

Cabinet

20 October 2026

Gateway 1 Report: Dementia Assessment Bed Service

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

Report from: Dr Lee-Anne Farach, Director of People and Deputy Chief Executive

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Procurement Overview

Total Contract Value (estimated): £2.517m

Regulated Procurement: Yes

Proposed Contract Term: 24 months + option to a further 24 months
(1 April 2027 – 31 March 2029. Option to extend until 31 March 2031)

Summary

This report seeks permission to commence the re-procurement of the Dementia Assessment Bed Service contract.

1. Recommendation

- 1.1. The Cabinet is requested to approve the commencement of re-procurement of the Assessment Bed Service as per the preferred option identified in paragraph 7.2.5.1.1.

2. Suggested reasons for decision

- 2.1. The re-procurement of the Assessment Bed Service will allow for the continued delivery of a service that enables the following:
- 2.1.1. Outcomes Focused Care – To ensure the care received supports the achievement of individual outcomes to maximise independence, wellbeing and choice.
 - 2.1.2. Continuation of a Hospital Discharge Pathway – Working alongside existing discharge, rehabilitation and reablement services, to maximise options in our local health and social care system.

- 2.1.3. Maximise Independence – For residents, who, following a stay in the service, return to their own home; requiring none, or some ongoing care, or discharged into alternative lower-level accommodation in the community e.g. extra care, or residential care.

3. Budget & Policy Framework

- 3.1. Under the Care Act 2014, Medway Council has a statutory duty to provide residential care to eligible residents.
- 3.2. Assessments for long-term care and support needs should be undertaken in the most appropriate setting and at the right time for the person, this is typically not in hospital. Evidence demonstrates any additional time a person spends in hospital when they no longer require acute care can have a negative impact on the person's wellbeing and on acute provider services.
- 3.3. Discharge to Assess (D2A) refers to when a person in an acute hospital setting is now considered medically optimised but that requires further support and assessment to determine long-term needs, or a short-term support to return to independence.
- 3.4. Medway does not have any community hospitals where assessment beds for adults with dementia or with complex and challenging behaviours could be delivered.
- 3.5. The provision of the Assessment Bed Service for these patients is key to Medway Council achieving its strategic objective of ensuring adults maintain their independence in the community and live healthy lives.
- 3.6. For older people experiencing complex and challenging behaviours associated with their hospital stay, planning their discharge into an assessment bed affords a period to settle and achieve a baseline prior to social care assessment(s). Evidence shows that patients receiving a coordinated and personalised approach for a period of up to 6 weeks show improved wellbeing, independence, are more likely to be safely discharged back into their own home (with or without a package of care) or safely accommodated in a standard residential care placement.
- 3.7. A failure to continue a supply of assessment beds could result in higher number of placements made in high needs residential care, with subsequent high social and financial costs. Having access to assessment beds increases the ability to discharge patients from hospital in a timely manner, avoiding increased length of stays and deconditioning of the patient.
- 3.8. It is the responsibility of Medway Council within the Health and Care Partnership and Kent and Medway Integrated Care System to facilitate timely hospital discharges for select residents.
- 3.9. The Assessment Bed Service will be fully funded from the Better Care Fund.

