporting people being discharged from hospital on Pathways 1 and 2 combined. The procurement has a contract term of 3 years, with two optional extension periods of 2 years each. The total project budget authorised for the ICRS procurement was £28.742m for both Lots 1 and 2. Using the current contract (7 years) as a guide, a split of around £11.90m (41%) for Lot 1 and £16.85m (59%) for Lot 2 was anticipated.

- 1.1.3. The ICRS supports the Medway Council Strategy and Plan outcome of “older and disabled people living independently in their homes”.
- 1.1.4. The procurement has links with and reflects the related plans and strategic priorities of the Medway and Swale Health and Care Partnership (M&S HCP), and the Integrated Care Partnership (ICP) for the Kent and Medway Integrated Care System (ICS), and the NHS Kent and Medway Integrated Care Board (NHSKM).
- 1.1.5. Statutory/Legal Obligations
  - 1.1.5.1. The provision of intermediate care and reablement is a statutory obligation which Medway Council must comply with as set out in The Care Act 2014 (Section 2); the Care and Support (Preventing Needs for Care and Support) Regulations 2014 and the Care and Support (Charging and Assessment of Resources) Regulations 2014 Section 3(3).
  - 1.1.5.2. Ensuring the provision of a high quality commissioned ICRS aligns with central government guidance and local partnership priorities.

## **1.2. Background Information and Procurement Deliverables**

- 1.2.1. The aim of the service is to prevent, reduce or delay the need for a long-term package of care. The service sits between the demand from acute hospitals referring into the service and, potential referrals out of the service to Adult Social Care.
- 1.2.2. The procurement focuses on providing two types of support for discharging patients from acute hospitals through Pathway 1 (home-based intermediate care with reablement) and Pathway 2 (bed-based intermediate care with reablement). This is in line with the national discharge model. The service is provided for a maximum of six weeks, depending on the rehabilitation needs of the individual.

### ***Part of the Hospital Discharge Process***

- 1.2.3. The ICRS contract plays a vital role to enable people to be discharged from hospital and return home. It is however only one part of a complex and intricate process. Each person has different and potentially diverse needs, which must be adequately assessed and met prior to arranging hospital discharge. The process of assessing these needs can therefore be quite complex and is always changing.
- 1.2.4. This contract specification design captures the lessons learnt from the covid-19 pandemic. The specification has been designed to enable this contract to be flexible and accommodate future requirements and needs should events such as the covid-19 pandemic or similar unforeseen circumstances arise.
- 1.2.5. Currently the Health and Social Care system is looking to procure 15 step-down beds in which to discharge people, before their final residential setting. Step-down beds are provided for patients to transfer

from care in the hospital to return home or to an alternative setting such as a care home.

- 1.2.6. There are two dedicated wards at Medway Foundation Trust (MFT) which are focused on rehabilitating and preventing deterioration of patients' condition while they await their discharge home into Medway, Kent or other areas.
- 1.2.7. There is an existing block contract (where the provider is paid an annual fee in installments in return for providing a defined range of services, especially a new service—e.g., respite care, day care, home care—over a fixed period) with Strode Park Foundation (SPF) to provide 16 beds for rehabilitation at Platters Farm Lodge, Highfield Road, Gillingham ME8 0EQ (Platters). This contract offers the opportunity to undertake a reconfiguration of the number of beds that are provided for rehabilitation, respite, dementia respite and dementia. This opportunity arises on the 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup> and 20<sup>th</sup> anniversaries of the contract.

### ***Monitoring the demand to flex capacity***

- 1.2.8. A discharge dashboard has been developed for the M&S HCP. This dashboard provides an overview of all discharge related activity associated with patients being treated at Medway Maritime Hospital.
- 1.2.9. There are many methods of monitoring capacity and demand placed in Medway, however there is a need for this data to be collated and analysed to better inform the Better Care Fund planning process.
- 1.2.10. At the end of June 2022, there was a significant volume of patients waiting to have elective treatment at MFT. Commissioners have not had access to plans for how the elective backlog is to be addressed nor the predicted level of demand to come from MFT. This makes it challenging to manage the discharge process efficiently.
- 1.2.11. One of the issues is that Medway residents are sometimes treated and managed in hospitals out of area. This means it is not always possible to influence discharge arrangements with organisations that sit outside of the Kent and Medway ICB area..

