Cabinet

18 November 2025

Gateway 1 Procurement Commencement: Intermediate Care and Reablement Service (ICRS)

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

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Procurement Overview

Total Contract Value (estimated): £48.976m
Regulated Procurement: Yes
Proposed Contract Term: 108 months (Initial 60 months followed by 2 x 24-month extensions)

Summary

This report seeks permission to commence the procurement of the Intermediate Care and Reablement Contract. This procurement is done via a joint commissioning agreement with the ICB and covered under the BCF Section 75.

1. Recommendation

1.1 The Cabinet is asked to agree to commence the procurement of Intermediate Care and Reablement Service as per the preferred option identified in paragraph 7.4.1. of the report.

2. Suggested reasons for decisions

2.1 The current ICRS contract commenced on 1 October 2023. The ICRS contract is split into two lots - Lot 1 Homefirst and Lot 2 Bedded reablement. The new procurement will be for one service that covers both Homefirst and Bedded provision and not as two separate lots.

2.2 Both lots were for an initial duration of 3 years. Lot 1 had an option for two, one-year extensions. Lot 1 with extensions, is due to end on 30 September 2028 and Lot 2 is due to end on 30 September 2026.

2.3 Initiating Lot 1's extension options has been considered but is not recommended. It was documented in the Gateway 4 paper submitted in July 2025 that there has been an ongoing issue with receiving data from the current provider. A legal letter was sent on 28 July 2025 to secure some data however the data is still incomplete with the issues still unresolved at the time of authoring this paper.

2.4 Despite meeting key performance indicators (KPI's) the current service has required significant performance management. A new specification is needed to ensure the future delivery aligns with Medway Council's strategic priorities, data governance standards, and evolving system-side integration with system partners and key strategic partners.

3. Budget & Policy Framework

3.1 The re-procurement of the ICRS complies with the Council's budget and policy framework.

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

4. Background Information and Procurement Deliverables

4.1 Background Information

4.1.1 Intermediate Care and Reablement Services are short-term, targeted interventions designed to support individuals – primarily older adults – who are transitioning from hospital to home or are at risk of hospital admission or readmission. The services aim to restore independence, reduce reliance on long term care, and improve overall health outcomes.

4.2 Procurement Deliverables

4.2.1 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?
Timely and safe discharge from hospital by Service Users that have experienced	Early discharge/ discharged on time. No delays. Timely and safe discharge from hospital by Service Users that have	Medway Adult Partnership Commissioning supported by ICRS provider, acute hospitals, and Medway	Monthly, quarterly and annually service and governance reports

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
an ICRS episode	experienced an ICRS episode	Adult Social	Contributes to NHS Long Length of Stay Discharge Patient Tracking List and statutory returns data
Change in the number and proportion of service users that have experienced an ICRS episode and been re-admitted to hospital within 91 days of discharge from hospital	Reduction in re-admissions to less than 20%	Medway Adult Partnership Commissioning supported by ICRS provider, acute hospitals, and Medway Adult Social Care and Intelligence Team	Monthly, quarterly and annually service and governance reports Contributes to ASCOF statutory returns data
Change in the number and proportion of Service Users that have experienced an ICRS episode with care and support needs who then receive long-term care	Reduction in referrals to long term care to less than 20%	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and Intelligence Team	Monthly, quarterly and annually service and governance reports Contributes to ASCOF statutory returns data
A change in the achievement of personal goals for independence, confidence, strength by Service Users that have experienced	Achieving and/ or surpassing agreed goals set	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and intelligence team	Monthly, quarterly and annually service and governance reports On-going business case for the service

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
an ICRS episode			Contributes to ASCOF 2A increased independence
Change in the level, amount and cost of care packages required for service users that have experienced an ICRS episode	A decrease in the amount and the cost of care.	Medway Adult Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and Intelligence team	Monthly, quarterly and annually service and governance reports
Number and proportion of service users referred and accepted for each high-level intervention type	Actual number and % of referred service users accessing reablement and intermediate care within each setting (home and specific residential care home)	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and intelligence team	Monthly, quarterly and annually service and governance reports Contributes to ASCOF 2A/B/C
Referrals and the proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge	Actual number and % of over 65's and over, discharged into reablement who remained in the community 12 weeks after discharge	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and intelligence team	Monthly, quarterly and annually service and governance reports Contributes to ASCOF 2A/2D
Duration that a service user stays engaged with the ICRS	Length of engagement in days and hours	Medway Partnership Commissioning supported by ICRS provider, Medway	Monthly, quarterly and annually service and governance reports

