

Cabinet

10 February 2026

Gateway 1 Report: All Age Service (Substance Misuse)

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

Report from: Dr David Whiting, Director of Public Health

Author: Svajune Ulinskiene, Health Improvement Programme
Manager

Procurement Overview:

Total Contract Value (estimated): £26,011,695 (including extensions)

Regulated Procurement: Yes

Proposed Contract Term: 36 months initial term with two 24-month
extensions and will include break clauses to accommodate LGR.

Summary

This report seeks permission to commence the procurement of the Medway All Age Drug and Alcohol Prevention, Treatment and Recovery Service Contract.

1. Recommendation

- 1.1. The Cabinet is asked to approve the procurement of an All-Age Substance Misuse Service as per the preferred option 5, competitive process, as identified in paragraph 7.1.5. of the report.

2. Suggested reasons for decisions

- 2.1. A competitive procurement process enables a thorough exploration of the marketplace, ensuring that the best possible offer is secured for the Medway community. It promotes value for money, innovation, and quality by encouraging providers to demonstrate how they can meet local needs effectively.

3. Budget and policy framework

- 3.1. Funding for the provision of adult and children and young people substance misuse services forms a component of the Public Health Grant that is given to local authorities by central Government.

- 3.2. The Office for Health Improvement and Disparities (OHID) has shared indicative values for the next three years Public Health Grant (PHG) Substance misuse treatment element. These values highlight an increase in investment into substance misuse services within the Public Health Grant. The contract value is based on those indicative values. Year on year funding will be dependent on Central Government grant allocations, a clause in the contract will protect council finances.
- 3.3. From April 2026 funding for adults and children and young person's substance misuse services is part of the protected drug and alcohol prevention, treatment and recovery funding within the Public Health Grant. This funding includes the delivery of Independent Placement Support (IPS).
- 3.4. Break clauses will be embedded in the All-Age Service contract to allow for Local Government Reorganisation and future contract adjustments.
- 3.5. In 2021 Government published Drug Strategy 'From Harm to Hope'. The Strategy is structured under three strategic priorities: to 'Break drug supply chains', 'Deliver a world-class treatment and recovery system', and 'Achieve a generational shift in demand for drugs'.
- 3.6. The *From Harm to Hope* strategy emphasises the importance of local collaboration and has led to the establishment of Combating Drugs Partnerships (CDPs). The Treatment and Recovery Service is directly contributing to the Medway CDP, with outcomes and impact measured through an established National Outcomes Framework.
- 3.7. The key focus of the Treatment and Recovery Service has been to increase the number of adults and children entering substance misuse treatment, while also promoting visible recovery through successful outcomes, peer mentoring schemes, and robust family interventions.
- 3.8. Provider selection regime (PSR) came into force in January 2024 and as this is a health service, it is a requirement to procure it under PSR. The Public Health Commissioner has worked with the Category Management Team to establish the process they need to follow to tender the contract under competitive process.

4. Background Information and Procurement Deliverables

- 4.1. The commissioning responsibility for both adults and children and young people substance misuse services sits with Medway Council's Public Health Directorate.
- 4.2. Historically, Medway has commissioned adult and children and young persons (CYP) drugs and alcohol services via two separate contracts. In 2024, a single lead provider with specialist sub-contractor, became responsible for the delivery of adults and CYP substance misuse services in Medway, but these remained as two separate contracts.

- 4.3. Current contract arrangements do not align, as the Children and Young People's contract does not include an option for extension. This creates a gap in continuity and means that both the children's and adult contracts will need to be recommissioned. Recommissioning provides an opportunity to ensure both contracts are aligned with local priorities, national strategies, and evolving needs.
- 4.4. The commissioning of all age, age appropriate, service aims to improve the transition between young persons and adult's services and aims to improve system working under the Medway Combating Drugs Partnership.
- 4.5. Historically the contract length was 3 years initial term plus 2 one-year extensions. This short-term contract was identified as a risk by providers at soft market engagement. The average contract lengths across the region including extensions were identified as 7 years 11 months. Therefore, commissioners propose this contract to consist of 3-year initial term plus two 2-year extensions offering stability for providers and people using services.
- 4.6. Drugs and alcohol-related deaths remain a key priority. Although local rates have been low, there has been a recent increase that reflects the national trend. The service will deliver interventions to prevent drugs and alcohol related deaths.
- 4.7. The commissioning of all age service aims to meet the needs of Medway residents through age-appropriate prevention, treatment and recovery interventions with harm reduction, person centred holistic support embedded throughout that aligns with Medway Council values and national drugs strategy. The service specification will incorporate principles that address these aspects:
 - Single Contract – All Age Service - A lead provider will be responsible for the overall delivery of services across all age groups.
 - Specialist Services and Intervention - Delivered by specialist staff, covering All Age Prevention, All Age Recovery, and All Age Treatment.
 - Harm Reduction - Reducing likely harms to people who are using substances.
 - Assertive Outreach - Targeted support for individuals who require proactive engagement.
 - Family and Community Focus - Emphasis on strengthening families and communities as part of the recovery process.
 - Co-Produced Services - Designed, delivered, and evaluated in collaboration with individuals who have lived and living experience.
 - Improved Transitions - Enhanced experience and outcomes between children's and adult services, supported by a dedicated transitions worker.
 - Children and Young People centred delivery - Services for children and young people will be delivered in settings tailored to their needs, separate from adult service localities.

