

**CABINET – 12 SEPTEMBER 2025****HOME CARE FOR LEICESTERSHIRE PROCUREMENT****REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES****PART A****Purpose of the Report**

1. The purpose of this report is to seek the Cabinet's approval to procure home care contracts for Leicestershire residents with eligible social care needs, for the period 2026 to 2034.
2. The current Home Care for Leicestershire (HCL) Framework ends on 31 October 2025 and has a remaining option to extend for up to one year until 31 October 2026. It is not possible to extend the current Framework beyond that date.

Recommendations

3. It is recommended that:
 - a) The procurement of contracts for the provision of services in respect of home care, continuing health care, and Live in Care/24-hour care under an open Framework, for the period 2026 to 2034, be approved.
 - b) The Director of Adults and Communities be authorised to enter into any contractual arrangements necessary to bring into effect the provision of services in respect of home care, continuing health care, and Live in Care/24-hour care with effect from 1 September 2026.

(KEY DECISION)

Reasons for Recommendation

4. The Care Act 2014 requires local authorities to undertake an assessment of any person who appears to be in need of care and support, and to provide services to meet any unmet care and support needs identified through that assessment. The authority must develop a wide range of sustainable high-quality care and support services, that will be available to their communities. A wide range of high-quality services will give people more control and help them to make more effective and personalised choices over their care.

5. The existing HCL Framework expires in October 2025 with a potential one year extension until October 2026, there are no options remaining to extend the current arrangements beyond that. With the introduction of the Procurement Act 2023 in February 2025, it is timely to re-commission the service under current legislation. The Procurement Act 2023 introduces open frameworks which are a scheme of successive frameworks on substantially the same terms, with a combined term of eight years. Procuring services under an open framework will reinforce sustainability in the Leicestershire market. The open framework mandates re-opening to allow new providers on to the Framework. The Framework is planned to re-open at the end of year one and in year five of the eight-year term.
6. By redesigning parts of the Framework (for example the zone boundaries) the Council will be able to demonstrate a more efficient commissioning model.

Timetable for Decisions (including Scrutiny)

7. The Adults and Communities Overview and Scrutiny Committee considered the approach to the procurement of home care at its meeting on 2 June 2025 and its comments are set out in Part B of this report.
8. Subject to the Cabinet's approval, the tender will be published in September 2025 for commencement in September 2026. The key stages for the recommissioning are set out below:
 - Advert published - Autumn 2025;
 - Advert closed - Late autumn 2025;
 - Contract award letters issued - April/May 2026;
 - Provider mobilisation - May 2026;
 - Contract commencement date - September 2026.

Policy Framework and Previous Decisions

9. The Cabinet approved the procurement of a new home care service for Leicestershire on 7 February 2020.
10. On 23 June 2020, the Cabinet agreed that the procurement of a new home care service for Leicestershire be deferred for 12 months due to the Covid-19 pandemic. The procurement was completed in August 2021 and the current HCL Framework commenced on 1 November 2021.
11. The commissioning and procurement of the home care service post-November 2021 were agreed by the Cabinet on 26 October 2021.
12. Services highlighted in this report contribute to both the County Council's Strategic Plan and the Adults and Communities Strategy 2025-2029 "Delivering Wellbeing and Opportunity in Leicestershire".
13. The approach to the proposed pricing is in keeping with the recently published UK Government's roadmap titled 'Implementing the Employment Rights Bill:

Our Roadmap for Delivering Change, July 2025' that looks to end zero-hour contracts within the lifetime of the proposed open framework.

14. On 15 July 2025, the Cabinet considered a report on the proposed process for Home Care for Leicestershire Procurement. It was agreed to defer more detailed consideration of the report in order for Members to discuss the matter further with the Director of Adults and Communities.

Resource Implications

15. It is expected that the changes detailed in this report will ensure that a more financially effective and efficient framework is procured.
16. The estimated contract spend for this procurement is £480m over eight years (2025/26 price points) although it is expected that annual inflation will take the spend above this figure.

Legal Implications

17. The Council's statutory duties under the Care Act 2014 include providing information and advice, promoting individual wellbeing, preventing and delaying needs and safeguarding adults at risk. The commissioning of home care services plays a significant part in fulfilling those duties.
18. The Council is also under a duty to facilitate a high-quality care market and ensure that providers of care services receive a fair price for care delivered.
19. The Council's Legal Services team is drafting the Framework agreement under the new provision of the Procurement Act 2023 and providing legal advice in regard to the procurement process and drafting the terms and conditions.
20. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of the report.