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
		Adult Social Care and intelligence team	
Service user transition	Number and % if service users that are stepped up or stepped down	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and intelligence team	Monthly, quarterly and annually service and governance reports
Patient Outcomes	Number and % of service users receiving a personalised assessment and having meaningful and achievable goals set Number and % of service users receiving a regular reassessment / review	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and intelligence team	Monthly, quarterly and annually service and governance reports. Contributes to ASCOF 2A/D
Inward Demand	Number and % of service users referred and accepted from acute hospitals.	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and intelligence team.	Monthly, quarterly and annually service and governance reports. Contributes to ASCOF 2A
Outward Demand	Number and % of service users receiving a referral on to community support / voluntary sector and public health support, home care, supported	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and	Monthly, quarterly and annually service and governance reports.

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
	living, extra care, and residential care homes	intelligence team	
Safeguarding	Number and % of Service Users referred under local adult safeguarding procedures	Medway Partnership Commissioning supported by ICRS provider, Medway Adult Social Care and intelligence team	Monthly, quarterly and annually service and governance reports.

5. Parent Company Guarantee/Performance Bond Required

5.1 Commissioners request that the requirement for a Performance Bond be waived for this procurement based on the additional costs to bidders who may be deterred from participating in the procurement process.

6. Procurement Dependencies and Obligations

6.1 Project Dependency

6.1.1 The procurement project is dependent upon and connected to numerous other procurement projects and programmes i.e. Home and Extra Care, Residential Care, Dementia Care etc.

6.1.2 There are no contractual synergies that could potentially be combined within the organisation at this time. Opportunities may arise during the length of the new contract with the new Local Government Reform agenda.

6.2 Statutory/Legal Obligations

6.2.1 The provision of intermediate care and reablement is a statutory obligation which Medway Council must comply with as set out in Care Act 2014, Section 2, Care and Support (Preventing Needs for Care and Support) Regulations 2014, Care and Support (Charging and Assessment of Resources) Regulations 2014, Regulation 3(3).

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 Programme Lead for Community Based Services .

6.4.2 To ensure the needs of the requirement are met and continuously fulfilled post award, the following KPIs that support the delivery of the project outcomes as outlined in 4.2.1 will be included in the tender and will form part of any subsequent contract.

Title	Short Description	%/measurement criteria
Inward Referral	% rejected referrals due to lack of capacity	Target: <5% Min: 10%
Independence Improvement	% of users exiting service by 6 weeks	Target: 100% Min: 90%
Enablement Duration	Avg. days in service	Target: 42 Min: 28
Early Exit Without Progress	% users <4 weeks with no progress (excl. deaths)	Target: <5% Min: 10%
Care Needs at Discharge	% discharged with reduced or no care needs	Target: 80% Min: 5%
Service User Satisfaction	% reporting progress on reablement goals	Target: 80% Min: 70%

6.4.3 The KPIs as denoted within paragraph 6.4.2 will be monitored on a monthly, quarterly and annual basis. Those not performing will be reported to the next available Children and Adults' Departmental Management Team (CADMT) meeting for discussion and agreed remedial action.

7. Market Conditions and Procurement Approach

7.1 Market Conditions

7.1.1 Historically there was a limited number of providers within Kent. Market conditions have changed since the service was last procured with a small number of local and national providers having entered the market.

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:** Whilst this would allow more time to reprocure the service there is historically an issue with the compliance of the current provider regarding data recording and submissions. This has hampered the development of the service over the past two-years where the incumbent provider has consistently asked for capacity to meet an increased demand which is not satisfactorily explained or evidenced.

7.2.3 **Option 2 – Extend the current contract:** As Option 1. The current contract was commissioned in two lots, (Lot 1 Homefirst and Lot 2 Bedded reablement) and this would create future issues with regards to recommissioning the services being out of phase. The two-lot solution was commissioned at the time due to the prevailing market conditions at the time that have now improved. It would potentially also have an impact on the LGR.

