Slough Borough Council

Report To:	**Cabinet**
Date:	20 July 2026
Subject:	Approval to Extend Contracts: Continued Provision of Homecare, Home First and Reablement Services
Lead Member:	Cllr Anna Wright, Lead Member for Adult Social
Chief Officer:	Jonathan Price, Executive Director People, Adults
Contact Officer:	Jane Senior, Director of Commissioning Charles Ewujowoh, Interim Strategic Commissioner, Older People
Ward(s):	All
Purpose of report:	For decision
Key Decision:	Yes
Exempt:	Part Exempt – Appendix 2 is exempt under Schedule 12A, paragraph 5 Local Government Act 1972 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
Decision Subject To Call In:	Yes
Appendices:	Appendix 1: Equality Impact Assessment Appendix 2 – Legal advice

1. Summary and Recommendations

1.1 This report seeks Cabinet approval to extend the contracts of a small defined cohort of current Homecare, Home First and Reablement providers whose contracts are due to expire between September 2026 and July 2027, with all remaining extension provisions fully utilised. The proposed arrangements are a necessary and proportionate interim measure to maintain continuity of statutory Adult Social Care provision for vulnerable adults while the Council completes a wider strategic review and finalises its future commissioning model.

1.2 The Council is currently undertaking a comprehensive strategic review of Homecare, Home First and Reablement pathways, encompassing pathway redesign and integration, benchmarking and market analysis, operating model review, financial modelling and procurement options appraisal. The review is expected to conclude by October 2026 and will inform a future business case with a revised commissioning model, with new contracts anticipated from 1 November 2027.

1.3 Proceeding immediately to a full competitive procurement exercise before completion of the review would not be possible within the available timeframe and would present significant operational, strategic and financial risks - including misalignment between procurement activity and the future service model, fragmented contractual arrangements across interdependent pathways, avoidable mobilisation and transition costs, and significant disruption to customers' continuity of care and hospital discharge pathways.

Recommendations:

Cabinet is recommended to:

(a) Approve the extension of contracts for the Homecare, Home First and Reablement providers set out in Table 1 of this report, for the durations and on the terms specified, to ensure continuity of statutory care and support services for vulnerable Slough residents

(b) Delegate authority to the Executive Director - People (Adults), in consultation with the Lead Member for Adult Social Care and the Section 151 Officer, to:

i. finalise and execute the contract extension arrangements with individual providers and
ii. take any further steps necessary to implement the extensions in accordance with this decision

Reasons

To ensure continued compliant contractual arrangements for the delivery of Homecare, Home First and Reablement services upon expiry of existing contracts, while the Council completes the strategic review necessary to design and deliver a future procurement that is properly evidenced, strategically aligned and legally compliant.

Commissioner Review

It is disappointing to see a report requesting contract extension for statutory care provision, which are primarily due to insufficient time to design and deliver a compliant procurement before first cohort of contracts expire in September 2026. Commissioners note the rationale provided, timescale now permitting and that under Public Contracts Regulations 2015 the proposed extension can be progressed under Regulation 72 (e).

The Council needs to ensure that more effective procedures and forward planning is in place that reflects the complexity or scale of the re-procurement required and that Regulation 72(e) is only relied upon in exceptional circumstances. To assist transformation or service reforms, contract extension should be agreed early in the process to ensure the best possible outcome is delivered for vulnerable service users and best value is achieved in contract negotiations.

2. Report

Introductory paragraph

2.1 Homecare, Home First and Reablement services are statutory Adult Social Care services that support Slough residents with eligible care needs to remain independent within their own homes. These services are critical to the Council's ability to meet its duties under the Care Act 2014, to its hospital discharge obligations under the Better Care Fund, and to its prevention and independence strategic objectives.

2.2 The three interdependent pathways are:

- Long Term Homecare: ongoing personal care and support for residents with assessed eligible needs, enabling them to live safely and independently at home.
- Home First: short term support for up to two weeks following hospital discharge, providing interim cover pending Occupational Therapy assessment and longer term care planning.
- Reablement: strengths based, person centred support of up to six weeks to restore independence and reduce dependency, delivered through both the Council's in-house Reablement and Independence Service (RIS) and externally commissioned providers.

2.3 These three pathways represent the Council's primary commissioned community care offer for older and vulnerable adults in Slough, and the current homecare contract includes all services.

2.4 Homecare contracts in Slough have historically been awarded through a Dynamic Purchasing System (DPS). That DPS has now expired and is no longer available as a route to market. Since 2020, three successive tranches of long term contracts have been awarded to providers registered and accredited under Stage 1 of the DPS, resulting in a diverse provider market with contracts expiring at different dates across multiple cohorts. All extension provisions available under existing contracts for a small number of providers have now been fully utilised. No further extensions are available under the terms of current contracts.