Circulation under the Local Issues Alert Procedure

21. This report will be circulated to all Members of the County Council.

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PART B

Background

22. Home care, also known as domiciliary care, provides care and support to individuals with eligible social care needs in their own homes. It involves trained carers who visit people to help with daily activities (getting in and out of bed), personal care (washing, dressing, toileting), and household tasks (laundry, putting shopping away), allowing them to maintain their independence and stay in their familiar environment. Following an assessment by the Council, a personalised support plan will be generated with the person, and this will stipulate the care and support they require. Individual care arrangements are then brokered between the Council and independent providers.
23. A Framework is a list of pre-approved suppliers chosen through a competitive procurement exercise to supply goods or services. The current HCL Framework commenced on 1 November 2021.
24. The Framework was re-opened on 11 January 2022 to give a further opportunity to existing and new providers to apply to join the Framework with a deadline for tender submissions of 3 March 2022. Following completion of a successful procurement exercise, contract award letters were issued on 17 June 2022.
25. A total of 87 providers were appointed onto the Framework.
26. The HCL Framework has worked well and the number of people who are waiting for care is low, with the average being less than one day. The effective pricing mechanism means that providers are incentivised to work in all areas of Leicestershire, including very rural areas.

Home Care 2025

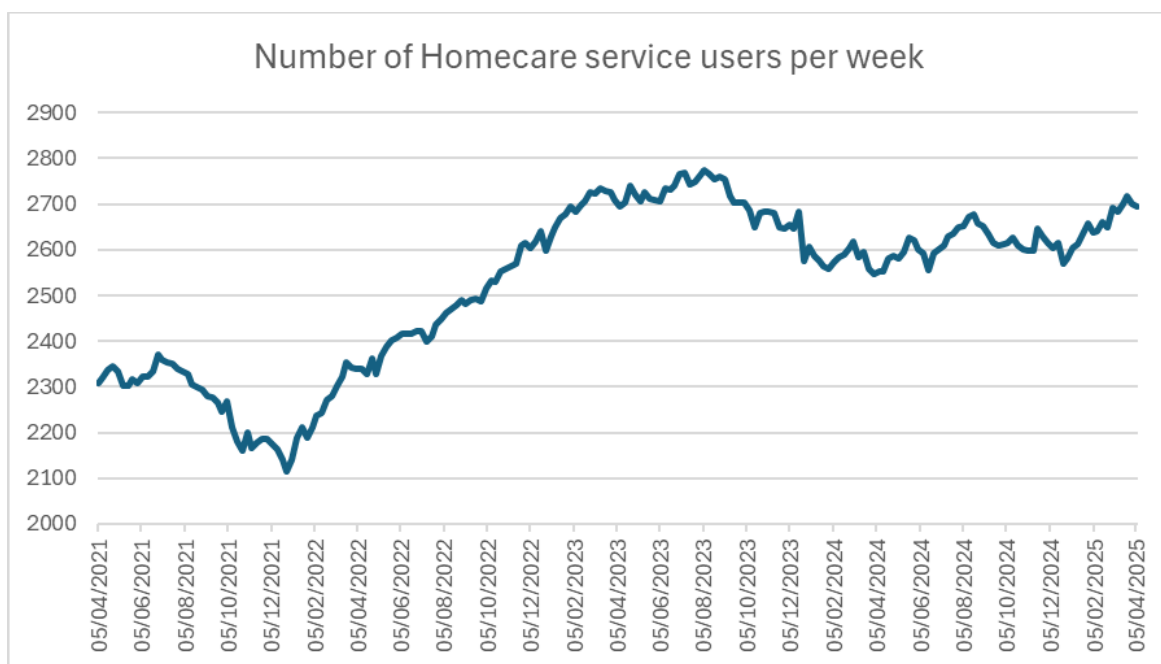
27. During 2024-25, on average 80 providers were operational on the Framework and as of 8 May 2025, 2,736 people were being supported by care providers, equating to 37,925 hours of care delivered per week at a weekly cost of around £900,000. This has significantly increased since 2021, with more people being supported at home with a relatively stable home care market across Leicestershire.
28. The current commissioned providers are a mixture of local and national organisations, some of which operate across a wider geographical area (for example, Leicester City/Nottinghamshire/Lincolnshire).
29. It should be noted that in addition to home care provided by the local authority, providers also support people through private arrangements, and this is a significant area of delivery for a number of providers.
30. The HCL Framework has been successful in being able to deliver the required capacity and services needed to support Leicestershire residents in need of

local authority funded home care. The Framework is utilised following a period of reablement by the Council's homecare assessment and reablement service (HART), and in some circumstances will be utilised to enable interim home care before HART's involvement.

