

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Cabinet

Date: 09/03/2026

Subject: Procurement Strategy for Community Reablement and Homecare

Report of: Councillor Alex Sanderson – Deputy Leader

Report Author: Joe Gunning, Head of Programmes

Responsible Director: Sarah Bright, Director of Commissioning, Transformation and Partnerships

Executive Director: Jacqui McShannon, Executive Director People’s Services

SUMMARY

Hammersmith and Fulham are committed to supporting residents to maintain and develop their role and participation as citizens and maximise their full potential. This paper sets out the procurement strategy for the provision of homecare services in Hammersmith & Fulham as part of a continuum of support available to residents to regain or retain their independence living in the community.

RECOMMENDATIONS

1. To note that Appendix 1 is not for publication on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).
 2. To approve the procurement strategy set out in this report. The contracts to be awarded through a closed framework for a maximum of four years. The financial implications are set out in exempt Appendix 1.
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Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Building shared prosperity	Ensuring a person-centred approach that delivers the right level of support to meet presenting needs.

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Creating a compassionate and inclusive council	Listening and responding to feedback from professionals, residents and wider partners regarding what is working well, and areas for development.
Doing things with local residents, not to them	Using resident feedback and engagement to inform the design and delivery of services to meet eligible care and support needs.
Being ruthlessly financially efficient	Supporting residents to regain the skills, confidence and social networks to return to their previous levels of independence and reduce the likelihood of admission/ re-admission to hospital, or the need for long term care and support.
Taking pride in H&F	Provision of high-quality services for residents that enables them to live in a place they call home and in the communities they know.
Rising to the challenge of the climate and ecological emergency	Procurement of services which deliver against the Council's net zero ambition by 2030 through the recruitment of local care staff across smaller geographical areas reducing the use of transport in the delivery of this service.

Financial Impact

The resources that will be available for Home Care (currently £22.4m in 2025/26) will need to be determined as part of the annual process for agreeing and allocating resources to services (and will be reported in the Annual Budget Report to Council).

The detailed financial implications will be set out in the contract award report following the completion of the procurement of the new services. This will set out the issues relating to both price and volume of services that will be affordable.

Further details relevant to the financial impact are included in Appendix 1.

Provided by: Lydia Nevitt, Finance Manager and Prakash Daryanani, Head of Finance. 15/12/2025

Verified by: Sukvinder Kalsi, Executive Director Finance and Corporate Services. 15/12/2025

Legal Implications

Undertaking a fully regulated competitive and compliant procurement process, advertised to the market will be compliant with the Procurement Act 2023 and the Council's Contract Standing Orders.

Joginder Singh Bola, Senior Solicitor (Contracts & Procurement), 6 November 2025

Procurement Comments

The Contract falls within the scope of the "light touch" regime as defined in the Procurement Act 2023, and due to the value is classified as a High Value contract under our Contract Standing Orders (CSO's). CSO's require all High Value (above threshold) Contracts to be compliantly procured, in this case the route recommended will require an Open tender process.

The procurement project must be set up on and undertaken using the [capitalEsourcing](#) eProcurement portal. All associated details and documents must be attached to the project, and all applicable legal notices must be published within their legislated deadlines.

The Commercial and Procurement Team will continue to work closely with the procuring officer to ensure that the procurement strategy outlined within this report complies with regulatory requirements

Joe Sardone, Category Lead – People, Procurement and Commercial, 16 December 2025

Background Papers Used in Preparing This Report

None.

DETAILED ANALYSIS

Background

1. The Care Act 2014 sets out the Council's statutory duties for Adult Social Care in assessing and meeting eligible needs where there is a significant impact on the individual's wellbeing. These include:
 - Promoting individual wellbeing
 - Preventing or delaying need for care and support
 - Promoting integration of care and support with health services
 - Providing information and advice
 - Promoting diversity and quality in provision of services
2. Home 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

eligible daily activities (getting in and out of bed), personal care (washing, dressing, toileting), nutrition and hydration and wellbeing support.

