

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Procurement strategy for Care and Support at Home (AH/2025/14)	
REPORT OF Cabinet Member for Health, Wellbeing and Adult Social Care	
FOR SUBMISSION TO: Cabinet	DATE: 14 January 2026
STRATEGIC CONTEXT <p>Care and support at home is central to enabling people in Camden to live independently, remain connected to their communities, and maintain their health and wellbeing. Demand for these services is increasing, while the care market faces ongoing workforce and sustainability pressures. This procurement strategy sets out how the Council will strengthen outcomes for people drawing on care and support at home, while responding to these challenges in a way that is sustainable over the long term.</p> <p>The proposed approach builds on evidence gathered through two years of test and learn activity with providers, care workers and people drawing on care and support. This work has shown that more enabling, relationship-based care — supported through investment in care worker time — improves outcomes for residents and contributes to a more stable care workforce.</p> <p>This strategy supports <i>We Make Camden</i> and <i>Supporting People, Connecting Communities</i> priorities, particularly around prevention, neighbourhood working and supporting people to remain independent for longer. Delivery of the new contracts will reflect The Way We Work, embedding a relational, trauma-informed approach through co-design, learning and collaboration, with appropriate governance and assurance over the life of the contracts.</p>	
SUMMARY OF REPORT <p>We all want to live in the place we call home, stay connected to the people and things that matter to us, and get the right support when life becomes harder. Adult social care is the support that helps make this possible — whether someone needs help to recover after illness, manage a disability, stay safe at home or remain active and connected in their community. When social care works well, it supports independence, dignity and connection; when it does not, people are more likely to become isolated or reach crisis.</p> <p>Demand for care and support at home in Camden continues to rise, while the provider market remains fragile. Existing contracts for homecare and reablement expire in September 2026. Over the past two years, Camden has undertaken extensive test-and-learn activity with providers, care workers and people drawing on care and support. This has generated clear evidence that more enabling, relationship-based care — supported through investment in care worker time — leads to improved outcomes for residents and a more stable workforce.</p> <p>This report sets out how Camden will strengthen care and support at home so that more people can live well, and age well, in their own homes and neighbourhoods.</p>	

Cabinet is being asked to agree a long-term commissioning strategy for statutory Care Act care and support at home services, covering both homecare and reablement. The proposed approach builds on Camden's established neighbourhood-based model and learning from recent test-and-learn activity. It would put in place five neighbourhood-based homecare contracts and three locality-based reablement contracts for a period of seven years, with break clauses and formal review points. The estimated total value of the contracts is £217.2 million for homecare and £16.8 million for reablement.

The strategy represents a deliberate shift in how care and support at home is organised and delivered, building on learning from recent test and learn activity. This includes a shift away from task-led care towards enabling, relationship-based support; greater investment in care worker time and development; and stronger integration with neighbourhood and health services.

Overall, the proposed approach will deliver more consistent outcomes for residents, support workforce stability, and align with the future direction of adult social care locally and nationally, while making responsible use of public resources over the life of the contracts.

The strategy also aligns with Camden's wider ambitions for health, wellbeing and connection, and continues the Council's commitment to the Ethical Care Charter and payment of the London Living Wage.

Cabinet is therefore asked to approve a seven-year neighbourhood-based commissioning approach that prioritises quality, workforce stability and prevention, while providing assurance through break clauses and formal review points.

The report is being submitted to the Cabinet in line with Contract Standing Orders, which states that the Cabinet must agree procurement strategies for contracts over £5,000,000 (CSO C4.1).

Local Government Act 1972 – Access to Information

No documents that require listing were used in the preparation of this report.

Contact Officers: Stephen Bahooshy & Jennifer Kelly
Address: 5 Pancras Square, London, N1C 4AG
Tel: (020) 7974 3470
Email: Stephen.Bahooshy@camden.gov.uk Jennifer.Kelly@camden.gov.uk

RECOMMENDATIONS

That, having considered the results of the equalities impact assessment at Appendix 2, and having due regard to the obligations set out in section 149 of the Equality Act 2010, the Cabinet agrees:

1. The procurement strategy, which includes a price/quality split of 40:60 and contract term of 84 months including break clauses at the end of year 3 and year 5, at the sole discretion of the Council, for an estimated aggregate value including extensions of £217.2 million for homecare and £16.8 million for reablement.

2. To delegate authority to the Executive Director Adults and Health to make any modifications or refinements to the procurement procedure detailed in this Cabinet report, provided that such changes fall within the allowable parameters under the Competitive Flexible Procedure of the Procurement Act 2023.
3. To delegate the Contract Award Decision to the Executive Director Adults and Health following consultation with the Cabinet Member for Health, Wellbeing and Adult Social Care.
4. Waivers to implement extensions to each of the 8 current contracts, for up to a maximum of 4 months, in order to enable the safe transition of residents and staff to any new contract that cannot safely commence on 1 October 2026 at a total cost of £6,718,325.