- Criminal Justice Collaboration - Active partnership with criminal justice organisations to boost treatment engagement and reduce offending among both children and adults.
- Dedicated employment support (Individual Placement Support) - The new procured service contract management will include measures to evaluate both quantitative and qualitative success.

4.8. Parent Company Guarantee/Performance Bond Required

- 4.8.1. Lead Officer requests that the Parent Company Bond be waived, funding is ringfenced from drugs and alcohol via the PHG. We pay the provider pro rata (for the month/quarter passed).

5. Procurement Dependencies and Obligations

5.1. Project Dependency

- 5.1.1. This procurement project is stand alone. However, the contract will work collaboratively with other services to meet the needs of Medway residents.

5.2. Statutory/Legal Obligations

- 5.2.1. It is a statutory requirement for Local Authorities to deliver drug and alcohol services. In December 2025 Central Government announced a protected drugs and alcohol allocation in Public Health Grant to deliver drug and alcohol prevention, treatment and recovery services.
- 5.2.2. Since 2013 local authorities have responsibility for improving health and wellbeing of their local population, including services aimed at reducing alcohol and drugs misuse. The responsibility of local authorities is set out in the Health and Social Care Act 2012. The funding to local authorities for commissioned Public Health Services is ring fenced under the Public Health Grant.
- 5.2.3. The Act is also the basis for the ring fenced Public Health Grant to Local Authorities to meet the responsibilities under the Act; a Local Authority Circular on Public Health conditions (LAC(DH)(2014)2) stipulates that 'a local authority must in using the grant, have regard to the need to improve the take up of and outcomes from, its drug and alcohol misuse services'.
- 5.2.4. The Local Authority has a statutory duty to carry out assessments and arrange provision to meet needs where eligible and appropriate (NHS and Community Care Act 1990; Care Act 2014). The Children's Act (1989) places responsibility to 'safeguard and promote the welfare of children within their area' – the CYP substance misuse services directly contribute to this responsibility.

5.3. Procurement Project Management

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

5.3.2. Public Health will support the process through the Public Health Manager (Substance Misuse) and the Senior Public Health Manager (Vulnerable Adults).

5.4. Post Procurement Contract Management

5.4.1. The management of any subsequent contract will be the responsibility of the Public Health Manager (Substance Misuse).

5.4.2. To ensure the needs of the requirement are met and continuously fulfilled post award, the following KPIs will be included in the tender and will form part of any subsequent contract.

	Title	Short Description	%/measurement criteria
1	Numbers in treatment	Service delivery will be flexible to enable people to access treatment reducing unmet need in Medway.	Increasing number of adults in treatment Increasing number of children and young people accessing treatment and support
2	Successful Completions	The provider will be required to demonstrate the effectiveness of interventions through measurable outcomes, including the number of individuals successfully completing treatment and achieving sustained recovery.	To achieve England average successful completion rate and above for all drug types and alcohol.
3	Prevention and Early Intervention	Substance misuse is reduced across Medway through practice community-based education and early support resulting in fewer cases, lower risk behaviours and improved resilience in young people and vulnerable groups	Number of early interventions delivered to priority/high risk groups Number of sessions delivered in schools and youth settings Number of professionals trained in early interventions