3. The Council's ambitions for Homecare are underpinned by our vision for Hammersmith & Fulham to be a place that enables residents to live in inclusive and connected communities as they choose, and regardless of background, have fair and equal access to adult social care support that enables them to live independent, healthy and fulfilling lives. This involves proactively taking all opportunities to build on people's strengths, maximise their independence and connect them with their community.
4. Home Care will play a key role in the Adult Social Care operating model and continuum of support available for eligible residents. Through an acute focus on community reablement, the newly commissioned homecare service will provide intensive, enabling support to residents to regain the skills, confidence and social networks to return to their previous levels of independence as far as possible and reduce the likelihood of admission/ re-admission to hospital, or the need for long term care and support.
5. While many people will not need support after reablement, some people will require further support to enable them to continue to live safely at home. The new proposed model will take a more enabling approach to homecare, thereby increasing opportunities for further independence through closer relationships with our community health and primary care services to ensure early intervention when there is any deterioration or concerns with health conditions. In addition, to reduce social isolation and further increase community connectedness, our new home care providers will encourage and support residents to benefit from the opportunities that our strong community and voluntary sector offer, reducing the reliance on long term care and support.
6. Officers have been engaging with residents, partners and stakeholders to understand their lived experiences and to inform specification priorities. Themes have included:
 - **Carer consistency.** A clear desire by the residents to limit the number of carers to a minimum with the aim to develop a relationship with the carer.
 - **Communication.** Residents want good communication between carers, the provider and themselves to ensure and manage variations in the delivery of care. They want staff to listen to them and treat them as the expert in their own care needs.
 - **Staff conduct.** Residents want carers to look after them and feel that the carer is not "just doing a job" and are rushed to go from one place to another.
 - **Timely visits.** Residents want to ensure that carers will be on time and if not possible that they are informed of the variation.
 - **Quality of Service.** Residents want to ensure that the time spent with carers is of high quality.

Reasons for decision

7. The current homecare contracts end on 31 July 2026 with no option to extend. The Council has statutory duties under the Care Act 2014 and the proposals contained within this procurement strategy support in discharging these responsibilities.

Contract specification summary

8. A procurement exercise will be undertaken to implement a framework for the provision of homecare services delivered across the borough to all adults with eligible needs.
9. The new homecare service model will aim to:
 - Be a preventative model, aimed at preventing (or contributing to prevention) any escalation in residents' needs, dependencies and associated care costs.
 - Enable people to receive care that is person-centred, flexible and responsive.
 - Understand and incorporate our Reablement and a wider 'enablement' ethos.
 - Enable residents, a continuation of the 'reablement' ethos through the embedding of enabling activity in day-to-day practice, geared towards maximising independence through helping service users to regain and/or develop self-help and independent living skills.
 - Embed outcome and recovery focused care.
 - Help service users by providing preventative support to maintain their independence, health and wellbeing to remain at home for as long as possible.
 - Ensure service user and family independence, choice and control.
 - Provide a timely and effective response to people in their own home to prevent avoidable admissions to acute or urgent care settings.
 - Provide greater financial effectiveness and demonstrable cost reductions as part of wider system work.
 - Provide a platform for improved efficiencies within Adult Social Care, delivering better value for money and reducing the need for long-term higher cost care needs.
10. The framework will be split into two pathways to deliver Community Reablement and Core Homecare on a locality model.

Community Reablement Pathway

11. Reablement is a strengths-based, person-centred approach, supporting an individual to regain skills, or gain new / alternative skills and confidence to enable them to remain living independently or with minimal support in their own home.
12. The Reablement pathway will require the provider to deliver a therapy based reablement service that is focused on supporting residents in the community to recover in the community. Whilst it is anticipated a high proportion of residents will be 'enabled' to return to living independently without the need for long term

care and support, for those residents who require longer-term homecare services, it is expected that the resident's functional ability will have improved. The provider will be expected to work closely to efficiently transition residents onto an appropriate service (community, homecare), ensuring the residents' needs and preferences are fully understood by the follow-on provider to avoid any negative impacts on residents.