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Signed:

Date: 5 January 2026

1. CONTEXT AND BACKGROUND

- 1.1 Care and support at home plays a central role in helping people in Camden live independently, stay connected to others, and maintain their health and wellbeing. People consistently tell us that their priority is to remain in their own homes close to the people, routines and activities that matter to them. Effective support helps prevent avoidable crises and reduces the need for more intensive care settings.
- 1.2 Camden currently commissions care and support at home services on neighbourhood and locality footprints. This has supported closer working with local teams, improved continuity for people drawing on care and support, and stronger relationships between providers and neighbourhood services.
- 1.3 Services are commissioned across two connected areas: homecare and reablement. Homecare provides ongoing support to people in their own homes, while reablement is a short-term service focused on supporting recovery and regaining independence, often following a hospital stay.
- 1.4 This report seeks Cabinet approval of a procurement strategy for statutory care and support at home services, in line with the Council's duties under the Care Act 2014. The strategy covers two connected services: homecare and reablement.
- 1.5 Homecare provides ongoing support in people's homes, including personal care, help with daily tasks, medication prompts and support to stay active and connected. Reablement is a short-term service, typically lasting four to six weeks, focused on helping people regain confidence, skills and independence. Around 60% of people who receive reablement do so following a hospital stay, while others are supported to improve independence at home and in their neighbourhoods.
- 1.6 The Council currently commissions these services through contracts with five homecare providers operating on a neighbourhood basis and three reablement providers operating on a locality basis. These contracts are due to end on 30 September 2026, with new arrangements planned to begin on 1 October 2026. All commissioned providers are required to be registered with and regulated by the Care Quality Commission.
- 1.7 Care and support at home services locally and nationally are under sustained pressure from rising demand, workforce shortages and financial fragility within the provider market. The Care Quality Commission's State of Care report (2025) highlights high vacancy rates, workforce burnout and increasing instability among homecare providers.
- 1.8 In Camden, around 1.025 million hours of homecare are delivered each year to approximately 1,700 people, alongside around 70,000 hours of reablement supporting around 1,300 people. Demand is expected to continue increasing as the population ages and more people live longer with complex needs. As statutory, demand-led services under the Care Act, the Council must respond to assessed need, limiting its ability to control volume.

- 1.9 Workforce costs represent the largest component of homecare delivery. Camden has a long-standing commitment to the Ethical Care Charter and payment of the London Living Wage, recognising the importance of fair pay, secure employment and workforce stability in delivering high-quality care.
- 1.10 While these commitments support quality and retention, they limit the scope for cost reduction. As a result, improvement and innovation must focus on better outcomes, prevention and more effective use of care worker time, rather than short-term price reductions.
- 1.11 In response to these challenges, Camden undertook a two-year programme of test-and-learn activity with existing providers, care workers and people drawing on care and support. This included evidence reviews, benchmarking, market analysis and extensive engagement across the system.
- 1.12 Contracts were renegotiated and additional funding provided to create protected time for care workers and enablers to reflect, learn and develop new ways of working. This enabled a shift away from task-led delivery towards more enabling, relationship-based support that:
- Protected time for care workers to train, reflect and improve practice together
 - Strengthened skills in trauma-informed and relationship-based care
 - Developed more culturally appropriate support that better reflected people’s lives and preferences
 - Focused on supporting people to stay active, connected and involved in their communities
 - Created space for care workers to prioritise quality of support, rather than focusing solely on completing tasks
- 1.13 Feedback from people drawing on care and support shows that these changes made a meaningful difference to their lives. People reported improved wellbeing, greater control, reduced loneliness, and more flexible support that better fitted their lives.
- 1.14 Care workers and enablers reported improved morale, increased confidence, reduced stress, and greater pride in their roles. The following feedback illustrates what this has meant in practice.

Table 1: Resident and Care Worker feedback

Resident feedback	Care worker / enabler feedback
“The activity they are arranging helps to improve my mood and health”	“I’ve progressed to the role of Senior Care Worker and have received mentor training, which has been a great boost to my morale.”
“I will be lost without my carers, and they keep me going and stop me from harming myself.”	“My mindset has changed completely, I’m less stressed, and the quality of my work has improved.”
“I also suggested a change in the schedule, as I felt the frequent but very short sessions weren’t helpful for either of us. The sessions have now	“Joining has truly changed my life, and I’m proud to be here helping

Resident feedback	Care worker / enabler feedback
been combined into fewer but longer visits, which works much better. This allows me to stay out longer with friends or attend appointments without constantly worrying and it's been a real improvement for both K and me."	others provide the best possible care for our residents."