### ***New service opportunities***

- 1.2.12. A new contract will offer the opportunity to standardise a broad spectrum of policy that informs service provision. For example:
  - Establishment of NHSKM and national discharge policy, commissioning strategy and digital strategy.
  - Development and delivery of a national intermediate care framework with a focus on commissioning and management, including patient outcomes and best practice in service models and interventions.
  - “Business As Usual” development of health and adult social care (ASC) reporting and data sharing such as the Kent & Medway Care Record and My Care Record.

1.2.13. The incumbent provider has given notice on delivery of the current contract and as such a new contract provision will need to be in place from 1 October 2023.

1.2.14. The tender process for a new intermediate care and reablement contract included:

- Flexibility in the specification to meet demand, complexity (with a specific exclusion of mental health), and service development.
- Reporting the level of data at a level that best informs service development and implementation of Technology Enabled Care Services.
- Review and co-production to help commissioners to build evidence to understand what's helped people return home with the right support and what barriers still remain.

### 1.3. Parent Company Guarantee/Performance Bond Required

1.3.1. The Parent Company Guarantee, as stipulated in the Gateway 1 report, is not applicable as the preferred provider for Lot 1 does not have a parent company and an alternative direction is proposed for Lot 2.

## 2. Procurement Process

### 2.1. Procurement Process Undertaken

2.1.1. The same process was used for bidders for each Lot. Any bidder was able to submit a tender for a specific Lot or for both Lots.

2.1.2. Bidders were asked to complete a Pre-Qualification Questionnaire. This was scored using a pass/fail criterion.

2.1.3. Bids were checked for "conformity and completeness" to determine whether submissions were in line with the Invitation To Tender instructions.

2.1.4. Bidders had to pass both stages detailed within 2.1.2 and 2.1.3 to move onto the following stages as detailed in 2.2.2 and 2.2.3.

2.1.5. The table below, sets out the procurement process chronology and onward key dates.

Activity	Date
Invitation to tender	29 November 2022
Clarifications Closing date (12 Noon)	19 December 2022
Quotation Closing Date (12 Noon)	19 January 2023
Pre-Qualification Questionnaire Evaluation Completed	27 January 2023
Supplier Presentations (Lot 1)	13 February 2023
Tender Evaluation Completed	15 February 2023
Proposals for Option 1 (Lot 2)	25 May 2023
Cabinet Gateway 3	13 June 2023
Award/unsuccessful letters issued	14 June 2023
Standstill	14 June 2023 to 27 June 2023
Initial Contract Term Start Date	1 October 2023
Initial Contract End Date	30 September 2026
Optional Extension #1 Start Date	1 October 2026
Optional Extension #1 End Date	30 September 2028
Optional Extension #2 Start Date	1 October 2028
Optional Extension #2 End Date	30 September 2030

2.1.6. The Lot 1 presentation included a business continuity question that covered the ability to support the system if a potential loss of the Lot 2 provider were to occur.

## 2.2. Evaluation Criteria Used

2.2.1. Tenders were evaluated based on Quality 70% and Cost 30%.

2.2.2. Evaluation of questionnaires, tenders, and presentations was conducted by the Commissioning and Category Management teams, with support from Adult Social Care and Finance.

2.2.3. The below table illustrates the evaluation criteria used as part of the tender.

#	Question	Weighting (%)		Purpose
1	Price: Pricing Schedule	25	30	The price is the sum that the provider would be required to pay to the tenderer for the work or service provided.
2	Price: Social Value	5		The Council has a requirement to consider the Social Value Act 2012 when it is procuring goods and services. Providers are asked to define quantities and explain how they will support Medway Council in delivering Community Development, Economic Growth, Environmental Impact.
2	Quality: Ability to Deliver	15	70	Ability to deliver a high quality, person-centred service that meets the Specification requirements, with reference to: <ul style="list-style-type: none"> <li>Service user satisfaction surveys</li> </ul>