Core Homecare Pathway

13. The framework will obligate providers to deliver essential homecare services tailored to each resident's individual needs and care and support plans. The traditional homecare tasks will consist of at least the following. This is not an exhaustive list.
 - Help with getting out of bed in the morning
 - Help with getting into bed in the evening
 - Help with using the toilet or changing continent pads
 - Help with washing, dressing and/or brushing hair
 - Preparing meals and drinks
 - Prompting medication
 - Using any prescribed equipment, such as a hoist, to safely meet care needs

Procurement Route and Analysis of Options

14. The services being procured have been identified as falling within the scope of CPV Code = 85312500 and 85312200 and the Contract Value means the procurement falls in-scope of the Procurement Act 2023, Procurement Regulations 2024, Light Touch Regime and the Councils Contract Standing Orders (CSOs).

Option 1: Undertake a fully regulated competitive and compliant procurement process, advertised to the market – Recommended

15. It is proposed to run a competitive process to procure a closed multi-lot locality framework for the provision of homecare services.
16. Split across two pathways, providing a robust reablement pathway and core homecare offer, the model will be split across three localities (Lots), with three providers allocated to each locality, making a total of nine providers awarded to each pathway. The proposed route will ensure full coverage.

Option 2: Deliver the supplies, services, and/or works in-house – Not recommended

17. The Council cannot deliver an inhouse model of homecare on this scale. The market is well developed, competitive and has sufficient capacity to meet the Council's requirements. Whilst there is an inhouse reablement service focused on the hospital discharge pathway this lacks capacity to increase and provide a preventative front door pathway. This option is therefore not recommended.

Option 3: Use an existing contract, established by the Council, to provide the services – Not recommended

18. The current contracts expire on 31 July 2026 and there is no option to extend. This option is therefore not recommended.

Option 4: Procure using a compliant framework, Dynamic Purchasing System (DPS), or Dynamic Market – Not recommended

19. A dynamic purchasing system (“DPS”) is a completely electronic system which may be established by a contracting authority to purchase commonly used goods, works or services. It has a limited duration.
20. A DPS creates transactional relationships with suppliers, as they bid on price for every service they provide. It is one of the ambitions of this procurement to create more strategic relationships with a small number of providers, rather than by piecemeal transactions.
21. DPS’ also work best when there are a lot of suppliers. If this were to be the case, then this may have implications for contract and performance management resource. There would also be resource challenges for the service to deal with the continual flow of e-auctions and the evaluation of new suppliers wanting to join the DPS. This option is not recommended.

Option 5: Decommission the service or requirement – Not Recommended

22. The Council has a statutory duty to meet eligible care and support needs under the Care Act 2014. Homecare reflects a component part of a continuum of offer to support residents.

Market Analysis and Engagement

23. Preliminary Market Engagement sessions were used to ensure the market is aware of an upcoming tender, ensure interest from the market and identify any concerns. Distortion of competition during market engagement activities was avoided through Publishing the opportunity to take part in market engagement activities on the Central Digital Platform (CDP), [Find A Tender Service \(FTS\): 062310-2025](#); Providing a reasonable timeframe to provide responses to PME activities.
24. Themes from the engagement include:
 - The volume of work is of higher importance than location in developing a sustainable model.
 - Community connectivity is important, but there is a need for an active directory to support this.
 - A specialist service is feasible; however, it is recognised that there is a significant amount of overlap in the work prescribed.
 - Realistic call and travel time will increase the quality of time spent with residents.