- 1.15 Taken together, this feedback demonstrates that investing in care worker time and enabling practice improves residents' wellbeing, reduces loneliness, and supports more flexible, person-centred care. It also improves workforce morale, confidence and retention — all of which are critical to sustaining quality in a fragile market.
- 1.16 The test and learn work also explored the impact of effective therapy-led reablement. Where reablement and enablement provision have strong occupational therapy leadership and support, people are supported to be more independent and experience a reduction and/or delay in the need for ongoing support. This can also strengthen enabling approaches in mainstream homecare. This model is currently being piloted at a small scale in the East Neighbourhood and is demonstrating positive outcomes. Appendix 3 includes an example that details how this approach may work in practice.
- 1.17 Loneliness and social isolation also emerged as a particularly important theme. Camden is one of the loneliest boroughs in the country, and care workers are often the professionals who spend the most time in people's homes. When given the time, skills and local knowledge to do so, they are well placed to notice isolation early and support people to reconnect with others and with activities in their neighbourhoods.
- 1.18 The insights from this work have helped identify clear opportunities to transform care and support at home in Camden. The proposal below sets out how this will be delivered through the procurement approach.

2. PROPOSAL AND REASONS

- 2.1 This report proposes a long-term commissioning approach for statutory Care Act care and support at home services, covering both homecare and reablement. The approach builds on Camden's established neighbourhood-based model and evidence from recent test-and-learn activity.
- 2.2 Cabinet is being asked to agree contracts with a term of seven years, with break clauses at the end of years three and five and formal service reviews at years two and four. The proposed contracts have an estimated aggregate value of £217.2 million for homecare and £16.8 million for reablement.
- 2.3 The proposed approach responds directly to the evidence set out in the Strategic Context and Context and Background sections. It reflects learning that improving outcomes in care and support at home depends on enabling, relationship-based practice, workforce stability and prevention.
- 2.4 The central design choice in this strategy is targeted investment in care workers' time — creating space for learning, reflection and relationship-based support — as the

most effective way to improve quality, consistency and outcomes for people drawing on care and support at home.

Procurement Approach

- 2.5 The proposed contract length reflects the scale of change being sought. Embedding more enabling, relationship-based practice requires sustained workforce development, changes to delivery models and closer working across neighbourhood systems.
- 2.6 Break clauses at years three and five, alongside formal service reviews at years two and four, provide assurance and flexibility. These mechanisms allow the Council to assess progress, address underperformance and make changes where required.
- 2.7 The commissioning approach places a strong emphasis on quality, learning and workforce development. A 40:60 price-to-quality split is proposed to ensure that the procurement process prioritises providers' ability to deliver high-quality, person-centred care, rather than price alone.

New Delivery Model

- 2.8 Contracts will require providers to embed consistent enabling practice across both reablement and ongoing homecare, supporting people to regain and maintain independence wherever possible. Investment in protected time for care workers and enablers to learn, reflect and develop practice builds on evidence that this improves outcomes for residents, supports prevention and strengthens workforce morale and retention.
- 2.9 To support this shift, the proposal includes investment in protected time for care workers and enablers to engage in learning, reflection and development. This builds on evidence from the test and learn phase, which showed that when staff are supported in this way, they are better able to deliver consistent, flexible and person-centred care. This investment also supports improved morale, retention and progression within the workforce, which in turn benefits people drawing on care and support.
- 2.10 The proposal also strengthens the role of care workers within neighbourhoods. By supporting staff to build relationships with other services and organisations in their local areas, the approach better equips them to support people holistically, including responding to loneliness and social isolation. This is particularly important in Camden, where many people experience isolation and where care workers are often the professionals with the most regular contact in people's homes.
- 2.11 The proposal includes a strengthened, therapy-led approach to reablement, reflecting evidence that this improves outcomes and reduces the need for longer-term care. It is proposed that an in-house enablement team, comprising occupational therapy, physiotherapy and social work, supports the consistent embedding of enabling practice across reablement and homecare.
- 2.12 While funding for this team sits outside the scope of the procurement, the anticipated

benefits are reflected in the overall financial modelling. This approach will support workforce development, progression and closer integration with health services over the life of the contracts.