7.2.4 **Option 3 – Utilise a framework or existing contract to meet this need:** Whilst the structured application of established guidelines, and standards can be advantageous in situation where there is a vibrant local market, this is not the case in Kent and Medway. Commissioners feel that there could be some disadvantages. Frameworks are designed to encourage competitive bidding, but with very few providers the competitive tensions are reduced and this could lead to higher prices and less innovation. This could lead to the dominance of one provider which reduces the leverage that commissioner have with regards to responsiveness and service quality. In this case it could also reduce flexibility as commissioners may struggle to tailor services to meet local needs or negotiate bespoke arrangements. If none of the limited pool of providers fully meet the statutory or regulatory requirements it could cause an unnecessary delay and lead to the restarting of the procurement process.

7.2.5 **Option 4 – Competitive procurement:** This process encourages multiple providers to bid competitively and lets the comparison of the submitted bids to be assessed on predefined criteria. Pre-determined criteria ensures that only capable and compliant providers participate, improving reliability. It can lead to better pricing, improved quality and transparency that leads to providers looking at new ideas and innovative approaches.

7.2.5.1 Open (single stage) Procedure: This option simplifies the process and ensures maximum accessibility in a limited provider market. It reduces complexity by allowing interested parties to submit a full tender without a pre-qualification. In a limited market this offers a strategic benefit as it is more proportionate and cost effective when the market is small and well understood. Open procedure is deemed more suitable for this service.

7.2.5.2 Competitive Flexible (multi-stage) Procedure: Whilst this process is designed to ensure fairness, transparency and value for money it can be time-consuming, involving an administrative burden for both commissioners and bidders. With very few providers in Kent and Medway, competition may be superficial, reducing the benefits of the

process and risking monopolistic behaviour and reduced flexibility for tailored solutions and rapid adjustments to ongoing changing needs.

7.2.5.3 Subject to approval, it is proposed an Open (single stage) procedure is used, a timetable is set out below:

Procurement stage	Purpose/detail	Deadline
ITT PQQ Published	Advertise the opportunity to the market.	01/12/2025
Tender and PQQ deadline	Final day for submission of all documentation regarding the tender	30/01/2026
PQQ and Tender evaluation stage	Evaluation of all of the bids submitted and presentation invite with title issued	13/02/2026
Internal Governance	Internal approval of award decision	07/04/2026
Standstill period starts	Mandatory period required before award of contract can be concluded	09/04/2026
Mobilisation Begins	Mobilisation and demobilisation of new contract begins	01/05/2026
Contract start date	New contract begins	01/10/2026

7.2.6 **Option 5 – What other options exist** - The provision of an in-house service has been evaluated however this option was deemed possible to set up within the commissioning window. In addition, there would need to be a significant recruitment drive in order to secure sufficient staff to deliver the service safely and as designed and it would be too resource intensive at this current time as Adult Social Care are still completing their right sizing exercise. A Direct Award is not justified in this situation.

7.3 Contractual synergies

7.3.1 There are no contractual synergies that could potentially be combined within the organisation at this time. Opportunities may arise during the length of the new contract with the new Local Government Reform agenda.

7.4 Advice and analysis

7.4.1 The preferred option is Option 4 Competitive Procurement - Open (single stage) procedure. This option simplifies the process and ensures maximum accessibility in a limited provider market. None of the other options offer the range of advantages as outlined above in Section 7.2 and can be completed within the available timeline.

7.4.2 It is recommended that the contract length be a 60-month term with the option to extend for 2 x 24 months by mutual agreement.

7.5 Evaluation Criteria

7.5.1 Based on the preferred option and with reference to the market conditions, commissioners would suggest a 70% quality of care, 25% price award and 5% for Social Value, weighting split. This split supports that the quality of care best supports the impact on service user's lives who are often vulnerable individuals with complex needs. It mitigates the risk of underbidding by reducing the risk of providers submitting unsustainable low cost bids and incentivises innovative models with integrated pathways. Combined with a robust performance KPI's and targets, supports the integration, data governance, safeguarding and social value ethos that aligns with the Medway local plan and support the national agenda regarding ICRS delivery. The presentation allows commissioners to ask for further clarity on areas of the submission that may require further clarification and explanation.