- Sustainable hourly rates will increase retention and job satisfaction.
 - The reablement approach is now more common and providers noted the different required skillset of staff.
25. Whilst the market is mature and sufficiency is high, the recently published report from Care Analytics (in partnership with ADASS) highlights cost inflation challenges in the market. The report has been designed to help the Council make informed decisions about fee uplifts, budgeting and financial planning in adult social care. Whilst this report does not provide direct advice for individual councils, it does show standardised forecasts of cost inflation. The Council has considered this report and will consider any subsequent reports when modelling rates and uplifts for homecare services and considering the impact of inflation on the local market. Some of the key headlines from the Care Analytics were as follows:
- The large increases in the National Living Wage (6.7%), Real Living Wage (5.0%), and London Living Wage (5.3%) for 2025/26 mean that cost inflation in adult social care is going to be much higher than general inflation in the wider economy. This would have been the case before consideration of the employer national insurance (NI) changes announced in the previous Autumn's Budget, which disproportionately increases costs in low-paid staff-dominated sectors like adult social care.
 - Care Analytics forecast that cost inflation for adult social care providers will vary between 6%-12% in 2025-26, with an overall average across all services conservatively estimated to be at least 8.0%. This is therefore at least 5.7% higher than the headline rate of CPI (3.8%) at the time of writing.
 - Government financial settlements for social care are usually far less generous than represented by statements about real-terms changes in budgets or spending power. However, the difference between average inflation in social care and the headline rate of CPI (or the GDP deflator also used in national statistics) will be particularly marked in 2025-26.

Local Economy and Social/Added Value

26. There is a sufficient pool of providers available within the market to meet the delivery requirements. Given the economies of scale often providers within this market operate on a national scale. Commissioning through a competitive procurement process presents the best value for money whilst meeting the required service specifications. On this basis, the Contract cannot be reserved to Greater London businesses and/or SMEs/Voluntary sector.
27. Through the new model, the Council is increasing its capacity for homecare compared to the current arrangements (x1 lead provider per locality and spot provision) and through Lots 4 and 8 (see below) further opportunities are created for those residents taking a Direct Payment to have a quality assured provider, increasing choice and control. We recognise that if smaller companies are awarded contracts, their ability to deliver additional social value may be limited and they may require extra support from the council with this. We will work with SMEs to support and enable them to deliver social value, including by offering advice from our talent and resourcing team.

28. The main challenge for the market is the recruitment and retention of staff as Reablement and Homecare requires a large workforce to meet local demands. Following Brexit and the Covid-19 pandemic, there has been an increasing number of vacancies across the sector, with fewer posts being filled from residents born overseas and shortages of staff in the hospitality industry, leading to increasing wages or incentives in other sectors attracting candidates. The Homecare Association has said that low wages and staff feeling undervalued are key factors leading care staff to leave the sector.
29. Homecare typically attracts a local workforce and offers flexible working hours. This can help support economic growth for residents who would otherwise find it difficult to find employment with fixed hours. It is also likely to benefit local shops and other local businesses if the carer lives and works locally.
30. It should be possible for providers to demonstrate social value by improving skills and training opportunities for the workforce. They can increase opportunities for career development by offering to support staff through apprenticeships or accredited qualifications such as the Level 2 Diploma in Health and Social Care.
31. Our Social Value Strategy recognises the importance of the local supply chain in delivering local economic value. We will be using this procurement to support the local economy by having more, smaller contracts and making it easier for local smaller firms to bid.

Lot Considerations

32. The framework will adopt a multi-lot locality model for care and support as follows:

Lot 1-4 – Community Reablement

Locality	Wards	Number of providers
Community Reablement North (Lot 1)	College Park and Old Oak Wormholt White City Wendell Park Coningham Shepherds Bush Green	1 x Lead Provider 1 x Backup Provider 1 x Reserve Provider =3 Providers
Community Reablement Central (Lot 2)	Ravenscourt Park Grove Hammersmith Broadway Addison Avonmore Brook Green Fulham Reach West Kensington	1 x Lead Provider 1 x Backup Provider 1 x Reserve Provider =3 Providers
Community Reablement South (Lot 3)	Fulham Town Munster Palace & Hurlingham	1 x Lead Provider 1 x Backup Provider 1 x Reserve Provider

	Lillie Walham Green Sands End Parsons Green & Sandford	=3 Providers
Supplementary (Lot 4)	All above wards	All above providers