			<ul style="list-style-type: none"> <li>• Service user outcomes for intermediate care and for reablement</li> <li>• Improvement in service user outcomes in relation to Activities of Daily Living (ADLs) (with accompanying case study)</li> <li>• Innovative practice</li> <li>• State the evidence base for the reablement interventions</li> </ul>
3	Quality: Fulfilling Requirements	15	<p>How the service delivery model will achieve the aims, outcomes and KPIs of this contract and the requirements of the Specification, with reference to:</p> <ul style="list-style-type: none"> <li>• The evidence for the interventions.</li> <li>• Co-design, co-production and user led service development.</li> <li>• Staffing levels and costs, mobilisation of the service, any local challenges, opportunities, include plans and methods for adapting and flexing to meet variable demand and changing pathway designs, and capacity.</li> <li>• The service user journey through the service</li> </ul>
4	Quality: Collaborative Working	15	<p>Collaborative working with multi-disciplinary teams such as the hospital discharge Integrated Discharge Teams (both at Medway NHS Foundation Trust and out of area trusts), statutory services and community organisations. As well as meaningful joint working with the organisations in NHS Kent and Medway Integrated Care Board and the Medway and Swale Health and Care Partnership to deliver the Intermediate Care and Reablement Service and intermediate care agenda.</p>
5	Quality: Digital Data and Technology	15	<p>Incorporation of data management, service digitalisation and technology enabled care services.</p>
6	Quality: Presentation	10	<ol style="list-style-type: none"> <li>1. How a provider will implement this especially with regards to service flexibility, service efficiencies, system disharmony or disagreement, relationship building, safeguarding, co-production, business continuity planning, risk assessment and contract KPI development and reporting. Communication with all key partners and how any system changes would be agreed and ratified.</li> <li>2. The journey of a typical service user through the service and how challenges are assessed and overcome, including how these are recorded and any lessons learned, communicated to all staff within the system.</li> </ol>

## 2.3. Contract Management

2.3.1. Contract management will be the responsibility of the Head of Partnership Commissioning (Adults) and Better Care Fund Lead.

### 3. Service Implications

#### 3.1. Lot 1 Service Implications

3.1.1. Procurement Board supported the award of Lot 1 at their meeting on 19 April 2023, to the bidder who had been evaluated as the most economically advantageous against the Council's award criteria.

#### 3.2. Lot 2 Service Implications

3.2.1. The authority received no compliant bids for Lot 2 and therefore cannot proceed to award.

3.2.2. The preferred Bidder for Lot 1 has submitted a contract cost of £14.963m. This is £3.063m more than the anticipated cost set out in 1.1.2.

3.2.3. Onward procurement options have been discussed with Children and Adults Department Management Team (CADMT), JCMG and the Procurement Board. Discounted options for the alternative Lot 2 provision with reasons are:

3.2.3.1. Allowing the Lot 2 provision to become Out of Contract:  
The Council has statutory obligations to provide a service as set out in 1.1.5.1.

3.2.3.2. Immediately Re-Tendering for Lot 2: Existing residential care providers have declined the opportunity to tender. It is unlikely that a provider could be found to purchase a new property and purpose this for the dedicated needs of Lot 2 within the available timescale. The tender process has highlighted a gap in market provision for reablement services.

3.2.3.3. Negotiated Procedure (Section 32) for Lot 2: Existing residential care providers have declined the opportunity to tender. It is unlikely that a provider could be found to purchase a new property and purpose this for the dedicated needs of Lot 2 within the available timescale. The tender process has highlighted a gap in market provision for reablement services.

3.2.4. Reconsidering how to deliver the service provision covered by Lot 2 in the context of the market's response, has enabled more creative options to be considered than were previously possible. It does appear possible to realise the ambitions of the original contract to reduce, and not maintain or increase, the number of beds available for bed-based intermediate care.

3.2.5. This approach allows for a lower and fixed cost for providing bed-based intermediate care when there are insufficient funds in the Better Care Fund to expand the project budget and Lot 1 is proving to be more expensive than anticipated by £3.063m.