7.5.2 Whilst not finalised at this stage Officers propose to evaluate bidders against the following criteria within the tender.

#	Question	Weighting (%)	Purpose
1	Price	25	The price is the total amount the tenderer will offer for the service provided. This must include all costs over the duration of the contract and allows for a direct comparison of costs between providers. This ensures transparency.
2	Staffing and Resources	15	Describe approach to ensuring appropriate staffing levels and resource allocation to meet current and projected system demand. Include your contingency planning for service fluctuations and explain how staff competencies, qualifications, and ongoing professional development will be evidenced.
3	Data integration and interoperability	10	Explain approach to ensuring data accuracy, completeness, and security within the ICRS. How will reporting be tailored to meet the needs of commissioners, Adult Social Care, intelligence teams, and other stakeholders? Describe how data sharing will be

#	Question	Weighting (%)	Purpose
			securely managed in compliance with relevant legislation and standards.
4	Service User satisfaction and outcomes	15	How will the provider evidence service user satisfaction and all key outcomes? What are the critical success factors, and how will stakeholders (including families, carers, and community partners) be involved in achieving and sustaining positive outcomes.
5	Delivery model, methodology and rationale	15	How will your proposed solution deliver value for money across the contract lifecycle? Describe your proposed delivery model for the ICRS, including the rationale for its selection. How does it align with local system needs and priorities? Outline approach to risk identification, mitigation, and management during implementation and ongoing delivery.
6	Innovation and Co-Production	15	Describe how co-production with service users, community partners, and commissioners will be embedded in service design, delivery, and evaluation. How will bidder's service proposal include innovation and effectively encourage and manage change.
7	Social value	5	Evaluate the social value offerings from bidders.

8. Risk Management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Barrier surrounding SMEs ability to compete	Lack/loss of bids received from SMEs who in turn become disengaged with Medway projects.	Premarket activities have been designed with SME-friendly specifications, supported by the use of the	CIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
		provider portal, newsletters, and other forums to encourage engagement. However, if SMEs are not deemed a viable option, this approach could dilute service delivery and lead to chaotic contract management. The complexity and scale of oversight required would exceed current staffing capacity, making it difficult to manage the contract effectively	
General Data Protection Regulations	The Council will potentially be subject to substantial financial charges should they fail to comply with the GDPRs. Reputational and political backlash of a data breach. Noncompliance would lead to potential patient safety issues.	Providers must adhere to GDPR policies through annual policy reviews, signing the Kent & Medway Data Sharing Agreement, and undergoing commissioner-led quality audits including pre- and post-award checks. Contracts must include GDPR compliance clauses, with providers required to submit evidence of relevant	CIV