2.13 Key contractual expectations will include:

- Trauma informed relational practice as the foundation for care and support
- A culturally humble approach so people are supported in culturally appropriate ways and staff have the time and curiosity to offer tailored support
- Roll out of Camden's What Matters strength-based approach
- Integration with Council Adult Social Care and community health in integrated neighbourhood teams
- Trusted Assessor approach to build confidence and skills of care workers and enablers to review care and support for the people who they work with
- Supporting residents to be involved in their neighbourhood, take part in everyday activities, and connect with others, with care and support as required
- Protected time for care workers and enablers to reflect on their practice thereby deepening learning opportunities
- Better support for staff progression across the wider social care system
- Reducing isolation among care workers and enablers by supporting ownership, involvement in service delivery, and shared responsibility, improving morale
- Protected time to enable engagement with important Camden initiatives; for example the development of Neighbourhood working, Camden's Estates Mission and Food Mission

2.14 To support this work, commissioned contracts will include new funding to give staff protected time to take part in this service improvement work; up to 2% of the contract value. This will give providers the time and capacity to work with the Council to improve how care and support is delivered in Camden, using learning from the 2025 pilot phase (set out in section 1).

2.15 The proposed commissioning model retains neighbourhood-based and locality-based delivery, with five homecare lots aligned to neighbourhoods and three reablement lots aligned to localities. Providers will be limited in the number of lots they can be awarded, supporting the development of stable, dedicated teams and reducing fragmentation. This approach also supports effective oversight, quality assurance and collaborative working between providers.

Cost of Care

2.16 The cost of homecare is shaped by local labour markets, travel time between visits, and commitments to fair pay and employment conditions. While London boroughs often have lower average hourly rates than other regions due to shorter travel times, staffing costs are higher because of London Living Wage and Ethical Care Charter commitments. Camden's current rates are in line with comparable boroughs and below the Homecare Association's estimated minimum sustainable price, illustrating the limited scope to reduce costs further without risking quality, workforce stability or market sustainability.

Table 2: Benchmarking homecare costs (2024/25)

Area / Source	Average hourly cost (£)	Notes
London (average)	£22.10	Lower than other regions, likely due to shorter paid travel time between visits, despite higher staffing costs such as London Living Wage commitments
Southwest England	£25.94	Example of higher regional average outside London
Camden	£21.87	In line with comparable London boroughs
Islington	£21.30	Comparable inner London borough
Westminster	£21.96	Comparable inner London borough
Kensington and Chelsea	£21.88	Comparable inner London borough
Homecare Association (minimum price)**	£32.14	Estimated minimum sustainable hourly rate for providers; not typically achieved for non-specialist care and higher than most private care rates

Social Value

- 2.17 Social value remains a core element of the proposed contracts. Providers will be required to meet commitments aligned with the Ethical Care Charter, including payment of the London Living Wage, fair employment practices and support for workforce wellbeing. These commitments reflect Camden’s long-standing approach to valuing the care workforce and recognising the link between staff conditions and the quality of care people receive.
- 2.18 The social value commitments (Appendix 4) will benefit residents, the borough and support the Council’s strategic priorities including our We Make Camden ambitions. Several commitments will also support local care provision and the market, e.g. secondment opportunities, apprenticeships and providing a career development pathway for enablers and care workers.
- 2.19 Social value will be monitored at quarterly monitoring meetings and supported through quality assurance site visits.

Alternative provision options

- 2.20 Officers have considered alternative options, including insourcing and spot purchasing. Evidence from benchmarking and market analysis indicates that large-scale insourcing would be significantly more expensive and is not financially viable, while spot purchasing would reduce continuity and undermine the neighbourhood-based approach. A full options appraisal is set out in Appendix 1. For these reasons, the proposed commissioning approach is recommended as the most effective way to deliver better outcomes within the available resources.
- 2.21 Taken together, the proposed approach supports more consistent outcomes for residents, strengthens workforce stability and enables more preventative, joined-up

support within neighbourhoods. It provides a clear, evidence-based response to current pressures while maintaining appropriate governance, flexibility and value for money over the life of the contracts.