2.5 The Council is currently undertaking a strategic review of Homecare, Home First and Reablement pathways, with a business case expected by October 2026. That review will determine the future commissioning model and inform the design of any future procurement. The review must be completed before a future procurement can be properly designed - commencing a procurement before the review concludes would risk commissioning a model misaligned to the Council's future strategic direction. The proposed contract extensions bridge the gap between current contract expiry dates and the point at which a new contract can commence.

Current contract position and proposed extensions

2.6 The table below sets out the current contractual position for each provider, current customer and activity data, the proposed extension dates and the basis for each arrangement.

2.7 Contract end dates are drawn from the Central Contracts Register. Customer and activity data are drawn from the Care Market Management Dashboard. Providers with zero current activity are not proposed for extension.

Table 1: Current contractual position, customer activity and proposed extensions.

Cohort 1 contracts commenced 1 September 2021 on a 3+1+1 term structure Initial term end date: September 2024. Two 12 month extension periods fully utilised: current contract ends 1 September 2026.

Cohort 2 contracts commenced 16 July 2022 on a 3+1+1 term structure. Initial term end: 16 July 2025. Two 12 month extension periods fully utilised: current contract end 16 July 2027

Provider	Contract Ref	Current Activity	Initial Term End	Extensions Available	Current End Date	Proposed Start Date	Duration	Proposed End Date
	Cohort 1 - Contracts expiring 2026 (Deed of Extension applied)							
Avant Healthcare Services Ltd	CON1000	• 59 customers • 883 hours per week • £19,640 per week	1 September 2024	24 months (fully utilised)	1 September 2026	2 September 2026	14 months	31 October 2027
Quest Recovery Services Ltd	CON0250	• 62 customers • 934 hours per week • £18,483 per week	1 September 2024	24 months (fully utilised)	1 September 2026	2 September 2026	14 months	31 October 2027
	Cohort 2 - Contracts expiring July 2027 (Deed of Extension applied)							
MKM13 Sewa Limited	CON0239	• 4 customers • 50 hours per week • £1,185 per week	16 July 2025	24 months (fully utilised)	16 July 2027	17 July 2027	15 weeks	31 October 2027
Ontra Healthcare Ltd	CON0263	• 17 customers • 189 hours per week • £4,434 per week	16 July 2025	24 months (fully utilised)	16 July 2027	17 July 2027	15 weeks	31 October 2027
Oxford House Care Limited	CON0245	• 23 customers • 300 hours per week • £7,470 per week	16 July 2025	24 months (fully utilised)	16 July 2027	17 July 2027	15 weeks	31 October 2027
Sevacare (UK) Limited	CON0254	• 1 customer • 9 hours per week • £217 per week	16 July 2025	24 months (fully utilised)	16 July 2027	17 July 2027	15 weeks	31 October 2027
SureCare Slough Ltd	CON0261	• 72 customers • 1,259 hours per week • £30,242 per week	16 July 2025	24 months (fully utilised)	16 July 2027	17 July 2027	15 weeks	31 October 2027
	Not proposed for contract extension - zero active caseload							
Primeway Care Ltd	-		-	-	-	*No active customers*	-	*No contract extension proposed*
WR Care Services Ltd	-		-	-	-	*No active customers*	-	*No contract extension proposed*
All Care GB (Ltd)	-		-	-		*No active customers*		*No contract extension proposed*

Indicative contract extension values

2.8 Based on current weekly spend figures, the estimated extension values are set out below. These are demand led, call-off contracts and the actual value of each extension will vary in line with care packages ordered, changes in assessed need and hospital discharge activity.

Table 2: Current weekly spend and estimated contract extension values

Provider	Estimated Weekly Spend	Proposed Duration Weeks	Estimated Contract Extension value
Avant Healthcare	Approx. £19,640	61 weeks	£1.198m
Quest Recovery Services Ltd	Approx. £18,483	61 weeks	£1.127m
MKM13 Sewa Limited	Approx. £1,185	15 weeks	£0.018m
Ontra Healthcare Ltd	Approx. £4,434	15 weeks	£0.066m
Oxford House Care Limited	Approx. £7,470	15 weeks	£0.112m
Sevacare (UK) Limited	Approx. £217	15 weeks	£0.003m
SureCare Slough Ltd	Approx. £30,242	15 weeks	£0.454m
			£2.979m

2.9 Given that some individual contract extension values exceed £180,000, Cabinet approval is required for the proposed arrangements[1]. Individual contract extension values for Avant, Quest, Oxford House and SureCare exceed £180,000, requiring Cabinet approval.