4. Background Information and Procurement Deliverables

4.1. Background Information

- 4.1.1 Medway Council commissioned eight assessment beds at Victory Care Home from 1 October 2024. The contract is due to end on 31 March 2027.
- 4.1.2. The assessment beds provide care for up to six weeks, during which time the resident settles which allows Adult Social Care to better assess the long-term care required. The assessment beds will be primarily used for older people with dementia who are presenting with complex/challenging behaviours in hospital linked to the unfamiliarity of their hospital admission or acute episode. In addition, a small number of beds will be accessible by people already in the community requiring a period of assessment for the same reasons.
- 4.1.3. The assessment bed service will be a new permanent service, providing care and support to Medway residents over the age of 18 years and will be set within a defined area within a residential or nursing care home in Medway.
- 4.1.4. The intention of the service is to reduce length of stay at the acute, reduce complex needs and or challenging behaviours to a point where residents can be safely discharged back to their own home with or without a package of care, or discharged to a long-term residential care placement.
- 4.1.5. When a resident arrives at one of the assessment beds, therapy assessments will already be in place, and any equipment needs provided for. During the six weeks, Adult Social Care will coordinate with other services to ensure appropriate long-term care is put in place.
- 4.1.6. The Better Care Funding includes funding for a dedicated social work resource to facilitate assessments, arrange long-term care arrangements and arrange support from community-based services to ensure service users are supported as part of the long-term care planning process.
- 4.1.7. Patients returning home will be supported to remain independent with the use of assistive technology, such as Telecare or Monitoring Technology.
- 4.1.8. Re-commissioning the assessment bed service in Medway would be in line with The Department of Health and Social Care's statutory guidance 'Hospital discharge and community support guidance' (updated January 2024) and improves patient flow from acute settings.

4.1.9. The Council intends to procure a single provider to deliver this service within Medway.

4.2. Local Government Reorganisation (LGR)

4.2.1. Following the announcement of the pause on 7 September 2026, officers will monitor the ongoing situation and will consider any relevant impacts as they arise.

4.3. Procurement Deliverables

4.3.1. As part of the successful delivery of this procurement requirement, the following procurement project outputs / outcomes within the table below have been identified as key and will be monitored as part of the procurement project delivery process.

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
Referrals accepted/declined within 24 hours of receipt (Date referral is received recorded) (Date decision to accept/decline recorded) Improved flow through the health and social care system	At least 90% of referrals accepted/declined within 24 hours of receipt	Provider to report outputs, Commissioners to measure success	Daily capture. Monthly submission. Quarterly and yearly analysis.
Discharge plans agreed within 28 days of admission (date of decision to be measured) Early discharge planning	At least 95% of discharge plans agreed within 28 days of admission (Yes/No)		
Number of patients who pass through the assessment beds annually	At least 52 patients passing through the		

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
(bed occupancy to be recorded on tracker) Effective use of short-term bed capacity	assessment beds annually		
Total bed occupancy in days (record bed occupancy on tracker) Effective use of short-term bed capacity	At least 87.5% bed occupancy (equivalent to >7beds)		
Reduced demand for long-term care placements			
Reduced hospital discharge delays			
Number of acute bed days saved (record date of admission and date of discharge)	Estimated/Potential number of acute bed days saved		
Number of residents discharged within 6 weeks Improved flow through the health and social care system	At least 95% residents discharged within six weeks (42 days)		
Number of residents clinically and socially ready for	90% of residents clinically and socially ready		

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
discharge at 6 weeks (record date of decision to discharge) (record reason for delay in discharge e.g. awaiting placement) Positive health and wellbeing outcomes Patient discharged home (with or without a package of care) (Yes/No) (Discharge destination recorded) Residents maintaining / gaining independence Residents returning to their own home Residents avoiding long-term residential care Data captured and shared with Commissioners every month (Yes/No) Allowing data analysis and continuous improvement	for discharge at 6 weeks 32% of residents discharged home (with or without a package of care) % discharged elsewhere Data shared 95% of the time		

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
Feedback questionnaire obtained from resident upon discharge from service (feedback questionnaire available) Service users satisfied with the service.	90% residents providing feedback 90% residents reporting positive feedback.		

5. Parent Company Guarantee/Performance Bond Required

- 5.1. As set out within the Council's Contract Procedure Rules, a Parent Company Guarantee or Performance Bond is required for all Supplies (Goods), Services and Works contracts, over £250,000 unless otherwise agreed by the Council's Monitoring Officer, in conjunction with the Council's Chief Financial Officer, as part of the Procurement Gateway Process for Category B procurements.
- 5.2. Commissioners request that the requirement for a Performance Bond be waved for this procurement based on the additional costs to bidders who may be deterred from participating in the procurement process.
- 5.3. Waiving the requirement could increase competition and potentially achieve better value for money, but it also means the Council would have less financial protection if the supplier failed to perform. The waiver will require approval from the Monitoring Officer and Chief Financial Officer.