Procurement Approach Business Case

- 2.22 The proposed procurement approach will support the delivery of high-quality, stable and person-centred care and support at home, while ensuring fairness, transparency and value for money. The approach reflects the scale and complexity of the services, the need for long-term workforce development, and the importance of continuity for people drawing on care and support.
- 2.23 A competitive flexible procedure with two stages will be used. The first stage will assess bidders against project-specific criteria to identify those with the experience, capacity and values required to deliver the proposed approach. Shortlisted bidders will then be invited to submit detailed proposals at the second stage, which will be evaluated to identify the most suitable providers. This staged approach helps manage risk by ensuring that only capable providers progress, while allowing more detailed assessment of quality and delivery plans.
- 2.24 Preliminary market engagement took place in summer 2025. These sessions were well attended by homecare and reablement providers and focused on how services can be delivered in culturally appropriate, neighbourhood-based ways. Feedback from providers was supportive of the proposed direction and helped refine the commissioning approach. All providers who meet the required criteria will remain eligible to participate in the tender process.
- 2.25 The proposal is to commission 8 locality-based lots aligned with Adult Social Care neighbourhoods: 5 homecare lots and 3 reablement lots. Providers may bid for multiple lots but will be restricted to being awarded a maximum of 1 homecare lot and 1 reablement lot. Providers will not be permitted to deliver both homecare and reablement within the same locality. This approach supports the development of stable, dedicated teams with the right skills and capacity for each service, while reducing fragmentation and encouraging collaboration rather than competition between providers.
- 2.26 This model also supports closer working with Adult Social Care neighbourhood teams, health services and community organisations. Working with a smaller number of providers enables more effective quality assurance, stronger relationships, and the consistent embedding of new ways of working across the system.
- 2.27 The tender award criteria will be based on a 40:60 price-to-quality split, reflecting the importance of quality, continuity and workforce stability in achieving better outcomes for people. Quality criteria will be developed further and will include input from people drawing on care and support, social care practitioners, commissioners, procurement specialists and other relevant professionals. Social value will form a defined element of the quality assessment, accounting for 10% of the available quality score. Minimum quality thresholds will be applied to ensure that only providers meeting required standards can be awarded contracts.

- 2.28 Price evaluation will be based on bidders' proposed rates for delivering the full scope of services, subject to a maximum hourly ceiling rate. This ensures affordability while allowing providers to demonstrate how they will deliver quality and workforce commitments within the available resources.
- 2.29 Alongside the commissioning of larger neighbourhood-based services, officers recognise the continued importance of smaller, specialist providers in meeting more bespoke needs, such as live-in care, specialist support and overnight services. A separate approach to commissioning these services will be developed in 2027, which will be more accessible to smaller organisations and specialist providers.
- 2.30 Contracts will be actively managed through quarterly monitoring meetings, quality assurance visits and performance reviews. Two formal service reviews will take place at years 2 and 4 of the contracts, providing structured opportunities to assess progress, address issues and refine the approach if needed. In addition, providers will participate in a learning network to support shared problem-solving, testing of new approaches and continuous improvement. This will be complemented by ongoing feedback from people drawing on care and support and from the workforce.
- 2.31 As part of the overall approach we will look to extend existing contracts for up to 4 months, should this be required to ensure the safe transition of people and staff to new arrangements. This flexibility recognises the importance of continuity of care and workforce stability and reduces the risk of disruption during the transition period.
- 2.32 Where the full four-month extension is required, the resulting increase to the original 18-month contract value (which would otherwise end on 30 September 2026) is estimated at 22%.
- 2.33 Officers consider that any such modification, if required, would satisfy Regulation 72(1)(c) of the Public Contracts Regulations. The need for the modification would arise from circumstances that a diligent contracting authority could not reasonably have foreseen; it would not alter the overall nature of the contract, as the same services would continue to be delivered; and the increase in price would remain below 50% of the original contract value.
- 2.34 While a supplier could argue that an extension denies them the opportunity to compete for the services during the extension period, this risk is considered low. Any extension would follow a competitive procurement process and would be used solely to ensure the safe and orderly transfer of care.

3. OPTIONS APPRAISAL

- 3.1 The following options were considered in relation to this project:
1. Move to spot provision (do nothing)
 2. Commission services
 3. In-house service delivery
- 3.2 Full appraisal of these options is available at Appendix 1: Commissioning Options Table. The preferred option (option 2) is described in section 2 of this report.

4. WHAT ARE THE KEY RISKS? HOW WILL THEY BE ADDRESSED?

- 4.1 The proposed commissioning approach has been designed to respond to known risks associated with commissioning care and support at home and to manage these proactively. The key risks identified, and the actions in place to mitigate them, are set out below.

Managing safe transfers of care and support

- 4.2 There is a risk of disruption to continuity of care during the transition to new contracts. This will be mitigated through a phased and carefully managed transition approach, working closely with operational social work teams. Existing contracts may be extended for up to four months, where required, to ensure safe transfer of people and staff and to minimise disruption.

Quality of provision and delivery of new ways of working

- 4.3 There is a risk that providers may not consistently embed enabling, relationship-based practice. This will be mitigated through clear contractual requirements, a strong emphasis on quality in the procurement process, and structured contract management. Performance will be monitored through quarterly reviews, quality assurance visits and formal service reviews, with break clauses available where improvement is not achieved.

Workforce capacity, stability and capability

- 4.4 There is a risk that workforce shortages or instability could affect service delivery. The commissioning model mitigates this risk through commitments to fair pay, workforce development and protected time for learning and reflection. Neighbourhood-based delivery and limits on contract size further support workforce stability and continuity.

Financial pressures and higher-than-anticipated demand

- 4.5 As statutory, demand-led services, there is a risk that demand and costs exceed projections. This has been factored into the financial modelling and will be managed through regular monitoring of activity, spend and outcomes. Review points within the contracts provide flexibility to refine delivery where required, with an emphasis on prevention and enabling practice to avoid unnecessary escalation.