Options Considered

2.10 The Council has a statutory duty under the Care Act 2014 to assess needs and arrange care and support for eligible adults. Homecare, Home First and Reablement services are critical to the Council's ability to discharge this duty, support hospital discharge, and deliver its prevention and independence objectives. The following options were assessed:

Option	Advantages	Key Risks	Recommendation
Option 1: Do Nothing Allow contracts to expire without any interim arrangements.	No immediate procurement activity required.	Immediate service disruption and loss of continuity of care for vulnerable residents. Breach of statutory duties under the Care Act 2014. Insufficient residual market sufficiency to enable safe transfer of care.	**Not Recommended.** The Council is legally obliged to maintain these services. This option would place the Council in immediate breach of its statutory obligations and expose vulnerable residents to unacceptable risk.

[1] Cabinet Report template 2022.23

		Severe disruption to hospital discharge and system flow.	
Option 2: Full Competitive Procurement Proceed immediately to a full tender exercise for all expiring contracts.	Legally compliant route. Maximises competition.	Insufficient time to design and deliver a compliant procurement before first cohort of contracts expire in September 2026. Would procure before the strategic review is complete, risking misalignment with the future service model. Avoidable mobilisation and transition costs.	**Not Recommended.** The service review was expected to have been started during 2025, but due to a restructure across Commissioning and subsequent vacancies this was delayed and commenced April 2026 Commencing a procurement now, before the strategic review concludes, risks delivering a misaligned model. The extensions enable a future procurement that is well evidenced and strategically robust. The competitive exercise is expected to commence following PRB and Cabinet approval in October 2026.
Option 3: Extensions to contracts (Recommended) Time limited extensions to active providers pending strategic review.	Maintains continuity of care and safeguards vulnerable residents. Supports hospital discharge pathways and system flow. Stabilises the market and protects sufficiency. Proportionate approach consistent with the Procurement Act 2015. Creates space for a robust, strategically aligned future procurement.	Limited short term procurement flexibility. Interim contractual complexities persist during the review period, though these are manageable and proportionate given the strategic context.	**Recommended.** Necessary and proportionate interim measure. Provides the Council with the time, stability and governance oversight required to complete the strategic review and design a future commissioning model that is sustainable, strategically aligned and legally compliant.

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 These are demand led, call-off contracts. Expenditure is directly proportionate to the number of customers supported and the hours of care prescribed following assessment. The estimated total extension value across all providers is approximately £2.979m (exc. VAT), as set out in Table 2. Actual expenditure will vary in line with demand, need and hospital discharge activity.

3.1.2 The contract extensions are expected to remain within existing Adult Social Care budget assumptions. The continuation of Homecare, Home First and Reablement arrangements is already incorporated within the current Adult Social Care forecast for 2026/27 and the Medium-Term Financial Strategy 2026/27 to 2028/29. Funding for all three pathways will continue to be met from existing Adult Social Care revenue budgets and Better Care Fund contributions.

3.1.3 Supporting residents within community settings is substantially more cost effective than residential or nursing care. In Slough, the Council's agreed 2026/27 placement rates for local care homes range from £1,011 per week for standard residential care to £1,295 per week for dementia residential, with nursing care rates typically falling between £1,202 and £1,439 per week. The continuation of Homecare and Reablement provision supports meaningful and demonstrable cost avoidance across the wider Adult Social Care system.

3.1.4 The Council will continue to apply its discretionary fee uplift process for any future inflationary adjustments. Any fee uplifts granted will be managed within the directorate's existing budget envelope. Activity hours will be monitored on a monthly basis against planned hours to support budget management and MTFS forecasting.

3.1.5 Overall, the proposal is financially deliverable within existing approved resources, supports the Council's statutory obligations, and is consistent with the Adult Social Care savings plans included within the MTFS approved at Council in March 2026.

3.2 Legal implications

3.2.1 The Council has a statutory duty under the Care Act 2014 to promote individual wellbeing and to ensure the provision of services that meet eligible care and support needs. Homecare, Home First and Reablement services form part of the Council's arrangements to discharge these duties. The proposed extensions will enable the Council to continue to meet its obligations to residents who require care and support within a community setting.

3.2.2 The contracts in scope are above threshold contracts and were procured under the Public Contracts Regulations 2015 (Light Touch regime). The proposed modifications extend the duration of the contracts.

3.2.3 The nature of the modification to the contracts with the suppliers is to extend the existing contracts by a maximum of 14 months. Applying the statutory test, the contracts (as extended) are not considered to be substantially or materially different

in character from the ones originally concluded. It is unlikely that modification would have attracted different bidders at the time of the original procurement or resulted in a different bidder bidding. Contractors are not increasing their profit margins as a result of the modification and the specifications are the same as the existing contract so that the scope of the contracts is not changing.

More detailed legal advice on the application of Regulation 72(1)(e) is provided in Part II of the report.

3.3 Risk management implications

3.3.1 The proposed contract extensions carry a number of operational and strategic risks. These have been carefully considered and appropriate mitigations are in place. Risks will continue to be actively managed throughout the extension period.