6. Procurement Dependencies and Obligations

6.1. Project Dependency

- 6.1.1. The service model is dependent on the existence of Medway's Integrated Discharge Team (IDT), or similar, to assess and refer patients from hospital into the assessment beds.
- 6.1.2. The model is also dependent on The Adult Social Care IDT Brokerage Team who source the long-term care service residents would move into, such as homecare packages and residential care placements. Above are both existing functions performed by Adult Social Care.

6.2. Statutory/Legal Obligations

- 6.2.1. The Council has a range of statutory duties and powers to provide services to vulnerable adults such as older people, people with learning disabilities, physically disabled people and people with mental health conditions.
- 6.2.2. 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.
- 6.2.3. A fundamental principle of the Care Act 2014 requires that local authorities promote an individual's wellbeing by ensuring care and support provided meets the individual's identified outcomes.
- 6.2.4. Supporting people to live as independently as possible, for as long as possible, is a guiding principle of the Care Act. Under the Act, local authorities can provide or commission services in a variety of ways to meet the needs of those it assesses as eligible for services.
- 6.2.5. 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 (Amendment) Act 2019 and the Human Rights Act 1998.
- 6.2.6. Section 82 of the National Health Service Act 2006 ('the NHS Act 2006') requires that NHS bodies and local authorities should agree the discharge models that best meet local needs and are effective and affordable within the budgets available to NHS commissioners and local authorities.
- 6.2.7. An assessment bed is only provided where there is an assessed need for the service. Assessments are in line with Medway Council's eligibility criteria.
- 6.2.8. The Assessment Bed Service supports outcomes within the One Medway Council Plan 2024 to 2028. These include giving residents the opportunity to lead 'healthy, fulfilling and independent lives for longer' and priorities to ensure 'people in Medway live independent and fulfilled lives into an active older age.'

6.3. Procurement Project Management

- 6.3.1. The management of this procurement process will be the responsibility of the Category Management team.

6.4. Post Procurement Contract Management

6.4.1. The management of any subsequent contract will be the responsibility of the Adults Partnership Commissioning Team.

6.4.2. The provider will be required to keep and maintain a service data dashboard. This will include service level data as well service user outcome information. Data will be reported to Medway Council monthly and collated / reported quarterly. This data will be reviewed at monthly contract monitoring meetings to determine provider performance.

6.4.3. To ensure the needs of the requirement are met and continuously fulfilled post award, the following Key Performance Indicators (KPIs) that support the delivery of the project outcomes as outlined in 4.3.1 will be included in the tender and will form part of any subsequent contract.

Title	Short Description	%/measurement criteria
Referral acceptance	Provider accepting or declining the referral within 24 hours (Yes/No)	90%
Discharge planning	Discharge plan agreed within 28 days of admission (Yes/No)	95%
Patient volume	Number of patients who pass through the assessment beds annually (record bed occupancy on tracker)	Minimum of 52
Occupancy	Total bed occupancy in days (record bed occupancy on tracker)	87.5% (>7 beds equivalent)
Length of stay	Average length of stay / (record date of admission and date of discharge)	>56 days
	Percentage discharged within six weeks	95%
Ready for discharge	Number of residents clinically and socially ready for discharge at 6 weeks (record date of decision to discharge) (record reason for delay in discharge e.g. awaiting placement)	90%
Service outcomes	Patient is discharged home (with or without a package of care) (Yes/No) (Discharge destination recorded)	32%
Data capture	Completion of monthly data dashboard	95%

Title	Short Description	%/measurement criteria
Service outcomes	a) Feedback questionnaire on care/experience obtained from resident/family representative (or main carer) discharged from the service	90%
	b) Resident/family representative (or main carer) report a positive experience of care	90%

6.4.4. In the event the appointed provider is not performing against the KPIs denoted within paragraph 6.4.3, this will be reported to the next available Children & Adults Directorate Management Team (C&A DMT) meeting for discussion and agreed remedial action.