	Title	Short Description	%/measurement criteria
4	Harm reduction	The provider will deliver effective and efficient harm reduction advice to individuals using substances, as well as to professionals across Medway system partners. Provider will take the harm reduction offer into the community, reaching people where they are and reducing barriers to access	Number of naloxone kits and/or needle packs distributed Number of Naloxone training sessions completed Number of individuals issued with harm reduction items Number of outreach sessions completed
5	Continuity of care	The provider will actively collaborate with Criminal Justice partners in both community and secure settings. Supporting engagement of individuals upon prison release, facilitating access to structured treatment pathways post release and strengthening continuity of care between custody and community services.	% of individuals engaged in community treatment programme within 3 weeks post release from prison
6	Children and Families	The provider will develop effective working relationships with children's and adult social care services, schools, and other relevant support services to: <ul style="list-style-type: none"> • Establish clear referral pathways to ensure coordinated access to appropriate support. • Work to ensure that families are supported as a unit, promoting holistic care and reducing fragmentation of services. 	Number of families completing MPACT programme Number of children and young people engaged in group work Number of educational workshops delivered in schools Number of young people successfully transitioned into adult service
7	Recovery	Visible recovery within All age Service and Medway Community.	Number of attendances at diversionary and recovery community events

	Title	Short Description	%/measurement criteria
			Number of volunteers and/or peer mentors recruited, trained and mobilised
8	Lived Experience and Co-Production	Services are strengthened and shaped by the voices of those with lived experience leading to more relevant, effective and trusted support across prevention, treatment and recovery	Evidence of co-production in service design and delivery Evidence of consistent service user consultations Case studies that evidence principals of the service specification
9	A stable workforce and workplace environment	Service users will receive continuity of service through a workforce with low staff turnover. Premises will reflect the professionalism of the service.	Numbers of staff leaving the service <10% per annum. Themes from exit interviews shared with commissioners. Annual review of premises used

5.4.3. Further key performance indicators (KPIs) will be co-designed in collaboration with the successful provider. This approach will ensure that performance measures are meaningful, aligned with service priorities, and responsive to the evolving needs of the Medway population.

6. Market Conditions

- 6.1. Whilst the market is competitive, with numerous providers of substance misuse services available, a deep dive activity into commissioning across the South East network identified that many local authorities awarded to the incumbent provider when recommissioning.
- 6.2. Recruitment and retention are likely to be an issue for all providers, but particularly for lower paying organisations. There are staff shortages across the sector with significant numbers leave the sector for higher paid and lower stress roles.

7. Procurement Options

- 7.1. As this is a (predominantly) health-based services contract, the Provider Selection Regime dictates the following options:

- 7.1.1. **Option 1 – Direct Award Process A:** Direct award process A must be used where there is an existing contract and there is no realistic alternative provider due to the nature of the services. It cannot be used to award newly established services nor frameworks.

Process A is not applicable for this procurement activity as the existing provider is not the only capable provider.

- 7.1.2. **Option 2 – Direct Award Process B:** Direct award process B must be used where there is unlimited patient choice and the Local Authority has, or would establish, a system to admit all eligible providers. It cannot be used to award newly established services, nor frameworks.

Process B is not applicable for this procurement activity as the existing provider is not the only capable provider, and the model differs to current contract.

- 7.1.3. **Option 3 – Direct Award Process C:** Direct award process C may be used where there is an existing provider whose satisfied the current contract, which is ending, is likely to satisfy a new contract with no considerable changes to the services, and Direct award processes A nor B apply. It cannot be used to award newly established services, nor frameworks.

Whilst the current provider is delivering an effective service, the contracts for Children and Young People (CYP) and Adults remain separate. The proposed merger of CYP and Adult services represents a considerable change to the delivery model and therefore not permissible.

- 7.1.4. **Option 4 – The most suitable provider process:** The most suitable provider may be used where Direct award processes A nor B do not have to be applied, and the Council does not wish to or cannot follow direct award process C. It cannot be used to establish a framework but can be used for a newly established service.

Whilst the current provider is delivering an effective service, the contracts for Children and Young People (CYP) and Adults remain separate. The proposed merger of CYP and Adult services represents a considerable change to the delivery model.

- 7.1.5. **Option 5 – The competitive process:** The competitive process must be used when direct award processes A nor B apply, the Council cannot or does not wish to follow direct award process C or wishes to establish a framework agreement or similar.

This option is supported by both the commissioning team and Category Management.