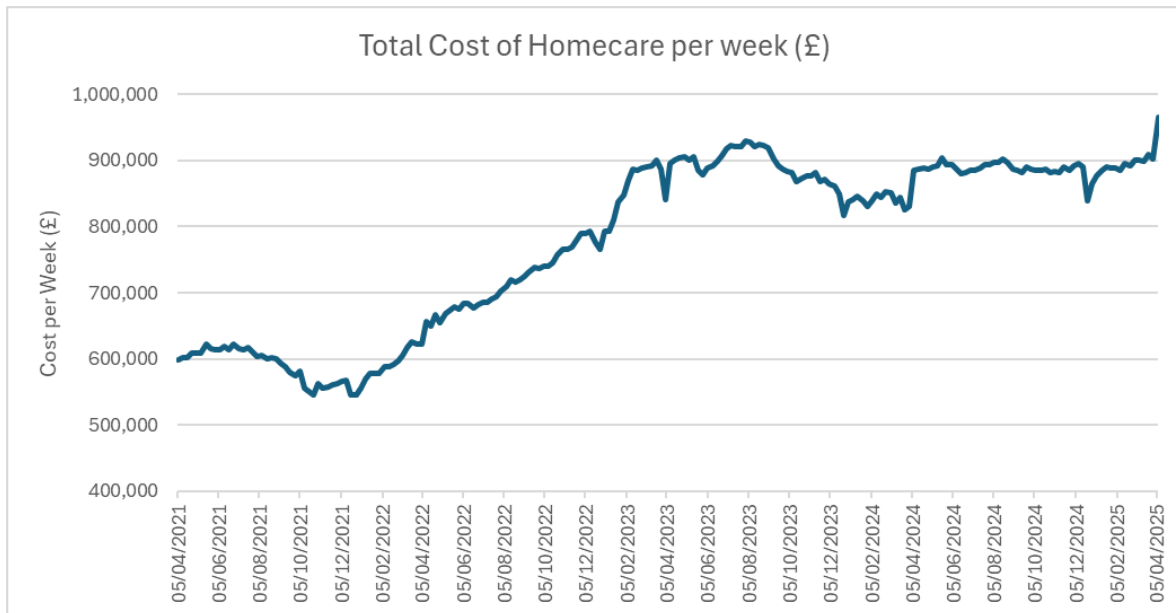
31. The annual cost of home care throughout the current Framework has been as follows:

Financial year	Spend
2021-2022	£33.31m
2022-2023	£40.31m
2023-2024	£46.82m
2024-2025	£46.22m

32. The costs have increased due to inflationary cost increases and rising demand amongst the population of Leicestershire.
33. The following graph illustrates the rising demand in the number of people receiving home care from April 2021 to April 2025:



34. The number of people receiving home care has increased since the current Framework commenced in November 2021. The cohort reached a maximum around August 2023. Between April 2024 and March 2025 there was an increase of approximately 6% which is above expected population growth.
35. The following graph illustrates the rise in the cost of home care:



36. Weekly costs have risen from £600,000 per week to approximately £900,000 per week over the last four years. These have been relatively stable during 2024-2025 and over the period April to March averaged £890,000.
37. Over the lifetime of the contract, eight providers have exited the Framework through owner retirement, sale of businesses and contract termination.
38. In order to comply with statutory duties, engagement between providers and the Council takes place regularly, including monthly home care forums, contract monitoring visits, one to one meetings between the Lead Commissioner for home care and providers, a Diversity in Home Care Group and the Engagement Panel.

Population growth

39. In February 2025, an independent market analysis organisation was commissioned by the Adults and Communities Department to conduct a health check on home care in Leicestershire and produce forecasts regarding the ageing population and its impact on rising demand for services. The older adult population in England is growing, with the fastest proportionate growth in the most elderly age groups. The health check reviewed the approach to pricing to ensure value for money.
40. The older the person, the more likely they are to require care and support as a proportion of the overall population in that age group. The forecast growth in the population aged over 85 years in the next 20 years is therefore particularly significant. People aged over 85 are around ten times more likely to receive council-commissioned home care than adults aged 65-74, whilst people aged 75-84 are roughly 3-4 times more likely to receive council-commissioned home care than adults aged 65-74.

Pricing Model

41. The current HCL Framework is based on four pricing levels, which have been calculated to cover the different levels of providers' costs, whether care is delivered in rural, small town or urban settings. Price band definitions are as follows:

- *Urban* - areas with concentrated demand in towns and clusters of nearby villages with good travel routes and relatively high numbers of care hours;
- *Fringe* - smaller, more isolated towns or villages fairly close to towns with good travel routes, but lower population density;
- *Rural* - areas that are reasonably accessible by car, but have longer travel times between visits than urban and fringe areas;
- *Isolated* – “hard to reach or source” areas likely to involve significant travel to and from/between visits.