7. Market Conditions and Procurement Approach

7.1. Market Conditions

7.1.1. There are a number of Care Homes within Medway registered to provide residential care to adults. Not all registered care homes will have the ability to deliver this service due to registrations and geographical space. General current capacity within the market is limited, which may reduce providers' willingness to tender.

7.2. Procurement Options

7.2.1. The following is a detailed list of options considered and analysed for this report:

7.2.2. **Option 1 – Do nothing:**

Advantages: No immediate procurement activity or associated resource requirements.

Disadvantages:

Would result in the loss of vital service used to support timely hospital discharge and prevent unnecessary admissions.

Increased pressure on acute hospital services, community health services and adult social care pathways.

Significant risk to service users requiring a period of short-term assessment to support their recovery.

Potential increase in delayed transfers of care and associated costs. Would not support the Council's statutory duties to meet eligible care and support needs.

Conclusion:

This option is not recommended as it would create significant operational pressure, would create financial and reputational risks and would adversely impact the Council's ability to support residents requiring short term care and support.

7.2.3. Option 2 – Extend the current contract:**Advantages:**

Maintains service continuity with an established provider.
Avoids disruption to service users and stakeholders.
Reduces procurement resource requirements in the short term.

Disadvantages:

The existing contract has no extension options available within the contract.

An unplanned extension could create a procurement compliance risk.

Does not provide an opportunity to test the market or demonstrate best value for money.

Limits opportunities to introduce innovation and service improvements.

Conclusion:

This option is not viable for the above reasons, and an unplanned extension may not be compliant with the contractual arrangements or procurement regulation.

7.2.4. Option 3 – Utilise a framework or existing contract to meet this need:**Advantages:**

Potentially shorter procurement timescales than conducting a full competitive procurement.

Reduced procurement administration and resource requirements.

Provides access to suppliers that have already satisfied framework entry requirements.

Disadvantages:

A review of available frameworks has not identified a suitable arrangement that fully meets the Council's requirements for the delivery of flexible short term bed provision.

Framework specifications may not align with local service requirements, referral pathways and operational arrangements.

This option may limit competition and reduce opportunities to secure best value and reduced flexibility in determining contract terms and service design.

Conclusion:

No suitable framework arrangement has been identified that adequately meets the Council's requirements. Consequently, this option is not recommended.

7.2.5. Option 4 – Competitive procurement:

Advantages:

Provides a compliant, transparent and auditable route to market.

Enables the Council to test the market and secure best value for money.

Allows the service specification to reflect current operational requirements and future demand.

Encourages competition, innovation and service improvements.

Provides an opportunity to secure a sustainable service model that supports hospital discharge, admission avoidance and wider health and social care objectives.

Disadvantages:

Requires Council resource to undertake the procurement and evaluation process.

Procurement and mobilisation activities may require additional time compared to extending an existing arrangement.

There is a risk associated with provider transition should a new provider be appointed.

Conclusion:

This is the recommended option. A competitive procurement will ensure compliance with procurement regulations, provide assurance of value for money and enable the Council to secure a high-quality, sustainable short term assessment bed service that meets current and future demand.

7.2.5.1.1. Open (single stage) Procedure: Simple and transparent procurement process, enabling all providers to submit applications. Given the potential limited market the use of this procedure would aim to maximise the number of tender responses, which is important given the need to secure a quality service at best value.

7.2.5.1.2. Competitive Flexible (multi-stage) Procedure: This would consist of multiple submissions from providers with a shortlisting stage which would be more time consuming. Also, this would create additional complexity for providers many of whom are small businesses and do not have bid writing resources available to them. Therefore, this is not recommended.