- 3.2.6. Given the fact the incumbent service provider is a key partner within the M&S HCP, governance has been put in place to enable more constructive discussions to look at other arrangements that will enable the service to be delivered (as set out in 1.2.3 to 1.2.7) without risking conflict of interest. Such conversations could not be pursued during the early stages of the procurement exercise for regulatory reasons.
- 3.2.7. Engagement with M&S HCP will be a key element of the Mobilisation for Lot 1 and either option for Lot 2 (3.1.9.1 and 3.1.9.2), as well as the proposed activity to be undertaken during the initial contract period (3.2.3).
- 3.2.8. The following is a detailed list of options for an alternative Lot 2 provision that were considered and analysed for this report:

- 3.2.8.1. **Option 1 – Contract Variation of Lot 1 (under Regulation 72) with Supplementary Bed-Based Intermediate Care** This would be a diverse model for the separate and co-ordinated provision of bed-based intermediate care and reablement that would include:

#### Bed-Based Intermediate Care

- Support from 15 additional step-down beds (described in 1.2.5)
- Support from the two wards in MFT (described in 1.2.6)
- Use of the existing bed provision at Platters with reconfiguration of the beds for Year 1 onwards (described in 1.2.7).
- Spot purchase of up to 20 additional “beds” through existing bed and 24hr-home-based care contracts via the Brokerage Team.

#### Reablement

- Contract variation with the awarded Lot 1 provider to supply reablement therapy only (as an extrapolation of Lot 1) to the alternative Lot 2 provision at Platters, other spot- or block-purchased bed provision and 24hr home-based care.

#### Operational and Commissioning Support

- Recruitment of an additional Team Manager role within the Medway Council Integrated Discharge Team. This would complement the existing triage support provided by the Medway Council Integrated Discharge Team for Pathway 1 discharges. The post would be funded within this procurement project budget.
- Specific contract management would be required to monitor and review the cost of bed-based intermediate care provision within this model.

#### Advantages

- This would ensure enhanced cover and resource in the Medway Council Integrated Discharge Team to support a diversified model for Pathway 2 discharges.
- All reablement would be provided by one provider, allowing for flexible staff rotas for both bedded and home-based capacity.
- Existing contracts and provider relationships are used, which facilitates mobilisation and enhances the local market’s sustainability.



### Disadvantages

- Cost management is subject to local and national market forces.
- Pressure on the local residential care market may be more pronounced as demand is shifted from a dedicated facility.

3.2.8.2. **Option 2 – In-House Therapy Service with Supplementary Bed-Based Intermediate Care** This model would replicate Option 1, except for the reablement being provided by an in-house team of Occupational Therapists, Physiotherapists and reablement workers. The service would also require in-house Clinical Service Manager for caseload management and clinical supervision.

### Advantages

- This would ensure enhanced cover and resource in the Medway Council Integrated Discharge Team to support a diversified model for Pathway 2 discharges.
- Medway residents would benefit from accessing new community based reablement where capacity allowed, which increases equity.
- Existing contracts and provider relationships are used, which facilitates mobilisation and enhances the local market's sustainability.

### Disadvantages

- A longer mobilisation period may be required to facilitate the enhancement of the existing in-house Occupational Therapy service.
- Clear arrangements would be required to mitigate risk around quality assurance as one in-house service (Quality Assurance) would be required to assure another in-house service (Occupational Therapy).
- In-house service provision could be subject to dilution in terms of quality over time as it would not be delivering to a specified contract. Also, it may be more difficult to flex the service.
- The Medway Council recruitment process may not ensure the ability to mobilise in time for the end of the current contract.

## 3.3. Lot 2 Proposed Procurement Process

3.3.1. The preferred option is Option 1 given the timescales and complexity involved.

3.3.2. It should be noted that Option 2 is a viable option if the preferred Bidder for Lot 1 declined the opportunity set out in Option 1.

3.3.3. The Procurement Board have recommended that Lot 2 is not awarded as tendered, but instead:

3.3.3.1. The service lead progresses early discussions on Option 1 for Lot 2 (detailed in 3.2.8.1 Option 1), with a deadline of 25/05/2023 (as shown in 2.1.5).

3.3.3.2. The service lead progresses discussions with Strode Park Foundation the re-purposing of 16 (sixteen) beds at Platters within the Council's current block contract with them and to vary accordingly. These will be the beds at which the varied therapy services detailed in 5.3.2 will be delivered and will become co-terminus with the services provided within Lot 1 (as varied).