Risk	Description	Action to avoid or mitigate risk	Risk rating
		policies, procedures, and training logs. Quarterly data audits are conducted to ensure ongoing data protection and compliance	
Potential Providers may choose not to submit bids for several reasons including profitability, ability to deliver, contract length.	Medway Council would be left without a service.	Encourage market warming through current opportunities such as system discussions, provider portal, newsletters, forums, recent CTH developments, and provider events. Ensure the service specification clearly outlines expectations, costs, value for money, and scrutiny of outcomes. Co-production with system partners is essential to deliver a smooth, integrated service that prioritizes the service user.	CIII
The commissioning timeline is not met, causing a delay in service implementation and service gaps, as current service is due to end if no contract extensions	Medway Council could be left without a service however a one-year extension for the HomeFirst service but not for the bedded service. There	Regular communication between Commissioners and Category Management is essential to meet tight timelines and	CIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
are taken up, on 30/09/2026.	could be an opportunity for the service to have a contract variation however this could contravene procurement law.	address issues early. Frequent meetings should be scheduled to ensure governance processes are completed on time and potential delays are proactively managed	
Re-procuring the contract in two separate lots, uncoordinated/ for extensions	Delay in discharge, staff cover, oversight of patients and caseloads, safeguarding, risk management pathways; financial burden re agency cover/ emergency cover	Plan contract terms with MDT oversight via the Care Transfer Hub to ensure appropriate pathway use and strong performance management. Align timelines with contingency clauses, establish a joint oversight board, and ensure data accuracy and cross-verification. Collaborate with the new provider on a joint risk register to log and resolve issues efficiently.	BIII
Tight timescale of Re-procurement, lack of potential providers	Poor or limited choice for award, sacrifice in quality or price of the service, poor development of services within Medway, reduced system	Engage service users, stakeholders, and system partners through surveys and market warming events via provider portals,	CIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	improvement / stale or stagnant system delivery with limited or poorer competition	newsletters, conferences, and meetings. Include bed capacity requirements in the specification, incentivise flexible provision, and monitor usage monthly to ensure responsiveness and efficiency	
Lack of appropriate system beds for Medway	Poor service delivery with lack of right beds/ right service at the right time to maximise on the pathway congruity; poor service and therefore patient outcomes	Strengthen stakeholder relationships across Swale and Kent, supporting wider system integration through Care Transfer Hubs or similar solutions to improve pathway control and engagement. Maintain strong ties with ICB leadership and provider leads. Include bed capacity requirements in the specification, incentivise flexible provision, monitor usage monthly, and utilise any	CIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
		unused system care beds.	
Lack of data (capacity, demand, outcomes and outputs)	Poor reporting will impact Medway residents, BCF funding, Medway Council Statutory return data, ICB integration of reporting for further developments. Poor grasp on public health and adult social care handovers.	Contractual KPI and data agreements, EPR and any other system access for admin staff, DSA agreement in place and development of one patient record across Kent and Medway to improve outcomes and in readiness for LGR. Mandate data reporting standards; require monthly dashboards; integrate data systems across providers	CIII
Impact of LGR (future- 2027/8) redundancies, lack of staff, system changes, gaps and barriers, resources loss, communication disruption between services	Slow, unsafe or reduced service increasing hospital stays and reducing reablement potential.	Build strong stakeholder relationships across the system to support LGR readiness, shaping services to identify and address gaps through contract reviews and planning meetings. Include LGR transition planning in contracts, develop a workforce	C!!

Risk	Description	Action to avoid or mitigate risk	Risk rating
		resilience strategy, and map service gaps annually.	
Lack of staffing and the known difficulty within health and social care recruiting to all band levels required for the contract	Reduced capacity of staff in permanent roles due to lack of overall pool of staff in the system. Loss of staff during the recommissioning process or not wishing to TUPE could impact on the new service's delivery ability.	Limit agency use through contract clauses, require vetting protocols, and monitor surge staffing monthly. Ensure MDTs select the most suitable pathways to optimise staffing and system resources. Budgets must reflect rising demand, include annual NHS uplifts, and plan for future salary banding and cost-of-living increases. TUPE responsibilities must be clear, with details obtained and associated costs covered. Support providers with recruitment and cultural change through contractual service reviews and contingency planning	CIII
Shortage or use of agency staff for	Lack of service standard for provider or the locality system,	Apply quality standards including DBS checks and	CIV

Risk	Description	Action to avoid or mitigate risk	Risk rating
surge; reliability, safety and standards	lack of knowledge applied re local system, potential lack of quality or safety in the service delivery with higher accrued costs for agency staffing.	clinician registration across all agency use. Limit agency reliance through contract clauses, require vetting protocols, and monitor surge staffing monthly. Support early winter planning with contingency budgets to maintain staffing levels and meet demand.	
The level of acute hospital discharges per day facilitated by the contract has been insufficient to meet the rising system demand.	Has led to in contract rises in capacity for the service and if it continues will lead to extended lengths of stay and increased delays to discharge and extra pressures on other commissioned health and social care services across Medway and wider	Use best estimates of current and future service capacity and demand, noting limitations in incumbent provider data. Establish a robust reporting system across Kent and Medway, starting with Medway as a pilot. Transition from existing databases to enhanced reporting using the K&M data lake, expanding from Medway to Swale, then across HACP and the ICB.	BIV

Risk	Description	Action to avoid or mitigate risk	Risk rating
Integrity of data, accuracy of data and transfer of data if the incumbent is not successful	Provider could delay the transfer of data to the new provider. It is possible that the care plans, patient outcomes are not available to the new provider. This would present a health, safety and safeguarding risk to the patient and would affect the smooth transfer of care from one organisation to the other.	Ensure current contract requirements support accurate data transfers. Begin early discussions with the incumbent provider once the tender is published, specifying required data. Clearly state in the tender how bidders should handle data handovers. Allow a minimum three-month mobilisation period to resolve any data issues before service commencement.	BIII

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

9. Consultation

9.1. Commissioning did not hold a market engagement event with potential ICRS Providers. There are only two or three providers who are likely to express their interest. Discussions have been had with the current provider and with other key partners and stakeholders on specific future contract issues and to valuable insights and feedback have been incorporated into the new specification specifically around the collection and reporting of data and how it is shared.