7.2.5.1.3. Subject to approval, it is proposed a competitive tender exercise using the open procedure is undertaken, the timetable of which is designed as follows:

Pre timetabling activities		Date or period
Project inception	Category Management engagement form	02/07/2026
	Initial review of the Col and Risk Register	17/07/2026
Spec drafting and options appraisal	Specification drafting	03/08/2026
	Options appraisal	07/08/2026
Timetable based on preferred option		
Options appraisal governance	Gateway 1 report to DMT	18/08/2026
	Gateway 1 report to PB	05/10/2026
	Gateway 1 report to Cabinet (if high risk)	20/10/2026
Tender docs and tender period	Finalisation of tender documentation (including KPIs)	21/10/2026-04/11/2026
	Tender Notice issued	09/11/2026
	Tender period	10/11/2026-10/12/2026
Evaluation and approval to award	Evaluation period	11/12/2026-18/12/2026
	Gateway 3 DMT meeting	13/01/2027
	Gateway 3 Procurement Board meeting	25/01/2027
	Gateway 3 report to Cabinet (if high risk)	09/02/2027
Tender notification	Issuance of assessment summaries and contract award notice	22/02/2027
	Standstill period	20/02/2027
	Contract Detail Notice issued	23/02/2027
Tender wrap-up	Handover meeting for contract management and further notices	01/03/2027
	Completion of project lessons learnt	01/04/2027

7.2.6. **Option 5 – None**

7.3. Contractual synergies

7.3.1. There are no similar contractual arrangements within the organisation that could be combined with this opportunity.

7.4. Advice and analysis

7.4.1. The preferred option is a competitive procurement with an open procedure. A competitive open procurement will ensure compliance with procurement regulations, provide assurance of value for money and enable the Council to secure a high-quality, sustainable short term assessment beds service that meets current and future demand.

7.4.2. It is recommended that the contract length be a 24-month term with the option to extend for 24 months by mutual agreement.

7.5. Evaluation Criteria

7.5.1. Whilst not finalised at this stage, officers propose to evaluate bidders against the following quality criteria within the tender.

#	Question	Weighting (%)	Purpose
1	Please provide full details of your ability to deliver the assessment bed service in accordance with the service specification using examples of delivering previous similar services including; -How you support individuals with their care and wellbeing needs, include how you devise support plans and the continuing monitoring of these plans. -How you deliver safe, supportive person-centred care to service users to ensure that people's preferences, needs, and values are met -How you report and monitor the service user outcomes -How you intend to support the hospital discharge	15%	To establish how the provider plans to deliver the service and see evidence of how they have delivered a similar service previously, maintain safety, meeting KPIs, achieving positive outcomes and improving system flow.

#	Question	Weighting (%)	Purpose
	pathway to improve patient flow from acute services		
2	How do you propose to meet the needs of service users with a range of needs including those with dementia, complex health needs, social care needs and challenging behaviours? Your response should cover but not be limited to the following -How you will prioritise safeguarding for all service users -Details about staff training and how your workforce is appropriately trained to provide the service required.	15%	To establish how the provider plans to meet the needs of service users, in particular, those with dementia, complex health needs, social care needs and challenging behaviours. How the provider will ensure safety of service users through appropriate staff training.
3	Provide a description of any partnership arrangements you may have with other stakeholders; examples of stakeholders could be but not limited to: -Other Service Providers -NHS Services -Voluntary Community Organisations -Healthy Lifestyle Services -Third Sector -Universal Services Please detail how you ensure you uphold an individual's care needs and requests remain central when working in partnership.	10%	To establish whether provider has existing links to partner organisations which will be beneficial for holistic care and handover upon discharge. Do introductions need to be considered during mobilisation to ensure collaborative working to meet all the service user's needs.
4	Demonstrate how your organisation complies with the Mental Health Capacity Act 2005, how you ensure	10%	To establish working knowledge of legal frameworks to ensure safety of service users