3.3.3.3. Subject to conversation pursuant to the recommended Option 1 not being viable, then to approve Option 2 for Lot 2 (detailed in 3.2.8.2 Option 2)

3.3.4. It is recommended that the alternative Lot 2 provision lasts for the entirety of the initial contract period. This initial contract period would be used to:

- Develop the market.
  - For bedded intermediate care, this would be through Residential and Accommodation services.
  - For reablement, this would be through working with Skills for Care, the Department of Health and Social Care, NHSKM, and employment teams to shape the local workforce development. This model has had previous success with the local home care sector.
  - The Better Care Fund requires information on demand and capacity from working with system partners, which will inform this work and will be overseen by the Joint Commissioning Management Group.
- Review the effectiveness of the alternative Lot 2 provision.
- Undertake a full feasibility study for any options for providing an in-house therapy service. This will run from the start of the new contract until Spring 2025 (roughly 18 months into the contract) and be overseen by the Joint Commissioning Management Group.

3.3.5. The information gathered from the feasibility study would be used as part of a Gateway 4 paper to decide on whether to use the 1st extension period for the alternative Lot 2 provision or to proceed re-procurement.

3.3.6. A watching brief will be maintained on the NHS Provider Selection Regime, which aims to give decision makers a more flexible process for deciding who should provide healthcare services, and to make it easier to integrate services and enhance collaboration. The Provider Selection Regime is not expected to be in use before July 2023.

3.3.7. Officers have approached the winning bidder of Lot 1 to discuss Option 1. A deadline for proposals has been set for 25 May 2023.

### 3.4. Risk Management

3.4.1. The risks to be managed for this procurement are set out in the table below.

<b>Risk Description</b>	<b>Risk Profile</b>	<b>Actions to Mitigate</b>
Lot 1 Bidder does not wish to vary the contract	EIII	Negotiate with the Lot 1 Bidder to provide therapy only. There were positive indications from the Lot 1 Bidder during the Presentation in an exchange of ideas that they were willing to work collaboratively and flexibly to meet the system's needs (2.1.6).
There are insufficient spot purchase beds in the system	DIII	Service users would be discharged home with 24hr care where required rather than to a care home.
There is insufficient home care capacity in the system to facilitate 24hr care	DIII	Negotiate with the Lot 1 Bidder to provide 24hr home-based intermediate care.  There were positive indications from the Lot 1 Bidder during the Presentation in an exchange of ideas that they were willing to work collaboratively and flexibly to meet the system's needs (2.1.6).

### 3.5. Consultation

3.5.1. The evaluation panel included one of the Team Managers in the Medway Council Integrated Discharge Team as well as the Head of Adults Partnership Commissioning and BCF Lead, the Programme Lead and the Senior Commissioning Officer.

3.5.2. Options for an alternative Lot 2 provision have been discussed with the Head of Service (Localities).

### 3.6. Financial Implications

3.6.1. The procurement requirement and its associated delivery as per the recommendations will be funded through the Better Care Fund.

3.6.2. The preferred Bidder for Lot 1 has submitted a contract cost of £14.963m. This is £3.063m more than the anticipated cost set out in 1.1.2.

3.6.3. In line with recommendations made by the Procurement Board, the remaining £13.779m of the project budget could be used to supply an alternative Lot 2 provision for individually managed provision of intermediate care beds and reablement therapy.

### 3.7. Legal Implications

3.7.1. The statutory basis for this service is set out in paragraph 1.1.5 above.

3.7.2. Under the Council's Contract Procedure Rules (CPRs), the proposed procurement is a high-risk procurement, and the process set out in this report meets the requirements for such procurements.

3.7.3. Medway Council has the power under the Local Government (Contracts) Act 1997 and the Localism Act 2011 to enter contracts in connection with the performance of its functions.

3.7.4. The process described in this report complies with the Public Contracts Regulations 2015 and Medway Council's Contract Procedure Rules.

3.7.5. This is a high-risk procurement, the Monitoring Officer, in consultation with the Procurement Board will therefore set the risk and reporting stages for the remainder of the procurement process for Gateway 4 and 5 (if required).