Lot 5-8 – Core Homecare

Locality	Wards	Number of providers
Core Homecare North (Lot 5)	College Park and Old Oak Wormholt White City Wendell Park Coningham Shepherds Bush Green	1 x Lead Provider 1 x Backup Provider 1 x Reserve Provider =3 Providers
Core Homecare Central (Lot 6)	Ravenscourt Park Grove Hammersmith Broadway Addison Avonmore Brook Green Fulham Reach West Kensington	1 x Lead Provider 1 x Backup Provider 1 x Reserve Provider =3 Providers
Core Homecare South (Lot 7)	Fulham Town Munster Palace & Hurlingham Lillie Walham Green Sands End Parsons Green & Sandford	1 x Lead Provider 1 x Backup Provider 1 x Reserve Provider =3 Providers
Supplementary (Lot 8)	All above wards	All above providers

33. A total of nine providers on each pathway of the framework, providing coverage across the whole Borough.
- A single provider will only be assigned to one locality. This means no provider will be assigned to more than one locality.
 - This locality model supports the reduction in travel time and associated costs, allows for targeted recruitment, promotes recruitment within the borough, supports improved punctuality, reduces the likelihood of any one provider monopolising the market and providers contingencies in case of provider failure.
 - “Lead Provider” means the first provider to be offered the required package of care at any given time at the locality of the residents’ address throughout the life of the call-off contract.

- “Back-up Provider” means the second provider to be offered the required package of care at any given time at the locality of the residents’ address throughout the life of the call-off contract, but only if the Lead Provider of that locality declined the package of care, could not fully meet the needs of a resident or did not accept the package of care within the set timeframe.
- “Reserve Provider” means the third provider to be offered the required package of care at any given time at the locality of the residents’ address throughout the life of the call-off contract, but only if the Lead Provider and Back-up Provider of that locality declined the package of care, could not fully meet the needs of a resident or did not accept the package of care within the set timeframe.
- The “supplementary” list of providers will be made up of all providers on the framework, for additional support to ensure complete coverage if needed, providing mitigating measures for when all three providers assigned to a locality are unable to meet individual needs, have quality concerns or have no immediate resource within their organisation(s).
- All bidders will need to submit their locality preference in order of 1st, 2nd & 3rd choice, and will be allocated a locality based on their overall tender score.

People based considerations

34. It is anticipated that the Transfer of Undertakings (Protection of Employment) Regulation 2006 (UKSI 2006/246) (TUPE) will be applicable to this procurement in the context of the activities undertaken before and after the transfer remain fundamentally the same, and staff providing the activities being organised into geographical localities as part of the current contractual arrangements.
35. Full details will be provided by the current providers to be utilised as required in the tender process.

Risk Assessment and Proposed Mitigations

36. The table below includes the key risks and proposed mitigations identified as being relevant to the procurement.

Identified Risk	Proposed Mitigations
Tender process – timelines to deliver objectives and finalise procurement in time for mobilisation	Early initiation of procurement activity. Project officer will work with the service on actions required to ensure risk to service delivery is minimised
Market sufficiency - risk of not having the right providers/ sufficient number to tender	Good levels of market sufficiency both locally, regionally and nationally. A pre-tender notice will be issued to engage the market prior to the launch of the tender.
Resource – risk of project slippage if key staff are unavailable at peak times e.g. mobilisation over summer period	Early initiation of procurement activity and planning, providing sufficient notice to commit resource. Additional

	time factored into mobilisation to account for summer holiday period.
<p>Contract value – risk that providers will submit tender in excess of the contract value given inflation and projected increase in demand nationally</p> <p>Tender price, which is low, but not abnormally low, may in the longer term become unsustainable and lead to supplier failure destabilising the framework</p>	Annual uplift clauses capped to ensure contracts track market inflation appropriately.

Contract Duration Considerations

37. It is proposed to utilise a closed Framework with a total term of four years. The period in which framework providers will be required to provide the Service will be subject to the terms of any call-off contract (packages of care) awarded to any given provider on the framework.
38. Call-off contracts awarded during the framework contract may not expire when the framework ends, and in such circumstances, framework providers will be required to continue to deliver services under each call-off contract per the Specification and the terms of the framework contract until the Council notifies the provider that the call-off contract is terminating.
39. The framework agreement will be for a term of four years and cannot be extended. However, there is the option to call off from the framework agreement up to and on the last day of the framework (before its expiry).