42. The prices have been set by the Council at levels which enable providers to pay their workers above the National Living Wage (NLW) and their travel costs between visits. The rates are set out in the table below across the four geographical descriptors:

	Urban	Fringe	Rural	Isolated
2025/26 hourly rate	£25.27	£26.36	£29.39	£32.71

43. ‘Zones’ have been created to categorise areas of Leicestershire according to their demography and availability of workers along with transport routes. These factors are considered to ensure the most difficult to access areas of Leicestershire have a higher price point to account for travel time, mileage and workforce availability. There are 14 zones in total, each having at least two providers, but there is no upper limit of providers on the countywide list.

44. The zone size and areas covered are set out in the table below. A map is also included as Appendix A to this report which sets out the 14 main zones and the price bands for the urban, fringe, rural or isolated areas within them.

Zone Size	Zone area
Large Zone (6)	Coalville and Ashby (including Ibstock, Measham, Ravenstone and Ellistown)
	Charnwood North (Loughborough, Shepshed and Kegworth)
	Charnwood South (Quorn, Barrow upon Soar, Mountsorrel, Birstall and Syston)
	West Leicester (Braunstone, Markfield, Anstey, Ratby and Groby)
	Oadby and Wigston (including Great Glen, Fleckney and Kibworth Harcourt)
	Hinckley (including Earl Shilton, Sapcote, Stoney Stanton and Broughton Astley)

Medium Zone (3)	Melton (including Asfordby and Harby)
	South Leicestershire (including Narborough, Blaby, Countesthorpe and Whetstone)
	Market Harborough
Small Town Zone (3)	Castle Donington
	Lutterworth
	Bottesford
Small Rural Zone (1)	West Leicestershire rural (Market Bosworth, Desford, Newbold Verdon and Bagworth)
Larger Rural Zone (1)	Harborough rural

Proposals

45. To ensure home care continues to support people and that the provider market remains sustainable, a number of changes are proposed to the new home care Framework. This is also essential to continue to offer value for money services for the Council and ensuring fair wages to carers. Key changes to the commissioning model include the:

- i. Changes to zones of care delivery across Leicestershire;
- ii. Commissioned as an 'open' Framework;
- iii. Introduction of a sessional rate for longer duration care calls;
- iv. Specific 24 hour/live in carer via a mini competition;
- v. Clearer work allocation process;
- vi. Approach to pricing;
- vii. Improving quality standards across the market;
- viii. Mandatory training requirements for manual handling.

46. Each aspect is explored in more detail below.

(i) Changes to zones of care delivery across Leicestershire

47. The following table illustrates the proposed changes to the boundaries of some price zones. The price per hour is dependent on the zone the postcode is in, with more isolated areas attracting a higher hourly rate to account for travel time and mileage. The zones were last updated in 2019/2020; since then the road networks, housing estates, dispersal of care services, transport links, and workforce have changed. Some areas should now be reclassified. The Parish of Asfordby will be changed to a higher cost price zone, with all other areas in the table below changing to a lower price priced zone due to the reduced travel time element of the hourly rate:

Subzone	Parish	Analyst Commentary	Hours
Melton Mowbray	Asfordby	Increase from urban to fringe	236.75

Harborough West	Gilmorton	Lower from isolated to rural	66.75
West Leicester Fringe	Markfield	Lower from fringe to urban	367.82
Isolated West	Witherley	Lower from isolated to rural	96.25
Rural West – four villages	Barlestone, Desford, Market Bosworth, Newbold Verdon	Lower from rural to fringe	1070.1
Charnwood South Rural	East Goscote	Lower from rural to fringe	101.25
Castle Donington and Charnwood North West	Kegworth	Lower from rural to fringe	191.45
North West Leics.	Measham	Lower from fringe to urban	379.25
Charnwood South Rural	Queniborough	Lower from rural to fringe	83.5
Total			2593.1

(ii) Open Framework

48. The Procurement Act 2023 became operational on 24 February 2025 and for the first time the home care Framework will be tendered under this legislation. It is proposed to utilise an open Framework, which is a scheme of successive Frameworks on substantially the same terms, with a total term of eight years. Although the total term of the scheme comprising the open Framework is eight years, there is a possibility for the Council to end individual agreements awarded under the open Framework sooner should circumstances require it and in accordance with the terms of the written agreement and public law.
49. There will be no cap on the number of providers appointed to the Framework. The proposal to keep the Framework open to all eligible providers was made to ensure the Council can effectively meet Leicestershire's care needs in a timely manner.
50. The new Framework will consist of three Lots:
- Lot 1 - home care maintenance (providers must stipulate which zones they want to work in – with no restrictions);
 - Lot 2 – Continuing Health Care (CHC);
 - Lot 3 - Live in care/24-hour care.