### 3.8. TUPE Implications

3.8.1. TUPE will apply during this procurement. This will only apply to eligible posts within the current commissioned ICRS.

3.8.2. Advice has been sought as to whether Medway Council will be liable for redundancy cost associated with any posts that provide the bed-based intermediate care and reablement within the current contract that would not be used in a proposal for Option 1, when:

- The incumbent provider/preferred bidder has given notice on the whole of the current contract.
- The Lot 2 is not going to be awarded.

3.8.3. Confirmation has been received that as there is no new provider and Medway Council are not intending to set up a similar provision then there would be no liability for the Council in respect of TUPE.

### 3.9. Procurement Implications

3.9.1. The proposal is split and firstly to award Lot 1 as procured. There are no further implications associated to this recommendation.

3.9.2. The second part of the recommendation is regarding Lot 2 and options for delivery have been discussed and presented in consultation with Category Management.

3.9.3. Under Regulation 72 (1) Contracts may be modified without a new procurement procedure when they comply with any of the following cases ... (e) "where the change is not substantial in line with the definition of paragraph (8), irrespective of value."

3.9.3.1. Using the aforementioned regulation, the recommendation is to award Lot 1 as procured, but to then enact an immediate variation to absorb the therapy element of what was Lot 2 and to source the beds from our

existing Platters contract as well as the spot purchase of up to 20 additional “beds” through existing bed and 24hr-home-based care contracts via the Brokerage Team.

3.9.3.2. The substantial difference between Lots 1 and 2 was that Lot 1 is providing intermediate care that is home-based and Lot 2 is providing intermediate care that is bed-based. It is the intermediate care part that is the key difference not the reablement. The proposed change for the contract variation is the reablement part.

### 3.10. ICT Implications

3.10.1. There are no ICT implications associated with this procurement.

## 4. Social, Economic and Environmental Considerations

4.1. 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 were set out in the service specification and tender documents. Provider commitments were captured in tender responses and verified through performance monitoring.

4.2. Medway Council has a climate change action plan, which will develop further over the coming years. Providers will be required to implement and adhere to the plan’s recommendations.

4.3. Providers will be required to have an environment policy that aligns with Medway’s declared ambition to become carbon neutral by 2050.

4.4. Recommissioning of intermediate care and reablement services is not expected to adversely affect Medway Council’s Local Plan priority for a clean and green environment.

## 5. Recommendations

5.1. It is recommended that the Cabinet awards the contract for Lot 1 to the provider set out at 3.2.1 of the Exempt Appendix as they have been evaluated as the most economically advantageous against the Council’s award criteria as per the evaluation spreadsheet contained within 3.1 of the Exempt Appendix.

5.2. It is recommended that the Cabinet agrees not to award Lot 2 to the sole bidder as they have not been evaluated as economically advantageous against the Council’s award criteria as per the evaluation spreadsheet contained within 3.1 of the Exempt Appendix.

- 5.3. It is recommended that instead for Lot 2:
- 5.3.1. The Cabinet instructs officers to progress discussions as detailed in 3.2.8.1 with the winning bidder of Lot 1.
- 5.3.2. Subject to the varied award of Lot 2 therapy being viable, the Cabinet is asked to delegate authority to the Director of Public Health, in consultation with the Monitoring Officer and the Deputy Leader of the Council to award the services contained within Lot 2 to the winning bidder of Lot 1 as a variation to the awarded contract.
- 5.3.3. Subject to conversation pursuant to recommendation 5.3.1 not being viable, then to approve Option 2 for Lot 2 (detailed in 3.2.8.2).

## 6. Suggested reasons for decisions

- 6.1. The provision of intermediate care and reablement is a statutory obligation which Medway Council must comply with as set out in The Care Act 2014 (Section 2); the Care and Support (Preventing Needs for Care and Support) Regulations 2014 and the Care and Support (Charging and Assessment of Resources) Regulations 2014 Section 3(3).
- 6.2. Ensuring the provision of a high quality commissioned ICRS aligns with central government guidance and local partnership priorities.

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## Appendices

Exempt Appendix – Financial Analysis

## Background Papers

None