9.2. A survey has been sent out to current service users and stakeholders. Whilst some information has been forthcoming, commissioners will be

reissuing the survey during early October 2025 in order to gain more insight.

9.3. Any insights gained from the extended survey will be incorporated into the new service specification.

10. Service Implications

10.1. Financial Implications

10.1.1. The impact of the current rise in population, demand and changes to the system i.e. introduction of the Transfer of Care Hub now called Care Transfer Hubs, have had a significant impact on demand: A few of the issues are highlighted below and the mitigation that has taken place to try and match capacity with demand.

- A continuous increase in the number of patients seen in P1 since the first two years of the current contract. P1 has risen from an initial 84 slots per week to 112 slots (33% increase) per week whilst there has been a decrease from 44 slots to 28 slots (36% decrease) per week in P2.
- During winter and now also into spring, capacity exceeds the current slots per week/ month or a regular basis. This has in part been counterbalanced by flexing resources from P2 to P1 and also by supporting the increase from the winter funding supplied via the BCF.
- Increased costs from the National Minimum Wage, NHS banding changes and also the rise to National insurance.

10.1.2 The provider has reported anecdotally that there has also been an increase in patient complexity. While the ICRS originally aimed to support the reablement of those with non-specialist needs, a broader range of needs is being met:

- Reablement Potential (Pre-Existing Baseline – original aim)
- Rehabilitation (New Baseline)
- Complex Cases (Bowel and continence, Co-Morbidity, Frailty, Neurological Trauma, Non-Weight Bearing, Obesity, Mental Health)

10.1.3 The more complex cases itemised above are not part of the old or current specification. These services are commissioned currently by the ICB.

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.

10.2.2 The process described in this report complies with the Procurement Act 2023 and 2024 regulations, Medway Council's Contract Procedure Rules.

10.2.3 This report identifies that this is a key decision and therefore must be presented to Cabinet.

10.3 TUPE Implications

10.3.1 The current provider of these contracted services owns the facility from which the services are delivered and employs staff who are dedicated to the operation of the contract.

10.3.2 In the event that an alternative provider is awarded the contract and delivers the services from a different location, the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) are likely to apply. This would constitute a service provision change, meaning that eligible staff currently assigned to the contract would have the right to transfer to the new provider under their existing terms and conditions.

10.3.3 Accordingly, the tender documentation for this procurement will include a statement advising that TUPE may apply, and that bidders are responsible for conducting their own due diligence in relation to any potential staff transfers.

10.4 Procurement Implications

10.4.1 An open procedure would enable sufficient competition in a relatively limited market.

10.5 ICT Implications

10.5.1 No ICT implications have been identified.

10.6 Climate Change implications

10.6.1 This contract aligns with Medway Council's Climate Change Action Plan 2025–2028, supporting the borough's commitment to achieved net zero carbon emissions by 2050. Through the reduction of single use plastics and the promotion of sustainable resource use, the service contributes to the Council's priority theme of "Resource Efficiency," which encourages practices such as refusing, reducing, reusing, and recycling.

10.6.2 Embedding environmentally responsible procurement and operational practices within the contract will help lower the carbon footprint of commissioned services and empowers providers to adopt greener behaviours. These actions reflect Medway's strategic ambition to create a cleaner, more resilient local environment and demonstrate leadership in tackling climate change across public sector 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	%

Outcomes	Measures	Standard Units
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
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

Care Act 2014 – Section 2: Preventing Needs for Care and Support
Charging and Assessment Regulations 2014
2025/26 NHS Payment Scheme – Annex D
Medway BCF Plan 2025–2026
BCF Policy Framework 2025–2026
ASCOF Measures – NHS Digital
ASCOF Definitions – GOV.UK
Climate Change Action Plan

One Medway Social Value
Kent & Medway Information Partnership