- The current provider is not the only organisation capable of meeting the requirements of the new contract.
- Premarket engagement has been undertaken, with several providers expressing interest in delivering the new contract.
- The current contracts must be recommissioned due to misalignment in contract length and the absence of an extension option within the Children and Young People's contract.
- Open Market Procurement process.

7.2. Advice and analysis

7.2.1. We propose procuring this contract through a competitive tendering process to ensure transparency, value for money, and the opportunity to secure the most suitable provider for the Medway community.

7.2.2. Competitive process has been recommended by Category Management.

7.2.3. It is recommended that the contract length be a 36-month term with the option to extend for two 24 months extensions by mutual agreement.

7.3. Evaluation Criteria

7.3.1. The Provider Selection Regime mandates the use of 'key criteria' as the only scoring criteria. The table below details the key criteria as well as the scoring methodology applied for this tender.

7.3.2. Officers propose to evaluate bidders against the following quality criteria within the tender.

7.3.3. Officers propose to evaluate bidders against the following quality criteria within the tender.

Key Criteria	Weighting (%)	Purpose
Social Value	5%	<p>Number of local direct employees (FTE) hired or retained for retendered contracts, measured over one year or the full duration of the contract (whichever is shorter).</p> <p>Percentage of local employees (FTE) engaged on the contract.</p> <p>Initiatives taken or supported to engage people in health interventions (e.g., smoking cessation, obesity reduction, healthy eating).</p> <p>Wellbeing initiatives delivered in the community, including physical activity programmes for both adults and children.</p>

Key Criteria	Weighting (%)	Purpose
		<p>Innovative measures to promote local skills and employment opportunities, delivered through the contract.</p> <p>Activities co-designed with stakeholders or communities to maximise local benefit. Initiatives that deliver social and economic benefits while minimising carbon footprint (e.g., sustainable delivery models, green skills development).</p>
Improving access, reducing health inequalities, and facilitating choice	30%	<p>Services are designed to be accessible in both time and location, meeting the needs of a wide variety of service users.</p> <p>Recognising that some individuals may face barriers in attending, the service will proactively reach out to them, building trust, links, and understanding to ensure they feel the service is for them. Access is offered through multiple channels, combining technology with traditional healthcare methods. The service is inclusive and actively removes barriers for people at risk of substance misuse. The service will provide:</p> <ul style="list-style-type: none"> • Clinics and outreach tailored to local needs • Partnerships with community organisations • Flexible approaches that put people at the centre • Staff who recognise that individuals think, behave, and value different things, adapting delivery accordingly <p>Prevention is embedded into all aspects of service delivery. Substance misuse will be prevented, diagnosed, and treated quickly, reducing the risk of worsening ill health and minimising the impact on families. Dedicated, age appropriate, and safe locations will be provided to meet the diverse needs of both children and adults.</p>
Integration, collaboration, and service sustainability	25%	<p>The service acts as a system leader, sharing expertise to develop the skills and knowledge of its staff, the wider workforce, and the community. Working with system partners, the service uses an action plan to monitor progress and drive continuous improvement.</p>

Key Criteria	Weighting (%)	Purpose
		<p>Collaboration is prioritised over competition, with the service actively welcoming partnership opportunities to meet community needs. This approach brings together organisations and individuals committed to improving outcomes for people affected by substance misuse.</p> <p>The service supports people of all ages to reduce or stop substance misuse, while improving health and wellbeing outcomes through age appropriate and flexible provision. Safeguarding and support are defining features of the service, ensuring that vulnerable individuals are protected at every stage.</p> <p>Rapid access to substance misuse services will be provided to meet both immediate and long-term needs. As those needs evolve across the life course, the service will work closely with partners in General Practice, Pharmacy, lived experience networks, and other system partners to ensure care remains continuous, responsive, and appropriate.</p> <p>A clear plan is presented for staff recruitment, training, retention and pay.</p>
Quality and innovation	20%	<p>The service is designed for and with the people of Medway. Residents are not viewed simply as service users or patients, but as active partners in managing their own health. Their views are valued, shaping how the service operates, with clear evidence that feedback has been listened to and acted upon.</p> <p>The service will be guided by robust evidence, continually learning, contributing to, sharing, and adapting its practices to ensure effectiveness and relevance.</p> <p>The service will recognise and embrace its role in achieving both national targets and local priorities, ensuring delivery is aligned with wider health and wellbeing strategies.</p>
Value	20%	The service is committed to delivering excellent value for money, ensuring that