#	Question	Weighting (%)	Purpose
	that those within your care are free from harm, abuse and neglect. Provide details of how your organisation support the adults within your care to ensure the principals within the Care Act 2014, and relevant safeguarding legislation are met. Examples of relevant legislation include, but are not limited to: Safeguarding Vulnerable Groups Act 2006 Health and Social Care Act 2012 Data Protection At 2018 Equality Act 2010 Human Rights Act 1998 Please provide details of how your organisation works in accordance with policies, procedures and guidance published by the Kent and Medway Safeguarding Adults Board. Reference should be made to your organisations Safeguarding policies and procedures.		
5	Describe the methods and approaches you will use to ensure that enabling care is promoted and delivered to all service users including details of how you will work towards increasing independence and ensuring patients are supported back into their home environment.	10%	To establish how provider will ensure service users are supported to recover and regain independence to allow them to return home
6	Social value commitments (as per section 11.2)	10%	In line with Medway Council's Social Value Policy, providers must

#	Question	Weighting (%)	Purpose
			include their social value commitments
7	Price	30%	Provider submitting the lowest price (within the tender cap) will receive the full 30%.

8. Risk Management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Financial	Providers may bid at a high price meaning the cost of the service increases significantly, or may decide not to bid due to budget	The total project budget will be included within the tender. This project budget had been guided by intelligence relating to cost of care and determined funding agreement from the Better Care Fund. Robust financial review of tender submissions will be undertaken, should it be required prices will be discussed at contract management meetings. Bidders to declare all potential charges within their submissions. Contingencies to be built within contract funding allocation.	C2
	Hidden costs not identified during procurement e.g. 1:1s and uplifts		B2

Risk	Description	Action to avoid or mitigate risk	Risk rating
Procurement	Failure to attract sufficient successful bids	The provider market will be kept informed of the Council's commissioning intentions and timelines. Market and stakeholder engagement will be undertaken to capture input and address any concerns they may have about procurement.	C2
Contract Delivery	Provider fails 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 the award decision	Robust procurement process in line with best practice and Public Contracts Regulations 2015.	D3
Reputational	The service fails to deliver the quality outcomes set, therefore affecting community and stakeholder perception of the Council	Regular contract management and performance reviews.	C2

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	1 Critical 2 Major 3 Moderate 4 Minor

9. Consultation

9.1. Internal (Medway) Consultation

- 9.1.1. The Adults Partnership Commissioning team has contract managed the current service through monthly contract management meetings and weekly multidisciplinary team meetings. The learning from over the last two years will be used to inform the new service specification development. Relevant teams within Medway Council are aware of the current contract timeframes and the need to recommission. An internal project group will be formed to act as a formal mechanism to influence service design.

9.2. External Stakeholder Consultation

- 9.2.1. In February 2024, commissioners carried out an electronic pre-market expression of interest exercise, contacting all suitable CQC registered residential and nursing care providers in Medway. This event was an opportunity for providers to engage with commissioners to understand the level of interest in providing the assessment bed service.
- 9.2.2. Details of the current service are published within the Market Position Statement on Medway Councils website, this includes the current contract end date.
- 9.2.3. A formal market engagement will take place later in the year, with providers in Medway invited to hear more information about the service and tender opportunity. Input from External stakeholders will be sought as part of the specification development prior to tender publication.

10. Service Implications

10.1. Financial Implications

- 10.1.1. The procurement requirement and its associated delivery as per the recommendations will be funded from the Better Care Fund.
- 10.1.2. This is a fixed value contract so spend can be forecast during the contract lifetime. The Adults Partnership Commissioning Team will report on spend to JCMG as required for budget monitoring purposes. The cap applied to the tender will be set to ensure service spend remains within the budget envelope.
- 10.1.3. Whilst the contract will not guarantee an annual fee uplift for the successful provider, the total estimated contract value has been determined based on current spend plus an inflationary uplift year on year.

