

Diversity impact assessment

TITLE
Procurement of the Medway Intermediate Care and Reablement Service
DATE
08/09/2025
LEAD OFFICER.
Graham Thomas Programme Lead for Community Based Services, Adult Partnership Commissioning

1. Summary description of the proposed change

What is the change to policy / service / new project that is being proposed?
How does it compare with the current situation?

The proposal is to re-procure the Intermediate Care and Reablement Service contract (ICRS).

The contract commenced 1 October 2023 and, with extensions, is due to end on 30 September 2028.

The ICRS provides up to 6 weeks of care and reablement in the home or in a bedded facility for those Medway service users that have been discharged from hospital on Pathway 2.

The original contract was to embed the service in Medway. It has been tested in extremes and business as usual.

The new contract seeks to implement flexibility and build up person-centred, personalised care within the service. This involves developing a deeper understanding of service user outcomes and barriers to achieving those.

It also seeks to improve the service by including both non-weight bearing and bariatric services that are currently procured separately, into one contract.

2. Summary of evidence used to support this assessment

Eg: Feedback from consultation, performance information, service user.

Eg: Comparison of service user profile with Medway Community Profile

The decision to re-procure at this time is based on continual issues with the supply of data by the current provider and the need to ensure service provision is stable and in line with other ICRS services across Kent, prior to the expected Local Government Restructure.

Our evaluation of service provision to date with the provider indicates limited demonstrable social value and less value for money than originally anticipated, particularly in light of the continued growth in pathway demand and associated additional expenditure. While the Transfer of Care Hubs have experienced intermittent successes, they have also faced challenges, notably in fostering effective relationships with key stakeholders. Instances of incorrect pathway usage have been identified, prompting increased professional scrutiny from

Diversity impact assessment

commissioners regarding the appropriateness of referrals and the adequacy of resources deployed to meet identified needs.

Profile of service users (age/ethnicity/disability etc)

- The service is available to all adults aged 18 and over.

Number of service users

- Currently (Oct 24 to July 25) the average monthly number of service users discharged from the home-based service was 106.2 and 17.9 from the bed-based service.
- Out of a total of 1410 referrals received in the year 2023-2024, 1,289 were for Home First and 120 for were inpatient beds
- In year 2023-2024 the average number of days that patients were with the service was 23.19 days and 90% of users were discharged within six weeks

Customer satisfaction results

- An average of 94% Service Users surveyed at discharge have rated the service as good or excellent up to March 2022. We have yet to receive year 2023-2024 survey data.

Budget information

- The ICRS is funded through the Better Care Fund, which is managed jointly by the Council and the NHS Kent and Medway ICB

Performance information

The service model has been successful in meeting its overall targets:

- 80% of patients achieved their goals and a further 14.66% partially achieved their reablement goals in the year 2023-2024
- Across the year 2023-2024 89% of patients exited the service with no ongoing care needs, demonstrating an improvement between admission and discharge.

Benchmarking information

Benchmarking for this service is particularly difficult because of the variety of models adopted by each area:

- Differing combinations and separations of the urgent response, home-based intermediate care, and bed-based intermediate care elements
- Approaches of in-house and commissioned services
- Alignment with home-care and residential nursing home services
- Use of rapid discharge teams
- Use of “highly trained care workers” supported by Adult Social Care therapists or in-contract therapists
- Inclusion or not of bed costs for bed-based services
- Non weight bearing and bariatric provision is not part of current contract
- Use of spot-purchasing, frameworks, and block payments
- Focuses on community intermediate care or are discharge based
- Funding by local authorities or ICBs or joint commissioning as in Medway

Diversity impact assessment

Scale

There have not been any major incidents or complaints reported about the service.

Consultation

Engagement with service users was done via a survey. This was done to obtain feedback from service users and local support groups that work with key communities.

3. What is the likely impact of the proposed change?

Is it likely to:

Adversely impact on one or more of the protected characteristic groups

Advance equality of opportunity for one or more of the protected characteristic groups

Foster good relations between people who share a protected characteristic and those who don't

(insert Yes when there is an impact or No when there isn't)

Protected characteristic groups (Equality Act 2010)	Adverse impact	Advance equality	Foster good relations
Age	No	Yes	No
Disability	No	Yes	No
Gender reassignment	No	Yes	No
Marriage/civil partnership	No	Yes	No
Pregnancy/maternity	No	No	No
Race	No	Yes	No
Religion/belief	No	Yes	No
Sex	No	Yes	No
Sexual orientation	No	Yes	No
Other (eg low income groups)	No	Yes	No

4. Summary of the likely impacts

Who will be affected?

How will they be affected?

Procurement will result in impacts for service users. The basic service provided will not result in negative or positive impacts because of maintaining standards during mobilisation.

Increased insight into the experience of those with the below characteristics and whether there are differences in experience, accessibility, and outcomes:

Diversity impact assessment

- Age
- Disability
- Gender reassignment
- Marriage/civil partnership
- Race
- Religion/belief
- Sex
- Sexual orientation
- Other (e.g. low-income groups)

People who are admitted on maternity pathway are not supported by this service.

5. What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

What alternative ways can the Council provide the service?

Are there alternative providers?

Can demand for services be managed differently?

The provision of intermediate care and reablement is a statutory requirement for both Medway Council and NHS Kent and Medway ICB and is demand led. Any future joint commissioned services would need to be under a risk sharing agreement.

The specification will be developed with particular attention on providing equity of service to all as well as accommodating additional needs such as communication for those with sensory disabilities. Addressing CQC recommendation action point(s) 1.2.1 we will expand preventative services through developing additional reablement and intermediate care options, especially specialist beds, to better meet the needs of people with complex conditions; we will monitor and evaluate the effectiveness of the Transfer of Care Hub to ensure measurable outcomes (and the right service/pathway at the right time).

For CQC ref point 3.1.8, this re-commission will continue to work with ICB partners to ensure that adequate specialist beds are available, for example to support those with bariatric requirements which will inform the new specification.

6. Action plan

Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
Monthly reporting on service user profiles by characteristic		

Diversity impact assessment

Service User advisory capacity for contract development		
Review equity of access for “intermediate care” and for “reablement”		

7. Recommendation

The recommendation by the lead officer should be stated below. This may be: to proceed with the change, implementing the Action Plan if appropriate, consider alternatives, gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

The recommendation is to jointly procure intermediate care and reablement services including bariatric and non-weight bearing services in Medway. The next steps, following the initiation of procurement, are to engage with providers, service users, families and carers, and stakeholders. Their feedback is necessary to improve service user outcomes.

8. Authorisation

The authorising officer is consenting that the recommendation can be implemented, sufficient evidence has been obtained, and appropriate mitigation is planned, the Action Plan will be incorporated into the relevant Service Plan and monitored

Assistant Director

Date of authorisation

4th September 2025