Market capacity and sustainability

- 4.6 There is a risk of provider failure or reduced market capacity. This risk is mitigated by commissioning on neighbourhood footprints, limiting the number of lots awarded to individual providers, and maintaining close oversight of provider performance and financial resilience. Working with a smaller number of providers supports earlier identification and management of risk.

Procurement process risks

- 4.7 There is a risk of receiving a high volume of low-quality bids, including bids generated through artificial intelligence tools. This will be mitigated through a two-stage procurement process, with an initial capability assessment and a second stage that includes in-person evaluation to assess quality, values and readiness to deliver the services.

Risk of exploitation and modern slavery

- 4.8 There is a recognised risk of exploitation and modern slavery within parts of the wider care sector. While care and support at home services in Camden are assessed as lower risk due to local recruitment and London Living Wage commitments, this risk will be mitigated through clear contractual requirements, mandatory safeguarding training and ongoing monitoring of employment practices.

Equality Impact Analysis (EqIA)

- 4.9 Understanding the equality impacts of decisions about care and support at home is essential. These services are provided to people with assessed care and support needs under the Care Act, and many people who draw on them are likely to have disabilities or long-term health conditions. The purpose of this commissioning strategy is to support these people to live independently, safely and with dignity, and to improve outcomes for those who may already face disadvantage.
- 4.10 People drawing on care and support at home may also have other protected characteristics, including age, gender, ethnicity, religion, sexual orientation or caring responsibilities. Many people experience multiple forms of disadvantage at the same time. This means that services must be flexible, responsive and designed to work well for people with different identities, backgrounds and circumstances.
- 4.11 All providers will be expected to deliver their services to all people eligible to draw on their service as a minimum; in addition, further steps will need to be taken by providers to reduce barriers of access and to ensure the workforce is made up of a diverse group of staff from backgrounds that reflect the diverse identities of Camden residents.
- 4.12 The proposed commissioning approach has been shaped with equality at its heart. It places a strong emphasis on cultural humility — an approach that recognises that care workers cannot be expected to “know everything” about all cultures, but should have the time, skills and support to be curious, listen, learn and adapt to what matters to the person they are supporting. This approach helps avoid stereotyping and supports more respectful, personalised care.
- 4.13 Communication is a particular priority. People drawing on care and support may be D/deaf, have sensory impairments, cognitive impairments, or use English as an additional language. The commissioning approach includes requirements for providers to communicate in ways that are accessible and appropriate, and to adapt communication methods to meet individual needs. This helps ensure people understand their care, can express preferences, and are able to raise concerns.

- 4.14 Workforce equality has also been considered as part of this strategy. Care workers themselves may face discrimination or abuse in the course of their work. Providers will be required to sign up to the Adult Social Care Memorandum of Understanding, which sets out a restorative approach to racial and other forms of abuse. This includes creating safe spaces for staff to disclose experiences, clear reporting routes, and support from both providers and commissioners. These measures are designed to protect staff wellbeing and create safer, more inclusive working environments.
- 4.15 Engagement with providers has informed the Equality Impact Analysis. Workshops held with the care and support market included specific discussion on equality, cultural appropriateness and accessibility, helping shape the expectations placed on providers through the commissioning process.
- 4.16 Overall, the Equality Impact Analysis has informed the design of the commissioning approach, helping ensure that equality considerations are built into how services are delivered, monitored and improved. A full Equality Impact Assessment has been completed and is included at Appendix 2 of this report.
- 4.17 Workforce standards form part of the terms and conditions of the contract.
- 4.18 TUPE is likely to apply and will need to be a consideration throughout this tender.
- 4.19 Camden is a LLW accredited Council, therefore Camden has committed to paying its staff and contractors the LLW and any commissioning therefore must make appropriate provision.

5. CONSULTATION / ENGAGEMENT

- 5.1 Engagement with people drawing on care and support, the care workforce and providers has played a central role in shaping this commissioning strategy. The 2 year test and learn approach has enabled a sustained programme of listening, learning and collaboration.
- 5.2 Over 100 interviews were carried out with people drawing on care and support, informal carers, care workers and social care practitioners. Innovative methods, including the use of photography, were used to support people to share experiences that can be difficult to articulate. This approach helped surface what matters most to people in their day-to-day lives, including the importance of relationships, flexibility, dignity and feeling connected rather than isolated.
- 5.3 Care workers and enablers were engaged through interviews, surveys and focus groups. Their feedback highlighted the pressures of task-led delivery, the value of protected time for learning and reflection, and the difference that consistent relationships make to both staff wellbeing and the quality of care. This insight directly informed the proposed focus on workforce development, protected learning time and neighbourhood-based working.
- 5.4 Engagement with providers took place through workshops, meetings and market

engagement events. Two online workshops held in August were attended by 56 and 52 homecare and reablement providers respectively. These sessions explored cultural appropriateness, neighbourhood delivery and the proposed strategic direction. Feedback from providers was supportive of the approach and helped refine expectations around service design, workforce support and collaboration.