10.2. Legal Implications

10.2.1. Medway Council has the power under the Local Government (Contracts) Act 1997 and the Localism Act 2011 to enter into contracts in connection with the performance of its functions. The process described in this report complies with the Procurement Act 2023 and Medway Council's Contract Procedure Rules. This report identifies that this is a key decision and therefore must be presented to Cabinet.

10.3. TUPE Implications

10.3.1. TUPE does not apply to this procurement as there are no employees assigned solely or predominantly to the assessment bed service.

10.4. Procurement Implications

10.4.1. This proposed contract will be an above threshold light touch contract as set out in the Procurement Act 2023. An open procedure would be advisable if it is a limited market to maximise the tender responses.

10.5. ICT Implications

10.5.1. There are no ICT implications.

10.6. Climate Change implications

10.6.1. During the tender providers will be required to demonstrate how they address climate change and environmental sustainability within both the delivery of care and the management of accommodation (buildings).

10.6.2. This could include providing evidence of measures taken to:

- Improve energy efficiency within properties (heating, insulation, and use of low-energy systems).
- Reduce carbon emissions associated with buildings and day-to-day operations.
- Minimise reliance on single-use plastics and promote sustainable materials.
- Implement effective waste management and recycling practices within supported living settings.
- Promote sustainable approaches to travel and transport, including staff travel between services.

11. Social, Economic & Environmental Considerations

11.1. In line with Medway Council's Social Value Policy, officers will include the following standard outcomes and measures (the units have also been included for illustrative purposes) within the tender. Whilst there will be no

commitment for bidders to deliver against every line, the accumulative value provided by each bidder will be scored and form part of the price evaluation score.

- 11.2. The Social Value commitment from the winning bidder will be transposed into contractual KPIs.

Outcomes	Measures	Standard Units
More local people in employment	No. of local direct employees (FTE) hired or retained (for re-tendered contracts) on contract for one year or the whole duration of the contract, whichever is shorter.	No. people FTE
More local people in employment	Percentage of local employees (FTE) on contract.	%
Improved skills	No. of staff hours spent on local school and college visits e.g. delivering careers talks, curriculum support, literacy support, safety talks (including preparation time) .	No. staff hours
Improved skills	No. of weeks of apprenticeships on the contract that have either been completed during the year, or that will be supported by the organisation until completion in the following years - Level 2,3, or 4+	No. weeks
More opportunities for local MSMEs and VCSEs	Total amount (£) spent in LOCAL supply chain through the contract.	£
More opportunities for local MSMEs and VCSEs	Meet the buyer' events held to highlight local supply chain opportunities.	£ invested including staff time
Social Value embedded in the supply chain	Percentage of contracts with the supply chain on which Social Value commitments, measurement and monitoring are required.	%
Creating a healthier community	Initiatives taken or supported to engage people in health interventions (e.g. stop smoking, obesity, alcoholism, drugs, etc.) or wellbeing initiatives in the community, including physical activities for adults and children.	£ invested including staff time

Outcomes	Measures	Standard Units
Carbon emissions are reduced	Savings in CO2 emissions on contract achieved through de-carbonisation (specify how these are to be achieved).	Tonnes CO2e
Sustainable Procurement is promoted	Percentage of procurement contracts that includes sustainable procurement commitments or other relevant requirements and certifications (e.g. to use local produce, reduce food waste, and keep resources in circulation longer.)	% of contracts
Social innovation to create local skills and employment	Innovative measures to promote local skills and employment to be delivered on the contract - these could be e.g. co-designed with stakeholders or communities, or aiming at delivering benefits while minimising carbon footprint from initiatives, etc.	£ invested - including staff time and materials, equipment or other resources

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Appendices

Exempt Appendix 1 – Financial Analysis

Background Papers

[Medway Adult Social Care Strategy, 2026](#)
[Medway Council Joint Health and Wellbeing Strategy, 2024](#)
[Medway Council Market Position Statement, 2026](#)