51. The successive Frameworks that will comprise the open Framework will cover the period from September 2026 to September 2034. The effects of Local Government Reorganisation (LGR) are currently unknown, and it is recommended to include a clause in the Framework agreement to allow for any changes deemed necessary to continue the provision through LGR. Further legal advice will be taken once the precise impact of any LGR related changes become clearer.
52. An open Framework must be:
 - Opened at least twice over the eight-year period covering the total term;
 - Opened within the first three years;
 - A gap between openings must not be for longer than five years.
53. Providers will be expected to enter into and sign a new contract following each opening of the Framework.
54. A series of successive Frameworks covering a period of eight years, will increase the lifetime spend in this area to an estimated £480m (final figures will be published within the procurement documents).

Procurement implications

55. The previous home care tender in 2021 attracted over 150 bids, and it is anticipated that a similar number will be received during this procurement and evaluation, which will be resource and time intensive to co-ordinate.
56. Bidder sessions will be held with interested parties. The bidder sessions will be an opportunity for prospective providers to ask questions about the opportunity, and these will be added to a publicly accessible clarification log.
57. With the support of the Adults and Communities Engagement Panel, work is underway to co-produce questions to ask in the method statements (the name for questions asked in a Tender for services). The Engagement Panel acts as a critical friend to officers of the Council to discuss and challenge proposed engagement plans, service design and policy and strategy development. Members of the panel are all volunteers and are recognised as experts by experience as carers, or someone who has previously had a service provided by social care. They are available to support with co-production projects, offering a wide range of experience and knowledge. The Engagement Panel will also provide an explanation of what a good response will look like.
58. Bidders who pass the Procurement Specific Questionnaire (PSQ) (including but not limited to finance, General Data Protection Regulation) and method statement stages will be invited to give a short presentation with representatives from the Council. The presentations will help to ensure the bidder has a good understanding of the needs of people across Leicestershire and how to deliver safe, reliable and good quality care. The time allocation for this approach has been accommodated in the implementation timelines.

59. Where current providers on the existing framework do not bid or are not awarded a place on the new Framework, they will be able to retain their current care packages (at the current price point) until the person has their support needs reviewed or until earlier termination of the existing order in accordance with its terms. These packages will be reviewed as soon as possible to ensure value for money and consistency across the Framework. At this point the person can consider a direct payment to continue with the incumbent provider or have their care moved to a provider on the Framework. A direct payment allows an individual to arrange their own support directly with the provider they want, instead of the Council arranging services for them.
60. The Adults and Communities Overview and Scrutiny Committee report in June 2025 identified the possibility of adults and children's services commissioning a joint tender opportunity in relation to the provision of home care services. Further work has identified that this will not be possible due to the misalignment of existing contract termination dates.

(iii) Sessional rate

61. A Countywide sessional rate will be introduced for any visit that is 90 minutes or longer. An example of this would be 'waking nights' support where a person requires observation in their own home so that informal carers (such as family members) can sleep. These packages may be over six hours long. The rate reflects that no travel costs will be incurred between visits and so is lower than the Urban rate.

(iv) 24 hour/live in care

62. 24 hour/live in care is commissioned when circumstances require it.
63. There are currently 15 users receiving a 24 hour/live in care service:

Number of people currently receiving live in/ 24 hour care	15
Cost per week	£29,116.19
Net cost to local authority per week (deduction of Health contributions)	£21,393.00
Average cost per person, per week	£1,941.01

64. Where this service is deemed appropriate, the Council will award the package to the provider offering best value in accordance with the Framework's call-off methodology. The provider will receive a copy of the person's Support Plan to assess the likely staffing and skills required. Local supervision will ensure the care is appropriate. (This will be Lot 3 in the Framework).

(v) Clearer Work Allocation Processes

65. A 'call off' process is the term used to describe how individual packages of care will be awarded to a provider once appointed to the Framework. To continue to

ensure fairness and transparency within the Framework, a 'call off' process will be implemented and included in the published Tender documentation.

66. The process will be administered by a team of experienced Brokers within the Council.

(vi) Pricing

67. The pricing from September 2026 (when the new Framework will commence) will be modelled on the proposed zone structure. The prices stipulated in the tender documentation will include a price range per zone within which providers will be asked to submit bids.
68. Hourly rates will reflect additional travel times and employment costs for delivering in non-urban areas; incrementally from Fringe through to Isolated areas.
69. The home care hours over the last 12 months (May 2024–May 2025) across the four bandings are shown in the table below:

	Urban	Fringe	Rural	Isolated	Total
Annual Hours	1,315,244	284,820	153,748	32,103	1,785,915
Percentage	73.6%	16.0%	8.6%	1.8%	100%

70. Home care is a strategically important contract for the Council in order to maintain individual wellbeing and promote people's independence and is key in supporting the wider Adult Social Care system. Market stability and growth are crucial to ensure future provision across the duration of the contract.
71. The price range across the East Midlands region over the past 12 months is an average of £20.09 to £25.97. Leicestershire rates are in the upper range across the region which has ensured that the home care market is both healthy and sustainable for providers. County Councils typically pay higher rates than more urban areas due to the geographical spread of residents which increases the cost of delivering care services.