- 5.5 Senior leaders and practitioners within Adult Social Care were also engaged through workshops and governance forums to ensure alignment with wider strategic priorities, including neighbourhood working, integration with health services, and the Council's relational and trauma-informed approach.
- 5.6 Together, this engagement has shaped key elements of the proposed commissioning strategy. This includes the emphasis on enabling practice, the focus on relationships and continuity, investment in the care workforce, and the use of neighbourhood-based delivery to support more joined-up and responsive care. Engagement will continue throughout the procurement process and the life of the contracts, with ongoing feedback from people drawing on care and support and from the workforce informing service improvement.

6. LEGAL IMPLICATIONS

- 6.1 Legal Services have reviewed this report in light of the Council's Contract Standing Orders (CSOs), the Public Contracts Regulations 2015 (PCR), and the Procurement Act 2023 (PA23).
- 6.2 In relation to recommendations 1, 2 and 3 the PA 23 shall apply.
- 6.3. In relation to recommendation 4 for the extension of the 8 existing contracts for up to a period of 4 months the PCR shall be applicable. The extensions of the existing contracts shall facilitate, enable and support the safe transition of residents and staff to any new contract that cannot safely commence on 1 October 2026
- 6.4 This report is being submitted to the Cabinet in line with CSOs, which states that the Cabinet must agree procurement strategies for contracts over £5,000,000 (CSO C4.1). Additionally, the Cabinet is being asked to approve waivers to implement extensions which were not an option in the original contracts which were entered into but which are permissible under Section 72 (1) C of the PCR. As the extensions to the length of these contracts is not permitted under the contract terms then the extensions shall require a waiver which must satisfy at least one of the grounds in CSO F2 (which in this case would satisfy CSO F2 (ii) as there are exceptional circumstances and there is evidence that the waiver is necessary to achieve the Council's objectives); and which is approved in line with CSO F3, which based on the value of the extension or modification Cabinet approval would sufficiently satisfy the requirement.
- 6.5 Legal Services have assessed the recommendations in the report and believe the recommended options are in compliance with the CSOs, PCR and the PA23.

7. RESOURCE IMPLICATIONS

- 7.1 The proposed contract values reflect statutory, demand-led services and a deliberate investment in enabling, preventative and relationship-based care. Cost growth over the life of the contracts is driven primarily by rising demand, inflation and commitments to fair pay and workforce sustainability. This approach is intended to stabilise the market, protect quality and reduce avoidable escalation into more intensive and costly care over time.

Context

- 7.2 Adult Homecare and Reablement services represent the largest areas of expenditure within Adult Social Care in Camden. Nationally and locally, demand for these services continues to increase, particularly for long-term homecare, as people live longer with more complex needs. Camden has responded to these pressures over many years through sustained investment via the Better Care Fund, the Market Sustainability Investment Fund and a robust, well-managed approach to annual inflationary uplifts.
- 7.3 Camden has also made a clear and consistent commitment to paying the London Living Wage for all commissioned providers within block contracts, including Adult Homecare and Reablement services. In addition, the Council was an early adopter of the Ethical Care Charter and continues to advocate for fair pay, secure employment and improved working conditions for care workers. These commitments bring additional cost pressures but are fundamental to maintaining a stable, skilled and motivated workforce, which in turn supports better outcomes for residents, greater market sustainability and a reduction in more costly intervention over time.
- 7.4 The financial assumptions within this procurement strategy reflect Camden's values as a trauma-informed, relational council and recognise that workforce investment is integral to quality, continuity and prevention.

Financial impact

- 7.4 Cabinet is asked to approve the commissioning of Adult Homecare and Reablement services for a period of seven years, with break clauses at the end of years three and five. The estimated aggregate contract values over this period are £217.2 million for Homecare and £16.8 million for Reablement. These services are statutory, demand-led and delivered on a locality basis in line with the Council's Care Act duties.
- 7.5 All figures presented are indicative. The contracts are activity-based, meaning that total expenditure will fluctuate depending on the assessed needs of Camden's population over time.

Homecare

- 7.6 The current Homecare budget for 2025/26 is £18.168 million. In practice, the current 2025/26 average Homecare rate of £23.27 per hour is projected to rise to £25.39 per hour in 2026/27, representing a 9.1% increase, alongside an assumed 2% increase in annual hours. This increase reflects a combination of inflation, London Living Wage uplifts and the investment required to support the transformational approach set out in

this strategy, including protected time for staff development and a stronger focus on prevention and enabling practice.