Timetable

40. The table below provides an estimated timetable of the competition process through to contact commencing.

	Action	Date
1.	Key Decision Entry (Strategy)	Wednesday, 1 October 2025
2.	People Leadership Team	Tuesday, 6 January 2026
3.	Contracts Assurance Board (Strategy)	Wednesday, 7 January 2026
4.	CMB	Monday, 12 January 2026
5.	Political Cabinet (dispatch)	Monday, 09 February 2026
6.	Cabinet Sign-Off (dispatch) dispatch	Monday, 9 March 2026

	Action	Date
7.	Tender Notice Published	Monday, 23 March 2026
8.	Closing Date for Clarifications	17:00 on Sunday, 22 March 2026
9.	Closing Date for Procurement Responses	12:00 noon on Wednesday, 22 April 2026
10.	Evaluation of Procurement Responses	Wednesday, 13 May 2026
11.	Moderation	Wednesday, 27 May 2026
12.	Award Recommendation Report	Friday, 5 June 2026
13.	Contracts Assurance Board (Award)	Wednesday, 10 June 2026
14.	People Leadership Team	Tuesday, 09 June 2026
15.	CMB	Monday, 15 June 2026
16.	Key Decision Entry (Award)	Monday, 5 January 2026
17.	Key Decision Deadline (Award)	Monday, 22 June 2026
18.	Assessment Summaries	Tuesday, 23 June 2026
19.	Contract Award Notice (Standstill Period Starts)	Tuesday, 23 June 2026
20.	Standstill Period Ends	Friday, 3 July 2026
21.	Contract Engrossment	Monday, 6 July 2026
22.	Contract Details Notice Published	Monday, 6 July 2026
23.	Contract Signed	Monday, 6 July 2026
24.	Contract Start Date	Saturday, 1 August 2026
25.	Contract Mobilisation and Implementation	July 2026 ongoing
26.	Service Start Date	Saturday, 1 August 2026
27.	Contract End Date (initial term, excluding extension periods)	Wednesday, 31 July 2030

Conditions of Participation and Award Criteria

41. The assessment process will be in two parts, a **Conditions of Participation** part in which providers will be required to be CQC rated Good or Outstanding, have local presence both office and delivery in Northwest or North Central London, have sound financial standing, suitable insurance arrangements and sufficient experience of delivering contracts of a similar size and scale (Pass/Fail).
42. An evaluation panel will be identified to assess quality and price.

43. **Quality** – Assessed against responses to several method statements, that will also cover added value requirements. The following evaluation criteria will be used. Providers will be required to achieve at least 60% of the available marks on quality and must achieve a minimum score of 3 in relation to Service Requirements.

Criteria		Question Title	Weighting (100%)	Sub-Weighting
Quality (60%)	Quality Technical (50%)	Service Requirements	25%	15%
		Safeguarding	25%	15%
		Quality and Continuous Improvement	25%	15%
		Mobilisation	15%	9%
	Added Value (10%)	Social Value Quantitative	5%	3%
		Social Value Qualitative	5%	3%
Quality Total			100%	60%
Price (40%)			100%	40%
Total score			200%	100%

44. **Price** – The potential supplier with the lowest overall compliant Commercial (Price) Offer will be awarded the full Commercial (Price) Score (40%). All other procurement responses will be scored in accordance with the following calculation:

$$= \left(\frac{\text{Lowest Submitted Commercial (Price) Offer}}{\text{Potential Supplier's Submitted Commercial (Price) Offer}} \right) \times \text{Commercial (Price) Envelope Weighting}$$

45. Each potential supplier's overall combined score for price and quality will be used to identify the preferred supplier, who provided the Most Economically Advantageous Tender (MEAT). The combined quality and commercial scores will determine the suppliers' appointment and position on the Framework.

