Cabinet

4 August 2026

Gateway 1: Supported Living Services for Adults Aged 18+

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

Report from: Jackie Brown, Assistant Director of Adult Social Care

Author: Su Irving, Head of Adults Partnership Commissioning

Procurement Overview
Total Contract Value (estimated): £300,761,549
Regulated Procurement: Yes
Proposed Contract Term: 84 Months

Summary

This report seeks permission to commence the procurement of Supported Living Services for Adults Aged 18+.

1. Recommendation

1.1. The Cabinet is asked to agree to pursue the procurement of the Supported Living for Adults 18+ service as per the preferred option 4 identified in paragraph 7.2.5. of the report following legislation contained within the Procurement Act 2023.

2. Suggested reasons for decision

2.1. Ensure the Council are able to meet its duties under the Care Act 2014 by commissioning appropriate care and support for individuals with eligible needs.

2.2. Supports independence and community-based living, enabling adults aged 18+ with a range of needs (including mental health, learning disabilities, autism, and complex conditions) to live as independently as possible through high-quality supported living services.

2.3. Establishes a structured and compliant contract that improves cost control, reduces inefficiencies, and ensures greater oversight of quality and safeguarding standards.

2.4. Respond to increasing demand and future pressures, including transitions from children's services, hospital discharge pathways, and reducing out-of-area placements, by creating a sustainable and flexible supported living market.

2.5. Promote alignment and collaboration with Kent County Council, helping to standardise approaches where appropriate, create comparable services across the Kent and Medway footprint, and improve market management while maintaining local flexibility. This alignment will help the new authorities reshape, whilst still delivering services, through Local Government Reorganisation (LGR).

3. Budget & Policy Framework

3.1. Ensuring that the most vulnerable in our community are cared for and supported is one of the most important roles of the council. Priority 1 of the One Medway Council Plan is Delivering quality social care and community services; this will be achieved through Supported Living provisions.

3.2. Supported Living services enable individuals to maintain their health, wellbeing, and safety while promoting independence, for those who require support with activities of daily living. Support is delivered within a person's own home and is tailored to meet individual needs, strengths, and outcomes.

3.3. Supported Living services are typically made up of care and accommodation. The care and support is delivered by commissioned care provider and the individual holds a tenancy agreement with a landlord to live in shared accommodation or where required a single person property. Supported Living can be provided on a 'support only' basis where there is no need for accommodation. Support levels can vary from lower-level assistance through to more intensive or 24-hour support arrangements, depending on individual requirements.

3.4. Where Supported Living services are commissioned by Medway council, a financial assessment will be undertaken to determine the contribution an individual is required to make towards the cost of their care and support.

3.5. A failure to ensure sufficient supply of good quality Supported Living provision could result in increased reliance on more intensive or institutional care settings, avoidable hospital admissions, and poorer outcomes for individuals, alongside higher social and financial costs.

3.6. Insufficient Supported Living provision would also impact the ability to facilitate timely hospital discharge, as well as limit opportunities to move individuals on from residential care into more independent settings. This supports Medway

Council's role within the Health and Care Partnership and Kent and Medway Integrated Care System.

3.7. It is the responsibility of Medway Council to ensure the availability of a diverse range of high-quality Supported Living services, supporting choice, independence, and positive outcomes for working-age adults.

3.8. The provision of Supported Living services for adults aged 18+ is funded through the Adult Social Care budget.

4. Background Information and Procurement Deliverables

4.1. Background Information

4.1.1. Demand for Supported Living services in Medway has increased steadily over recent years, with a growing number of adults aged 18+ requiring support to live independently in the community. This includes individuals with learning disabilities, autism, mental health needs, physical disabilities, and more complex conditions, with further demand projected through transitions from children's services, hospital discharge pathways, and individuals placed out of area.

4.1.2. Medway's own supported living data confirms this trajectory. Since 2019/20 the number of people supported has grown across all three primary client groups. Learning disability clients have increased from 171 to 238 (a rise of 39%), physical disability clients from 19 to 36 (89%), and mental health clients from 24 to 95 – an increase of 296% over six years.

4.1.3. Over the same period average weekly costs have risen substantially: from £896 to £1,741 per week for learning disability clients (94% increase), from £1,101 to £1,548 for physical disability clients (41%), and from £739 to £1,539 for mental health clients (108%). Crucially, these cost increases have consistently outpaced the annual uplifts agreed with providers, which have ranged from 1% to 6% per year. This reflects the current price model, which sees each placement priced at the start of the placement using the cost of care calculator tool 'Care Cubed.' This means the known costs and inflationary pressures faced by providers over recent years are account for in the weekly rates at the commencement of the placement.