Key Criteria	Weighting (%)	Purpose
		<p>resources are used efficiently and savings are made where waste can be reduced. Innovation is embraced to lower costs and maximise the impact on health outcomes, making the best use of finite resources.</p> <p>When people access the service, their whole health and wellbeing is considered, addressing physical, emotional, and mental needs. The service operates as part of a wider system, working in partnership to reduce health inequalities and supporting individuals to access the full range of services they need to achieve better overall health.</p> <p>Spend plans include training, development and retention of the Medway workforce.</p>

8. Risk Management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Not met Commissioning timelines	If the commissioning timeline is not met, there is a risk of delays to service implementation. As notice will have already been served on existing contracts, this could result in a gap in service provision, potentially impacting service users and continuity of care.	Detailed commissioning timeline with clear milestones and responsibilities are in place. Extra resource to support with the commissioning process in place.	CIII
Lack of interest from potential providers – no bids received.	There is a risk that providers may choose not to submit bids for a range of reasons, including concerns around profitability, deliverability, or the proposed contract length. If no suitable bids are received—and the incumbent provider is either unwilling or unable to extend the current contract or imposes unreasonable conditions—Medway could	Soft market engagement event held in 2025. Further market engagement event to gauge interest and gather feedback from potential providers will be hosted. Market engagement event will be used as opportunity to understand barriers to bidding and adjust	CIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	<p>be left without a commissioned substance misuse service. This would pose a significant risk to service continuity and patient safety.</p>	<p>the specification or contract accordingly if needed The proposed contract length is 60 months, with an optional two-year extension. This offers providers long-term continuity and financial stability, making the opportunity more attractive and sustainable. Open lines of communication during the tender period to respond to queries and clarify expectations will be held.</p>	
Loss of staff	<p>Recruitment and retention challenges within substance misuse services are becoming increasingly significant. During the recommissioning process, there is a risk that existing staff may choose to leave or opt not to transfer under TUPE arrangements. Any resulting workforce gaps could significantly impact the incoming provider's ability to mobilise and deliver services effectively from the outset, potentially disrupting continuity of care.</p>	<p>Commissioners will work with the incumbent provider to engage and keep staff informed of recommissioning process to reduce uncertainty and anxiety. Commissioners will work with the incumbent provider to ensure staff are informed of their rights under TUPE, timelines and what to expect during transition period.</p>	BII
Funding	<p>Uncertainty around Public Health Grant levels of funding from 2029.</p>	<p>Ongoing review of levels of funding and services delivered to forward plan.</p>	CIV
Local Government Reorganisation	<p>Local government reorganisation, scheduled for 2028 will occur during the lifetime of the new All Age Substance Misuse</p>	<p>Having all age contract running alongside Local Government Reorganisation is</p>	AIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	<p>contract. This presents a potential challenge, as changes to geographical boundaries, commissioning responsibilities, and governance structures could impact the scope, delivery model, and accountability arrangements of the contract.</p>	<p>perceived as a positive measure. It offers consistency, stability, and reassurance for both service users and staff at a time of structural change and potential uncertainty, helping to maintain continuity of care and minimise disruption.</p> <p>Potential challenges arising from expanded geographical boundaries and future commissioning responsibilities for substance misuse treatment services are currently being explored in collaboration with legal colleagues at Medway Council. This proactive approach aims to ensure that the All-Age Contract remains robust, adaptable, and compliant in the context of local government reorganisation.</p>	
<p>Children and young people needs being deprioritised in an all-age model</p>	<p>There is a recognised risk that, within an all-age service model, the specific needs of children and young people may become deprioritised. Ensuring that age-appropriate, developmentally informed, and trauma-sensitive approaches are embedded throughout the service is essential to safeguarding the quality and effectiveness</p>	<p>To mitigate this risk, dedicated portion of the funding will be ring-fenced specifically for children and young people's services. This will ensure their needs remain a priority within the all-age model. Robust monitoring and reporting mechanisms will be</p>	<p>CIII</p>

Risk	Description	Action to avoid or mitigate risk	Risk rating
	of care for younger service users.	established to track delivery, outcomes, and resource allocation, ensuring accountability and sustained focus on this age group.	
Unavailable premises	The current provider holds the lease for Kingsley House, where the treatment service is based. The lease is due to end at the same time as the contract. Should the current provider be unsuccessful in this tender, there is a significant risk that a new provider would not have immediate access to CQC suitable premises, potentially delaying mobilisation of the service.	Commissioners have met with colleagues from the Facilities Team to explore potential options and solutions. This work is ongoing, with further updates to follow as discussions progress. Mobilisation period will be 6 months allowing for contingency plans to be put in place with the new provider.	CII

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

9. Consultation

9.1. CYP Needs assessment was completed in 2024.

9.2. Adults Needs Assessment was completed in 2022.

9.3. In 2025 a review of CYP and Adults needs assessments was carried out by Public Health following additional consultation with stakeholders and people using services.