Contract Management

46. The contract management will be the responsibility of the Local Authorities Adult Social Care Service and Commissioning Team. The exact contract management methodology is still being defined but will broadly be based on the following:
- Maintain oversight of provider activity, compliance and performance
 - Undertake weekly, monthly and quarterly monitoring through contract monitoring meetings including monitoring of performance management information
 - Ensure all issues and concerns are escalated, and decisions made in a timely manner

- Be available for contract advice and queries
47. Service Providers will be required to utilise a suitable Electronic Call Monitoring (ECM) system for the rostering and monitoring of care provision to all service users as part of being accepted onto the Framework. Service Providers will be required to utilise the e-brokerage system specified by the Council for receiving and accepting or refusing referrals. A key dependency will be the implementation of this system to ensure streamlined processes for issuing individual call-off orders.
48. Annual capped indexation clauses will be included in the contracts to ensure ongoing sustainability.

Outcomes and KPI's

49. The exact Outcomes and Key Performance Indicators are still being defined but will broadly be based on the following:

Community Reablement:

- Comparing an individual's functional status at the beginning and end of a reablement period through appropriate outcome measures
- Quality of life questionnaires
- Percentage of people requiring long-term support or admission to long-term care post reablement
- Percentage of people able to remain living at home
- Reduction in traditional home care hours
- Reduction in unplanned hospital admissions
- Lasting benefit – the percentage of people no longer requiring a service up to 12 months post-reablement.
- Cost effectiveness – the cost of interventions vs usual care costs and health service utilisation.

Core Homecare:

- Respond to all new packages sent to provider, irrespective of acceptance/rejection
- % of new packages accepted by a provider
- % of all calls scheduled during the reporting period which were 'late
- % of customers who are satisfied with the home care service they receive from their provider
- Staff trained on core mandatory training and who meet the care certificate standards
- Number of different carers per resident
- Review of Care Plan

Conflicts of Interest

50. All officers and decision makers, including elected members (where appropriate), have been required to complete a Conflict-of-Interest Declaration form to record

any actual, potential, and/or perceived conflicts, along with appropriate mitigations (as appropriate), on the Conflicts Assessment.

51. Approval of this Procurement Strategy by the Strategic Leadership Team (SLT) member and elected member constitutes their declaration that they do not have any actual, potential, and/or perceived conflicts, relevant to this procurement, except where a specific Conflict of Interest Declaration form has been completed and provided, advising differently.
52. The Conflicts Assessment will be kept under review and updated throughout the life of the project (from project inception to contract termination).

Equality and Inclusion Implications

53. The proposed procurement strategy aims to deliver a reliable, consistent, and person-centred service that is accessible to all residents with eligible needs, regardless of age, disability, ethnicity, gender, religion/belief, sexual orientation, or other protected characteristics. The service will be provided free of charge, removing economic barriers and supporting residents to live independently in their homes for as long as possible.
54. The recommendations in this report aim to ensure delivery of a service that will be reliable, consistent, and tailored to individual needs, delivering value for money through preventative and enabling support. The process will also ensure that providers shall be committed to equitable access when delivering the Service; and to removing barriers in accessing the Service that may be related to the identity of individuals based on their protect characteristics e.g. age, disability, ethnicity, gender, religion / belief, sexual orientation, compounded barriers such as older disabled adults or additional barriers such as limited English proficiency and of staff the service users or their family.
55. Potential risks such as language barriers, digital exclusion, and cultural needs will be addressed through provider requirements for accessible communication formats, culturally competent care, cultural humility training and alternative non-digital engagement options. A fully completed Equality Impact Assessment is at Annex 1.

Verified by: Yvonne Okiyo, Strategic Lead for Equity, Diversity, and Inclusion (EDI), 20 November 2025

Risk Management Implications

56. The report recommends establishing a closed framework across three geographical areas with three providers in each area for Reablement and three providers in each area for Homecare. This is in line with the Council's objective of being ruthlessly financially efficient and will support the mitigation of risk of supplier failure, by using a larger pool of providers. Contract managers will need to ensure robust project management and governance structures are established

that should include change control, financial review, quality assurance, delivery management and regular review cycles.