Client group	Clients 2019/20	Clients 2025/26	Client growth	Avg weekly cost 2019/20	Avg weekly cost 2025/26
Learning disability	171	238	**+39%**	£896	£1,741
Physical disability	19	36	+89%	£1,101	£1,548

Mental health	24	95	+296%	£739	£1,539

Source: Medway Council internal supported living data (December 2025). Cumulative uplift reflects annual provider uplifts applied 2020/21 to 2025/26. Cost increase reflects actual average weekly placement cost movement and includes the effect of both volume growth and individual pricing under the current CareCubed pricing model

4.1.4. Previous commissioning intentions have been impacted by wider system pressures; however, the need to progress recommissioning has become increasingly important due to:

- Rising demand and complexity of need, including individuals requiring more intensive or specialist support.
- Limited availability of appropriate accommodation and support locally, particularly for individuals with complex needs.
- Ongoing reliance on out-of-area placements, which can impact outcomes and increase costs.
- Pressures across the wider health and social care system, including hospital discharge and pathway flow.

4.1.5. Supported living provision plays a critical role in enabling:

- Timely hospital discharge and preventing unnecessary admissions.
- Transitions from children to adult services.
- Step-down from residential care into more independent settings.

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?**
Appoint providers who can deliver supported living service requirements	Performance and compliance visits, provider reports, service user feedback and	Adults Partnership Commissioning, Business and Intelligence (BI) Team, Adult	At tender evaluation and contract award; ongoing through

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs / outcomes?	When will success be measured?
	surveys, outcomes monitoring	Social Care (ASC) Teams	contract management and review meetings
Develop a model that includes a range of supported living provision and stimulates the market	Evidence of increased provider participation, availability of different support models (e.g. shared support, 24-hour support), development of banded support structures including complex needs	Adults Partnership Commissioning, BI Team, ASC Teams	Post procurement through contract management and market monitoring
Deliver sustainable, flexible services that are cost effective	Ongoing engagement with providers regarding sustainability; monitoring of placement costs; availability of local provision within agreed rates; service user feedback	Adults Partnership Commissioning, ASC Teams	Ongoing post procurement through contract management and annual reviews
Ensure sufficient local provision to meet a range of needs	Increased availability of supported living placements in Medway; reduction in out-of-area placements; improved access to appropriate accommodation	Adults Partnership Commissioning, ASC Teams, BI Team	Post procurement and monitored regularly through performance reporting

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs / outcomes?	When will success be measured?
Embed personalised, person-centred support models	Evidence of personalised support planning; service user feedback; provider reporting on outcomes achieved and independence goals	Adults Partnership Commissioning, Quality Assurance (QA) Team, ASC Teams	At review points and ongoing through QA visits and contract management
Promote independence and community inclusion	Providers demonstrate progression in independence, reduced support needs where appropriate, and engagement in community-based activities	QA Team, Adults Partnership Commissioning, ASC Teams, BI Team	At individual review stages and during QA visits
Support health, wellbeing, and prevention agenda	Performance and compliance visits; evidence of preventative approaches; reduced hospital admissions or escalations where appropriate	QA Team, Adults Partnership Commissioning, ASC Teams	Post procurement through contract monitoring and partnership reporting
Deliver services that meet individual needs and achieve desired outcomes	Evidence that care and support is co-produced with individuals; service user feedback; provider performance on complaints and outcomes	Social Work Teams, Adults Partnership Commissioning, QA Team	At individual reviews and annually through QA visits and contract meetings

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs / outcomes?	When will success be measured?
Ensure quality, safeguarding, and consistent standards across providers	QA visits, safeguarding monitoring, provider compliance against KPIs and contract requirements	QA Team, Adults Partnership Commissioning, ASC Teams	Ongoing through contract management and formal QA programme

5. Parent Company Guarantee/Performance Bond Required

5.1. 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.

6. Procurement Dependencies and Obligations

6.1. Project Dependency

6.1.1. This project is standalone with no linkage to any other procurement projects or procurement programmes. Internal project dependencies are outlined below:

6.1.2. ASC operational teams (including social work teams) to assess individual needs, develop care and support plans, review outcomes, and ensure services remain appropriate and person-centred.

6.1.3. Providers to develop diverse, sustainable supported living market capable of delivering flexible, outcome-focused care and support, including for individuals with complex or specialist needs.