Approach to pricing

72. The Council has changed its approach to introduce an element of price competition within the service tender.
73. Providers will be asked to submit an hourly rate to the Council within a stipulated range (a floor and a ceiling price).
74. The floor price has been calculated to be a deliverable hourly rate for providers to pay care workers the NLW, cover overheads and realise a surplus/profit.
75. The ceiling price will be stipulated as being the current prices for the service.

76. Submitted prices below the floor rate or above the ceiling rate will not be allowed and the Bidder will not progress in the Tender award.
77. There is no risk to the Council of increased costs at the bid stage as a result of this changed process and there is an opportunity for a saving should providers submit rates below the ceiling price.
78. The 'call off' process for individual care arrangements will take into account the providers costs and be awarded to the most cost effective provider who is able to meet the needs of the individual and has satisfied the required quality and geographic requirements. This will apply to maintenance (long term) packages and CHC packages.
79. Bidders will also be asked to submit a price point for a sessional rate.
80. The home care market in Leicestershire is sustainable and supports the Council's strategic approach and, in particular a strong home care market promotes people's independence and reduces the need for higher cost residential placements.
81. The price range within the tender have been independently assessed and scrutinised to ensure that:
 - Providers are able to pay the NLW (or above) to care staff;
 - New increased national insurance costs are absorbable within the rates;
 - Mileage and any down time (time between calls) is paid to care workers;
 - Office/overheads and rota management systems (usually through software and care co-ordination staff) is robust;
 - Providers are able to operate on a realistic surplus of between 4% and 5%;
 - The quality of care and care delivery is achievable within the rate;
 - The Council are confident that it is paying a fair cost of care to the home care market.
82. Introducing an element of pricing competition introduces a number of risk factors which have been considered, namely:
 - a) The possibility of unsustainable bids from providers;
 - b) The prices quoted do not allow for a fair cost of care and thus a fair payment to care workers, as workers may receive lower wages;
 - c) The removal of a strong home care market and consistent availability of care (a number of rural and isolated areas across the country have a lack of available home care capacity);
 - d) The reduction in the quality of care provided through providers bidding low, which potentially decreases the quality and quantity of training available to workers;
 - e) Increased administrative complexity due to managing variable pricing, resulting in resource being deflected from other areas. It may be possible to make those processes more efficient over time, but in any scenario the additional staffing demands are likely to reduce the overall cost reduction available from variable pricing;

83. It is proposed to mitigate these risks by setting a floor price that is assessed to enable the payment of NLW and associated business costs, along with a ceiling price that will guarantee value for money. The risk to quality of provision will also be addressed by bolstering quality monitoring processes and procedures.

(vii) Quality Standards

Provider contract visits

84. A significant amount of quality assurance is conducted through the activities of the Department's Quality and Contracts team. Its remit includes the quality monitoring of all home care providers on the Framework, non-Framework providers (operating under a legacy agreement) and exception providers (who meet very specialised needs). Of the 87 current active Framework providers, the Quality and Contracts team have assessed that 69 are compliant with the contract requirements.

Total Home Care Contracted	Registered in Leicestershire	Outcome of last Quality and Contract visit		
		Compliant	Not Compliant	No Outcome
96	37	69	12	15*

**15 home care providers have had no work for over 12 months or have never picked up any packages.*

85. The Care Quality Commission (CQC) is the regulator for Adult Social Care provision across the country. The most recent ratings for home care providers contracted by the County Council are as follows:

CQC rating – Home Care				
Outstanding	Good	Requires Improvement	Inadequate	Not rated
0	66	19	0	11

86. During contract monitoring, people using the service are contacted by officers by telephone for their feedback. The questions asked are based on key areas within the contract such as timeliness of provision, if people being supported in the way they want to be, and if people are given choices. As this is a conversation, further questions can be asked if the person indicates dissatisfaction with any aspect. The feedback is anonymised in the contract monitoring report given to providers.
87. As a result of the feedback, changes have been made in the way providers work, including collecting feedback from people on the service they have received, improved punctuality of calls, changes in how staff support people including people being given more choices over their care and support provider. Furthermore, questionnaires will be available for people to feedback at any point to the Quality and Contracts team. This can be used as part of intelligence gathering about a provider, prior to a Contract visit being completed.