3.3.2 The key risks and proposed mitigations are set out below.

Risk / Dependency	Mitigation
Service disruption and continuity of care	Contract extensions will maintain continuity of service for all vulnerable residents with active packages, including across hospital discharge and reablement pathways.
Provider market instability and workforce pressures	Contract extensions provide short-term market sufficiency and stability, maintains workforce continuity and reduces the risk of provider hand-backs during a period of financial and workforce pressure across the care sector.
Procurement and legal challenge	Legal advice from HB Public Law confirming the basis for modification under Regulation 72(1)(e) of the PCR has been obtained. All modifications are limited to duration only - no other contractual terms are changed.
Hospital discharge and system flow pressures	Continuation of Home Care, Home First and Reablement services maintains critical discharge, recovery and prevention pathways, reducing risk of delayed discharges and increased system pressure.
Financial and demand pressures	Financial performance, demand trends and market pressures monitored through existing Adult Social Care governance, including oversight by Finance Business Partners and senior leadership. Growth built into MTFS as required.
Strategic review delivery and programme dependency	A detailed project plan, governance framework and critical path will be developed to support delivery of the strategic review, future procurement activity and commissioning model implementation.
Quality assurance and performance oversight	Existing contract management and quality assurance arrangements remain in full force throughout contract extension period, including KPI monitoring, safeguarding oversight, provider meetings and escalation processes.

3.4 Environmental implications

3.4.1 The proposed contract extensions are not expected to result in any significant adverse environmental impact. The services will continue to be delivered in the same way as at present, with no new infrastructure or significant changes to service delivery models.

3.4.2 All providers are expected to continue operating in an environmentally responsible manner in line with the Council's sustainability objectives, including reducing unnecessary travel through effective rota management, promoting digital record-keeping, and supporting energy efficiency within service operations.

3.4.3 The continuation of community based care supports the Council's wider environmental objectives by reducing reliance on higher-carbon residential placements and enabling residents to remain in their own homes.

3.5 Equality implications

3.5.1 An Equality Impact Assessment has been completed and is attached at Appendix 1.

3.5.2 The Council has a legal duty under the Public Sector Equality Duty to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. This duty has been actively considered in the design of the proposed arrangements.

3.5.3 The Homecare, Home First and Reablement services primarily support older people and adults with disabilities, including individuals with physical disabilities, frailty, dementia, long term health conditions and mental health needs. Many residents will also have protected characteristics relating to age, disability, race, religion or belief, sex or sexual orientation. The services are central to enabling residents to remain independent and safe in their own homes.

3.5.4 No negative equality impacts have been identified as a result of the proposed extensions. Maintaining existing services and care relationships will have a positive impact, particularly for residents with dementia or complex needs for whom continuity with established care workers is a material factor in the safety and quality of their care.

3.5.5 Ongoing contract management will include monitoring of access, safeguarding, complaints and resident feedback to ensure equality considerations continue to be met throughout the extension period.

3.6 Procurement implications

3.6.1 These contracts fall within the Light Touch regime under the Procurement Act 2023. The proposed route is a modification to existing contracts under Regulation 72(1)(e) of the Public Contracts Regulations 2015, which applies to these contracts, as confirmed by Legal Services.

3.6.2 Prior to concluding that contract extensions are the appropriate route, the Council considered whether an existing framework agreement could be used. No suitable framework for the direct award of Homecare, Home First or Reablement services to

the specific cohort of incumbent providers was identified. Given the nature of these services and the local SME market structure, utilising large national compliant frameworks is not a viable option in Slough's market context.

3.6.3 The proposed extensions are consistent with the applicable procurement legislation and the Council's Contract Procedure Rules, subject to the Cabinet authority sought in this report. Procurement is working closely with Commissioning colleagues and, once the strategic review is complete, will proceed to market for new contractual arrangements.

3.7 Workforce implications

3.7.1 There are no direct workforce implications for Council employees. All services are externally commissioned. The extension arrangements support workforce stability across the provider market during a period of strategic change.

3.8 Property implications

3.8.1 The Homecare, Home First and Reablement services are delivered within residents' own homes and within community and health settings across Slough. The proposed contract extensions do not involve any Council owned or managed properties and there are no property or estate implications arising from this decision.

3.8.2 The contracted providers will continue to operate from their existing bases and deliver services across Slough in accordance with their current contractual arrangements. No changes to access arrangements, leases or occupancy agreements are required as a result of the proposed extensions.

3.8.3 There are no proposals for new buildings, office premises or physical infrastructure as part of these contract extension arrangements. Any property related matters arising during the extension period, for example - in relation to provider office space or access to community facilities, will be managed through the existing contract management arrangements between the Council and individual providers.

4. Background Papers

None