6.1.4. Housing providers and landlord partnerships to give access to suitable accommodation, requiring effective relationships between care providers, registered housing providers, private landlords, and the Council's housing functions.

6.1.5. ASC Integrated Discharge Team (IDT) and Hospital Brokerage functions to support timely hospital discharge by identifying, referring, and facilitating placements into appropriate supported living services, including step-down and community-based pathways.

6.1.6. ASC Brokerage Team to source, match, and arrange supported living placements for adults assessed as requiring care and support.

6.1.7. QA Team to undertake quality monitoring of supported living providers, including service reviews, compliance visits and performance monitoring oversight. This includes supporting provider improvement where risks, quality concerns, or regulatory issues are identified.

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/or mental health conditions.

6.2.2. The Care Act 2014 and statutory guidance form the basis of duties for Local Authorities. A key principle within the Act is to promote an individual's wellbeing by ensuring the care and support received meets the individual's identified outcomes, which in turn supports people to live as independently as possible for as long as possible. Under the Act, local authorities can provide or commission services in a variety of ways, including through a Direct Payment, to meet the needs of those it assesses as eligible for services.

6.2.3. When arranging services, local authorities must also ensure commissioning practices and the services delivered comply with legal frameworks such as; the Human Rights Act 1998, the Equality Act 2010, and the Mental Capacity (Amendment) Act 2019.

6.2.4. 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.

6.3. 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, ASC.

6.4.2. Providers appointed to the contract will be required to keep and maintain a data dashboard for KPI purposes.

6.4.3. To ensure the needs of the requirement are met and continuously fulfilled post award, the following example 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. A full finalised list of KPI's will be detailed in the Gateway 3 report.

Title	Short Description	%/measurement criteria
Care Plan Reviews and Risk Assessments	Review of care plans within timeframe outlined in Service Specification	%95 of all residents
Service User Outcomes	Progress against individual outcomes, independence levels, reduction/increase in support hours. Measures effectiveness of support and focus on independence.	>50% at point of annual review improvement >20% reduction in support hours at annual review
Safeguarding & Incidents	Number, type, and outcomes of safeguarding alerts, incidents, and accidents	<5% of residents per quarter
Complaints & Feedback	Number of complaints, response times, service user satisfaction surveys	<5% of residents, 95% of response within stipulated timeframes, >80% good user satisfaction
Placement Data	Data provided each month, number of placements and voids	>90% returned on time during the year
Hospital Discharge Activity	Number of individuals placed via discharge pathways, delays, and outcomes	%number of placements, >80% of discharged within timeframe outlined in service specification
Provider Performance	Compliance visits, CQC Rating (if applicable), improvement plans	Annual review

6.4.4. The KPIs as denoted within paragraph 6.4.3 will be monitored on a monthly basis. This collation will enable the production of quarterly reports on individual providers and the service overall. Those not performing will be reported to the next available C&A DMT meeting for discussion and agreed remedial action.

7. Market Conditions and Procurement Approach

7.1. Market Conditions

7.1.1. Current market conditions indicate a good level of interest within the marketplace. Commissioners are confident that Providers will tender for the service**.**

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:** Avoids immediate procurement costs and resource pressures.

- Supported Living is a statutory service under the Care Act 2014; failure to recommission places the Council at significant reputational and legislative risk.

- Continued reliance on spot purchasing and out-of-area placements, resulting in higher costs, inconsistent quality, and reduced oversight.

- The Council would lose the opportunity to update the current contract, ensuring compliance with the Procurement Act 2023 and alignment with best practice.

- Does not support development of improved models of care, including flexible support arrangements or banded approaches for complex needs.

7.2.3. **Option 2 – Extend the current contract:** There is no extension provision in the current Dynamic Purchasing System (DPS) for Supported Living services which ends on 28 February 2027.

7.2.4. **Option 3 – Utilise a framework or existing contract to meet this need:** There are no known existing frameworks or contracts that would meet this need.

7.2.5. **Option 4 – Competitive procurement:** Supports establishment of an Open Framework, allowing new providers to join at defined intervals, increasing flexibility and market growth. greater market stability, enabling providers to invest in accommodation and service delivery.

The Open Framework would be reopened after 1 year of go live (February 2028) and then periodically every 1–2 years (subject to certain factors) to allow new providers to join supporting market growth and innovation and aligning with wider system changes such as Local Government Reorganisation.

7.2.5.1. Open (single stage) Procedure: Simple and transparent procurement process, enabling all providers to submit applications. Encourages maximum provider participation, which is important given the need to develop the supported living market.