88. Providers rated as 'Inadequate' by the CQC will not be awarded a place on the Framework. Providers already on the Framework which are subsequently assessed by CQC as 'Inadequate' will be suspended from providing additional packages until they have made the necessary improvements and the Council will determine other actions as appropriate in the circumstances.
89. The Council may also, where it has other concerns about a particular provider, exercise its contractual right to suspend that provider, issue a notice to remedy a breach or terminate the arrangement as appropriate in the circumstances.

(viii) Mandatory training requirements for manual handling

90. Engagement has taken place with people who use home care as part of the recommissioning process (paragraphs 92-99 below). One issue arising from this was a request that manual handling training is conducted in the first instance in person to ensure safety and quality this element. Subsequent training can be delivered by e-learning.
91. People have asked that paid carers experience the practical implications of being hoisted and repositioned themselves. Being moved in this way causes anxiety for many people and it is crucial that it is done carefully and with dignity and respect. The Council's Learning and Development Team have committed to ensuring sufficient courses are available to implement this change.

Engagement

92. Engagement with people who draw on support, and providers of home care is part of an ongoing commitment to improvement.
93. The Diversity in Home Care Representative Group is a local group, composed of individuals who use home care services, carers, officers, and providers. The group is dedicated to promoting cultural sensitivity in home care while advocating for enhanced training, dignity in care, and stronger communication between service users and home care workers.
94. The Provider Forum is a regular meeting open to all home care providers. It serves as a platform for discussion, collaboration, and updates on key industry and market developments.
95. Providers have been briefed on the Council's revised approach to pricing and whilst there are concerns from the home care market regarding the shift from fixed prices the Council's introduction of a floor rate and ceiling rate will ensure that unviable bids are not taken forward.
96. Provider representatives commented positively on the commitment to improved contract compliance and clear guidelines; however concerns were raised in regard to a move away from fixed hourly rates which providers stated may lead to reduction in quality potential loss of sustainability.

97. The Department uses Continuous Satisfaction Monitoring to engage with individuals receiving services, which includes:
- *Mandatory Service Reviews* – Regular assessments of care and support provided to service users, to ensure quality and effectiveness;
 - Enhanced Review Forms on the Council's adult social care case management system.
98. Other engagement activities include:
- *Partner Collaboration* - Regular updates and engagement are maintained with key partners such as the Integrated Care Board (ICB) and Leicestershire Partnership NHS Trust particularly on cross-cutting matters like delegated healthcare tasks.
 - *Voluntary Sector Involvement* - this has been facilitated through Voluntary Action Leicestershire, which has disseminated key messages.
 - A series of procurement engagement sessions have taken place, attended by a diverse range of voluntary sector organisations.
99. Overall, the recommissioning of home care has been positively received. Stakeholders acknowledge the focus on continuous improvement and value for money, reinforcing a commitment to enhancing service quality and effectiveness.

Comments from the Adults and Communities Overview and Scrutiny Committee

100. The Adults and Communities Overview and Scrutiny Committee considered the approach to the procurement of home care at its meeting on 2 June 2025. Arising from discussion the following points were made:
- i. A Member questioned the tendering process and the approach taken to provide prices to suppliers in advance. It was suggested that this did not provide the Council the opportunity to reduce its costs and ensure it was getting best value. It was reported that some Councils would go out to the markets with a range of prices. However, having undertaken work with an independent organisation the advice had been to find the optimum rate to ensure a quality service could be secured which ensured staff would be paid a reasonable wage, travel time and mileage was covered, and allowed a provider to adequately train and support their staff. By pitching at a sustainable price, the Council was more likely to secure a reasonably priced, long term sustainable service. It was noted that cheaper offers could often result in lower quality services being procured with less security over the long term which risk impacting service users. In addition, providers would have to score a minimum of the marking system during the tender process, for example, CQC rating.
 - ii. The Authority had a quality assurance process. If a provider were non-compliant, the Authority could 'breach' the contract, namely suspend new activity, apply sanctions to limit activity, develop an action plan to improve

the service, or terminate the contract. It was explained that with the quality assurance process and Framework followed, a lot of focussed work and resources went into ensuring providers could improve without necessarily terminating a contract. This ensured greater stability for service users. The approach taken depended on the circumstances of each case.

- iii. Members were reassured that during the tendering process there was a requirement for continuity of care for vulnerable people, with regards to staffing models, rotas and how people were employed.
- iv. Members queried the cost of support by the Quality Team to businesses providing inadequate care. It was reported that the Team was part of the service offered to businesses, so whilst guidance and support was provided, it was the provider's responsibility to implement actions in the plan. Members' general feeling was that quality was key and commercially the Authority should look at a process that penalised underperforming providers, which as a business should be written into any tender, and as the Authority was facing financial restriction it should not pay for another organisations' inadequacies.