- 7.7 The projected cost of the proposed seven-year Homecare contract is £217.2 million, compared with a current total budget allocation of £153.8 million. The difference reflects projected demand growth and inflation over the life of the contracts, rather than a like-for-like increase in activity in any single year. The financial model assumes annual corporate uplifts of at least 3.5% from 2027/28 onwards. Taken together, these figures illustrate that cost pressures are driven primarily by demand and workforce commitments, rather than by expansion of service scope.

Reablement

- 7.8 The reablement budget for 2025/26 is £1.762 million, with a forecasted spend of £1.806 million.
- 7.9 The current Reablement rate for 2025/26 is £24.01 per hour. For 2026/27, the model projects an increase to £26.52 per hour, representing a 10.4% increase. This reflects the proposed shift towards a more therapy-led and enabling model of reablement, including additional time for staff training and development and a stronger emphasis on early intervention and prevention.
- 7.10 The intention of this investment is to improve reablement outcomes, support people to regain independence more effectively, and reduce or delay the need for longer-term homecare where appropriate.

Mitigations

- 7.11 Camden will continue to maintain targeted investment in Adult Social Care through the Medium-Term Financial Strategy (MTFS) and will strengthen medium-term financial planning to account for both known and emerging demand-led pressures. This will support improved forecasting, monitoring and control of expenditure over the life of the contracts.
- 7.12 The Council will also continue to work at regional and national levels to influence the future funding of Adult Social Care, including through engagement with the Casey Review, national funding reform and the development of a Fair Pay Agreement. Given that many of the pressures facing Adult Social Care are structural and nationally recognised, this work is essential to shaping a more sustainable long-term settlement beyond Camden.
- 7.13 The service will continue to seek opportunities to identify efficiencies and achieve value for money wherever possible. While efficiencies may emerge over time through the preventative and enabling focus of the proposed approach, any such gains will be shaped by a range of external factors, including demand trends, inflation, London Living Wage uplifts, and workforce pressures. These factors will be monitored closely throughout the life of the contracts.
- 7.14 Demand for Adult Social Care will remain a key determinant of overall expenditure.

The Adult Social Care Directorate has a range of established controls in place, including financial monitoring, oversight boards and quality assurance panels, to ensure that resources are used effectively to deliver positive outcomes for residents while achieving best value.

8. ENVIRONMENTAL IMPLICATIONS

- 8.1 In relation to Camden’s commitment to reduce greenhouse emissions to zero by 2030, the proposed contracts are likely to have implications on the environment in 3 main areas, these are: individual’s homes; transportation between care worker visits to people’s homes; and organisational offices and the associated energy use. These areas are further explored below:
- 8.2 Transportation of care workers to residents’ home is likely to provide the main source of emissions for this contract(s). Care must be provided directly within people’s homes and so to reduce emissions, the contracts are based on smaller localities. Distinct local neighbourhood areas enable care workers to either walk between locations or take public transport where possible. For example, research from the Kings Fund shows that 80% of the care workforce identifies as female, and our inhouse research indicates that female care workers are more likely to take public transport.
- 8.3 Other preferred transportation methods are usually cycling or motorcycling, which produce significantly lower emissions than larger vehicles. It should also be noted that all areas fall within the Transport for London Ultra Low Emission Zone (ULEZ), meaning that individuals and organisations are financially encouraged to use vehicles that produce fewer emissions.
- 8.4 Provider offices will impact emissions as it will be a requirement for the successful contractors to have a site/office either in or near Camden due to the nature of this work. Providers will be encouraged to locate themselves in energy efficient buildings and to reduce paper consumption (digitise) where possible, taking account of the UK General Data Protection Regulation (UK GDPR) as well as where digitisation does not negatively impact resident outcomes.

9. TIMETABLE FOR IMPLEMENTATION

- 9.1 An indicative timeframe is set out below.

Key milestones	Indicative Date (or range)
Tender advert	2 February 2026
Stage 1: Conditions of Participation	February to March 2026
Stage 2: Invitations to tender issued to shortlisted suppliers	April to May 2026
Tender evaluation and clarification period	June 2026
Contract Award Report – Executive Director following consultation with the relevant Cabinet Member	July 2026
Transition to the new arrangements	Late July – October 2026
Contract start date	1 October 2026

10. APPENDICES

Appendix 1 – Commissioning Options Table

Appendix 2 – Equalities Impact Assessment

Appendix 3 – Proposed Enabling Approach across Care and Support at Home

Appendix 4 – Social Value Commitments

REPORT ENDS