7.2.5.2. Competitive Flexible (multi-stage) Procedure: This would consist of multiple submissions from providers with a shortlisting stage which would be time consuming given the high number of providers anticipated to apply. 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.

7.2.5.3. Subject to approval, it is proposed a competitive tender exercise using the open procedure is undertaken to establish an Open Framework of suitably qualified and experienced care providers (Option 4), the timetable of which is outlined as follows:

Procurement Stage	Purpose/detail	Deadline
Tender Publication	Tender Issued	1 October 2026
	Tender Close	2 November 2026
Evaluation and Governance	Evaluation period	3 November to 10 November 2026
	Gateway 3 Report Governance (CADMT, Procurement Board)	24 November 2026 17 December 2026
	Gateway 3 Report – Cabinet Approval	12 January 2027
	Standstill period	January 2027
	Contract Award Notice	26 January 2027
Mobilisation and Contract Start Date	Mobilisation	February 2027
	Contract Start	28 February 2027

7.2.6. **Option 5 –** There are no further options to explore.

7.3. Contractual synergies

7.3.1. Whilst not a joint procurement exercise, the design of the service is intended to align where possible with Kent County Council's contract for Supported Living Services.

7.4. Advice and analysis

7.4.1. The Procurement Board is recommended to approve commencement of Option 4 to procure an Open Framework using an open (single stage) process as outlined in 7.2.5.1.

7.4.2. It is recommended that the contract length be a 60-month term with the option to extend for 24 months by mutual agreement based on successful service outcomes. The length of contract is designed to offer stability for providers and encourage their investment in developing existing and new services.

7.4.3. It is recommended that the Open Framework incorporates a tiered capped rate structure, with separate rates for each support type and tier. Specific capped rates will be established through a cost-of-care exercise with the market and with input from relevant internal teams prior to tender publication. The final rate model and associated Lot structure for the procurement will be agreed by Children and Adults Divisional Management Team prior to tender publication.

7.4.4. It is expected that point of delivery geographical restrictions will be applied to limit applications only from providers who are able to provide services locally within the geographical boundary of Medway and Kent.

7.5. Evaluation Criteria

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

	Question	Weighting (%)	Purpose
1	**Service Delivery and Independence** - Describe how you will deliver person-centred supported living that promotes independence, choice, and community inclusion	25%	Core assessment of supported living model and focus on outcomes
2	**Meeting Complex Needs** – Describe your approach to supporting individuals with a range of needs, including complex needs and behaviours of concern	20%	Ensures providers can manage increasing complexity and reduce out-of-area placements
3	**Person-Centred Planning and Outcomes** – How will you ensure support is co-produced and delivers measurable outcomes for individuals?	15%	Focus on co-production, reviews, and outcome-based support
4	**Workforce and Safeguarding** – How will you ensure a skilled workforce, safe delivery, and effective safeguarding practices?	15%	Combines workforce sustainability with safety and compliance
5	**Partnership Working (Including Housing)** – How will you work with housing providers, health, and social care partners to deliver effective services?	10%	Reflects the critical dependency on housing and system working
6	**Mobilisation and Service Delivery** – How will you mobilise services and support transitions, including new placements and moves from other settings?	10%	Ensures safe implementation and continuity of care
7	**Social Value** - Describe how you will support the Council to deliver its social value objectives during the term of this framework through placements that you may be awarded. (Example list of social measure to be provided)	5%	Ensure local social benefit of awarding on framework
8	**Price**	Pass / Fail	Provider to confirm they can deliver services up to capped rate / at capped rate

8. Risk Management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure to recommission services	Risk that the current DPS contract expires without a replacement, leading to disruption in supported living provision and inability to meet statutory duties	Progress recommissioning within agreed timelines; robust programme management; early engagement with procurement and stakeholders	B1
Insufficient market capacity	Demand for supported living exceeds available local provision, leading to increased out-of-area placements and delays	Develop an open framework to encourage new providers; ongoing market engagement; alignment with KCC to strengthen market stability	B2
Housing availability constraints	Lack of suitable or appropriately located accommodation limits the ability to deliver supported living services	Strengthen partnerships with housing providers and landlords; include housing considerations in service design; explore council housing opportunities	C2
Financial pressure and cost escalation	Increasing complexity of need and reliance on spot purchasing may lead to higher costs and budget pressures	Introduce capped / set rate structure; robust financial monitoring; regular review of rates and placement costs	B2
Provider market instability	Risk of provider withdrawal, failure, or lack of engagement with the new contract	Ongoing provider engagement; flexible framework model; contingency planning and alternative provider options	C 2
Quality and safeguarding concerns	Poor provider performance could result in safeguarding incidents and poor outcomes for individuals	Strengthened QA processes; regular monitoring; KPI tracking; escalation and improvement plans where required	C1
Delays to hospital discharge	Insufficient supported living provision impacts ability to move individuals out of hospital in a timely manner	Strengthen links with IDT and brokerage; prioritise discharge pathways within commissioning model; increase local capacity	B2
Implementation / mobilisation risk	Challenges during transition to the new contract could impact continuity of care	Clear mobilisation plans; phased implementation; close contract management and communication with providers	C2