57. The strategy sets out clear evaluation criteria in relation to the awarding of successful tenderers to the framework to mitigate risks of fairness and transparency.
58. The strategy and specification set out the requirements of the service in relation to the Care Act, to ensure legal compliance including ensuring empowerment, protection, prevention and partnership with residents from the service provided. It is recommended the council reviews the service provided to protect both residents using the service and that of the councils responsibilities by continuously reviewing the service through scheduled assessments and unannounced spot checks, the establishment of regular reporting by providers and usage of independent advocates for residents who may be dissatisfied or have difficulty participating in their care planning and its usage.

Jules Binney, Risk and Assurance Manager, 11 December 2025

Climate and Ecological Emergency Implications

59. Home Care and Community Reablement Services provide care and support to residents in their own home to make them live independently. Staff are usually rostered to a small local area to cover visits, so there will be no or very limited need for the use of private vehicles to get to visits. Local buses and other available transport options across the borough can be used, such as scooter and bicycle hire stations.

Verified by: Charlotte Slaven, Head of Climate Strategy & Engagement, 18 November 2025.

Local Economy and Social Value Implications

60. In line with the Council's Added Value Policy and Sourcing Strategy, this procurement will dedicate a minimum of 10% of the overall evaluation weighting to Added Value.
61. Due to the multi-provider model being recommended in this procurement, it is recommended the commissioning lead, procurement team and Social Value Officer meet before tender documents are drafted, in order to establish all of the practicalities of applying Social Value to this tender are confirmed.
62. On award of the contract(s), the commissioner will ensure that the Added Value commitment offered at tender stage is stated as a contractual output.
63. Our standard contracts include clauses which refer to penalties for non-delivery against social value commitments.
64. It is recommended the Social Value Officer and Commissioner meet at each stage of this procurement to ensure that the Added Value received is aligned with

the 3 categories within the Added Value strategy and the Added Value Matrix (Inclusive Economy, Happier and Kinder H&F, Responding to the Climate Emergency).

65. Social Value Portal will be used for evaluating the Added Value element of all tender submissions in compliance with the agreed corporate procurement approach. The commissioner will work closely with the Social Value Officer to ensure commitments are reported regularly on the Social Value Portal by their suppliers.

Implications completed by Harry Buck, Social Value Officer, 18 November 2025

Digital Services and Information Management Implications

66. Digital services understand the procurement strategy for the provision of Home Care services in Hammersmith & Fulham has several options with a recommended option. Where service providers are appointed, it is not known at this stage of procurement the level to which IT/Technology and in which form (there may be systems integration and the use of personal data), they may employ to deliver Home Care services. It is therefore, as the procurement process progresses, Digital Services (DS) is consulted, and where necessary, service requests will need to be raised to ensure that IT requirements are met, and that all necessary safeguards, permissions, and budgets are in place for the features that are accessible and meeting digital accessibility requirements. The service should engage with DS prior to enabling any generative AI functionality that may be employed by appointed service providers, to ensure compliance with corporate AI strategy, governance, security, and privacy requirements. The AI Governance Framework form must be completed for any enhancements to existing solutions, as well as all new projects and contracts deploying AI capabilities. If colleagues are unsure whether a new function falls within the AI framework, they should discuss with DS.
67. IM Implications: Data Privacy Impact Assessment (DPIA) should be completed for all service providers employed ensuring that all potential data protection risks are properly assessed with mitigating actions agreed and implemented.
68. Data Protection: Where service providers are appointed, it is expected they will have a Data Protection policy in place and their staff will be expected to have received Data Protection training.
69. Contracts with appointed service providers will need to include H&F's data protection and processing schedule. This is compliant with the UK Data Protection law.
70. H&F's approved cyber security clauses must be incorporated into all new and renewed contracts regardless of value, or framework. Legal advice should be sought on how to incorporate the cyber security clauses into agreements which do not use our H&F contract templates.

71. *Implications completed by Umit Jani, Strategic Relationship Manager (People),
Wednesday 14th January 2026*

LIST OF APPENDICES

Annex 1 – Equalities Impact Assessment (EIA)
Exempt Appendix 1 – Project Financial Details