- The review included additional consultation with the following agencies:
- 8 interviews with stakeholders: Police, NHS, Probation, Youth Justice, Housing, Children's services
- Feedback from current provider (5 members of staff)
- Discussions and survey with commissioners of All-Age service (9)
- Review of recent primary research

- Service user focus groups: recovery peer mentors and service users (9), Pathway peer mentors (4)
 - Soft market engagement survey (10)
- 9.4. This process highlighted a rich depth of insight into what is working well within current services, as well as areas requiring improvement.
- 9.5. Common themes identified:
- More coordinated, tiered, and culturally adaptable services.
 - Better data and understanding of young people needs.
 - More agile outreach to those not in education.
 - Smoother transitions for 16–18-year-olds.
 - Realistic educational messages focused on harm reduction.
 - Seamless referral pathways.
 - Named workers and continuity of care.
 - Importance of longer contract lengths to increase stability in the workforce (average contract lengths across the region including extensions was 7 years 11 months).
- 9.6. Public Health conducted a pre-market engagement survey for potential providers, with 8 providers participating.
- 9.7. In addition, Public Health intends to arrange a formal market engagement event prior to launching the tender process.

10. Financial Implications

- 10.1. The procurement requirement and its associated delivery as per the recommendations will be funded from existing revenue/capital budgets.

11. Legal Implications

- 11.1. This contract will be procured in accordance with the Procurement Act 2023 and its associated regulations. As such, the procurement process must adhere to the principles of transparency, equal treatment, and value for money, while also ensuring compliance with the new requirements for competitive tendering, publication of notices on the central digital platform, and alignment with the National Procurement Policy Statement.

12. TUPE Implications

- 12.1. In the event that the incumbent provider is not successful in this tender process, the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) will apply to staff employed by the provider at the time of transfer of the contract. Staff numbers to which TUPE will apply is 38.

13. Procurement Implications

13.1. We will be conducting a competitive process under the Provider Selection regime (PSR).

14. ICT Implications

14.1. No ICT Implications expected.

15. Climate Change implications

15.1. The services will ensure that environmental considerations are incorporated into all aspects of delivery. This will include the implementation of Needle Syringe Programmes designed to encourage people who inject drugs to return used needles to distribution sites and to utilise sharps bins for safe disposal, thereby aiming to reduce the prevalence of drug litter across Medway.

15.2. The Public Health Team have established strong working relationships with Environmental Services and the commissioner of Medway Council's waste contract. Information regarding identified 'hotspots' and reports of drug litter is routinely shared between teams and fed back to the provider's outreach team, enabling these locations to be incorporated into their visits.

15.3. The provider will be encouraged to reduce their carbon footprint by utilising an online database and adopting digital means of contact with clients, such as telephone, email, and text messaging, rather than letters where appropriate. In addition, staff will be encouraged to use public transport or car-share arrangements in roles where regular travel is not required.

16. Social, Economic & Environmental Considerations

16.1. Social Value is one of the quality criteria bids will be evaluated against:

- Number of local direct employees employed (FTE) hired or retained for re-tendered contracts, measured over one year or the full duration of the contract (whichever is shorter).
- Percentage of local employees (FTE) engaged on the contract.
- Initiatives taken or supported to engage people in health interventions (e.g. smoking cessation, obesity reduction, healthy eating).
- Wellbeing initiatives delivered in the community, including physical activity programmes for both adults and children.
- Activities co-designed with stakeholders or communities to maximise local benefit.
- Initiatives that deliver social and economic benefits while minimising carbon footprint (e.g. sustainable delivery models, green skills development).

Service Lead Officer Contact

Name: Svajune Ulinskiene
Title: Health Improvement Programme Manager
Department: Public Health
Email: svajune.ullinskiene@medway.gov.uk

Appendices

Exempt Appendix 1 – Financial Analysis

Background Papers

[Government Drugs Strategy 2021 'From Harm to Hope'](#)