101. It is intended that the Adults and Communities Overview and Scrutiny Committee will receive a report outlining the result of the procurement exercise following the award of contracts in the summer of 2026.

Conclusion

102. The commissioning intentions of HCL have been developed by an array of experienced professionals within the Council, people who use home care, providers and carers. The rationale for the procurement strategy will deliver a sustainable market in Leicestershire whilst continuing to offer good value for money and to meet the increasing demand for this service. The identified risks of the approach to pricing will be mitigated through a minimum price standard.

Equality Implications

103. A comprehensive action plan has been developed as part of the Equality Impact Assessment (EIA), ensuring it is informed by the experiences and needs of people who use home care. The EIA was approved in April 2025 and is attached as Appendix B to this report. The assessment concluded that the proposals would have a neutral impact on people with protected characteristics as home care is accessible to all people with eligible social care needs. The accompanying action plan will ensure continuous improvement to services including accessibility to support and developing the workforce.

Human Rights Implications

104. There are no human rights implications arising from the recommendations in this report as people with eligible social care needs will remain eligible for home care.

Health Implications

105. A 'Health in All Policies' form has been completed and considered to ensure health inequalities are tackled wherever possible through this commissioning process.
106. People who receive home care often have health needs in addition to social care needs. The Framework for Integrated Personalised Care is a joint approach by the Leicestershire, Leicester City and Rutland Councils and the ICB to delegating support tasks from health to social care. The approach sees a multi-disciplinary approach to support planning. This requires training to be delivered consistently to home care providers so that they may support people with tasks such as applying steroid based creams, administering eye/ear drops, monitoring the condition of skin, assisting people to eat who are at risk of choking, using NHS provided equipment to lower the risk of pressure sores, managing stoma, colostomy, ileostomy and urostomy care systems, and undertaking blood sugar finger pricks for the management of diabetes.
107. In addition, where a person has CHC needs, the ICB has jointly commissioned home care providers to support demand for certain patient pathways for example end of life, where they need to implement a service quickly.

Environmental Implications

108. The delivery of home care requires workers to travel from a base to the persons home and subsequently to other home care calls. This is rostered by the provider to maximise efficiency of resources such as time, mileage and cost.
109. The home care Framework is designed to support working in particular zones to be as efficient as possible and in principle the zone working approach incentivises working locally.
110. Providers are encouraged to use car sharing, electric vehicle lease schemes, walking and cycling between care runs wherever possible to reduce their carbon footprint and to make care runs as efficient as possible.

Partnership Working and Associated Issues

111. The ICB is seeking its own sign off to enable it to join this proposed procurement process. This is to enable joint working for people who receive CHC funding.

Background Papers

- Report to the Cabinet: 7 February 2020 – Commissioning and Procurement of Home Care Services Post November 2020 -
<https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5992&Ver=4>
- Report to the Cabinet: 23 June 2020 – Commissioning and Procurement of Home Care Services Post November 2020 -Proposed Deferral Arising from Covid-19
<https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5996&Ver=4>

- Report to the Cabinet: 26 October 2021 – Commissioning and Procurement of Home Care Service Post November 21 – Proposed Interim Arrangements – minutes of the meeting
<https://democracy.leics.gov.uk/ieListDocuments.aspx?Cld=135&Mld=6447&Ver=4>
- Leicestershire County Council Strategic Plan 2022-2026
<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/faq/2022/4/12/Appendix-B-LCC-Strategic-Plan-2022-26.pdf>
- Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Strategy 2025-29 - <https://resources.leicestershire.gov.uk/adult-social-care-and-health/our-approach/policies-and-strategies>
- Care Act 2014 - <https://www.legislation.gov.uk/ukpga/2014/23/contents>
- Procurement Act 2023 - <https://www.legislation.gov.uk/ukpga/2023/54/contents>
- Report to the Adults and Communities Overview and Scrutiny Committee: 2 June 2025 – Home Care for Leicestershire Procurement
<https://democracy.leics.gov.uk/ieListDocuments.aspx?Cld=1040&Mld=7853&Ver=4>
- Implementing the Employment Rights Bill: Our Roadmap for Delivering Change, July 2025
<https://assets.publishing.service.gov.uk/media/686507a33b77477f9da0726e/implementing-the-employment-rights-bill-roadmap.pdf>
- Report to the Cabinet on 15 July 2025 “Home Care for Leicestershire Procurement” and minutes of that meeting
<https://cexmodgov01/ieListDocuments.aspx?Cld=135&Mld=7878&Ver=4>

Appendices

Appendix A - Map of Current Price Zones across Leicestershire

Appendix B - Equality Impact Assessment

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