Risk	Description	Action to avoid or mitigate risk	Risk rating
Workforce challenges	Recruitment and retention issues may affect provider ability to deliver consistent, high-quality support	Include workforce requirements in specification; monitor staffing data; support provider sustainability through engagement	B2

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. Adults Partnership Commissioning has undertaken initial engagement with internal stakeholders, including Adult Social Care operational teams, Brokerage, Quality Assurance, and Housing colleagues to understand current pressures within supported living. This has included consideration of increasing demand, complexity of need, challenges in sourcing suitable local provision, and reliance on out-of-area placements.

9.2. A formal market engagement exercise for providers is scheduled for August 2026. This will include workshops and engagement sessions to gather feedback on key themes, including service delivery models, pricing approaches, workforce challenges, housing availability, and opportunities for market development. The outcomes of this engagement will be used to inform the final service specification and contract design.

9.3. In addition, the Council will engage with individuals who use Supported Living services and their representatives through surveys and feedback mechanisms to capture their views, experiences, and desired outcomes. This feedback will support the development of a person-centered, outcomes-focused model of care and ensure services reflect the needs of those who use them.

9.4. Further engagement will continue throughout the procurement and mobilisation phases to ensure the service reflects stakeholder views and supports the development of a sustainable, high-quality Supported Living market in Medway.

10. Service Implications

10.1. Financial Implications

10.1.1. This is not a fixed value contract so the spend on supported living services though this framework will depend on the number of placements sourced, spend can therefore rise and fall with demand. Expenditure on Supported Living services within Adult Social Care is already above the approved budget envelope. Nevertheless, this recommendation is not expected to adversely affect the financial position or significantly change the current forecasted cost trajectory.

10.1.2. The approach to rates discussed in 7.4.3 (capped tiered rate structure) will give the ability for greater financial forecasting and modelling as calculations can be performed to determine the financial impact of an increase or decrease in placement numbers. It is expected that the capped rate structure will apply across the different care types that make up a supported living service, for example, 1:1 hours, 2:1 hours, shared and background support. The Finance Team will be an integral member during the design and development of this.

10.1.3. The total estimated contract value has been determined based on current spend with inflationary and demographic pressures year on year for the lifetime of the framework agreement.

10.1.4. Spend on supported living services accounts for a significant proportion of Adult Social Care budget at present. The design of the framework (no guaranteed volume and therefore no guaranteed spend) means measures and practices to reduce the need for supported living services could be implemented as required without falling short of the framework terms and conditions.

10.2. Legal Implications

10.2.1 The procedure gives a high degree of confidence that the Council's primary objectives for procurement are met, as required by the Council's Contract Procedure Rules ("the CPRs").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.

10.3. TUPE Implications

10.3.1. TUPE is not applicable to this framework contract.

10.4. Procurement Implications

10.4.1. The proposed procurement of a framework for social services is subject to the Procurement Act 2023 and therefore due to the value this particular framework is classified as being an above-threshold light touch service. Once the framework is established, call-offs for placements will need to be procured in accordance with the pre-agreed selection criteria on the Delta e-tendering portal.

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 supported living accommodation (buildings).

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

10.6.2. Providers will also be encouraged to demonstrate how they work with landlords and housing partners to ensure properties are maintained to environmentally sustainable standards, including energy performance and long-term asset sustainability.

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
Carbon emissions are reduced	Savings in CO2 emissions on contract achieved through de-carbonisation (specify how these are to be achieved)	Tonnes CO2e

Outcomes	Measures	Standard Units
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

Service Lead Officer Contact

Name: Jack Rye
Title: Programme Lead
Department: Adults Partnership Commissioning
Email: jack.rye@medway.gov.uk

Appendices

Exempt Appendix 1 – Financial Analysis

Background Papers

Medway Market Position Statement (MPS) – Adults Social Care