

DECISION NOTICE OF THE Cabinet Member Signing HELD ON Tuesday, 21st April, 2026

Set out below is a summary of the decisions taken at the Cabinet Member Signing held on Tuesday, 21 April 2026.

If you have any queries about any matters referred to in this decision sheet please contact Richard Plummer Committees Manager.

6. VARIATION TO EXTEND SERVICE AGREEMENTS FOR THE PROVISION OF BUNDLED HOURS HOME SUPPORT AND REABLEMENT SERVICE

DECLARATIONS OF INTEREST FOR THIS ITEM:

None

RESOLVED

The Cabinet Member for Health, Social Care, and Wellbeing to retrospectively approved the implementation of Contract Standing Orders 0.08 and 2.02 (b) and

1. Varied the Service Agreement for the provision of Bundled Hours Home Support and Reablement with Care Sante Limited for East Locality and Verity Health Care Limited for West Locality, extending the term for up to ten (10) months from 1st March 2026 to 31st December 2026, at a maximum cost of £1,352,969 and £466,033 respectively.

2. The total cost of the Service Agreement with Care Sante Limited would increase from £2,750,938 to £4,058,906, and the total cost for Verity Health Care Limited will increase from £1,930,066 to £2,895,098, compared with the original award of the contract on 9th February 2021.

3. The Cabinet Member for Health, Social Care, and Wellbeing noted that the Service Agreement for Verity Health Care Limited for West Locality varied in August 2025 to enable six months extension from 1st August 2025 to 28th February 2026 at cost of £499,000 was under delegated authority approval.

Reason for decision

The re-commissioning process was already underway, and initiating a separate procurement exercise for a short-term period of approximately 10 months would duplicate effort, resources, and costs for both the Council and providers.

A separate procurement process at this point would divert resources away from the recommissioning programme and involve major disruption to client

care as well as the additional risk of further cost, time and resources implementing TUPE and new care arrangements

The value of the proposed extension remains within the 50% threshold permitted under Regulation 72, ensured compliance with procurement legislation.

Extending with current providers maintains continuity of service delivery for vulnerable service users during the re-commissioning period.

If the service agreement with Verity Healthcare and Care Sante was not extended this would lead to further pressure on the remaining four (4) service providers operating in those localities due to the increase in demand and the volume of hours of support needed.

Both service providers would have the capacity to accept further referrals on short response times if their service agreement is extended and the contract value increased this would also relieve the pressure on the other service providers operating in the same locality.

Key Performance Indicators and outcomes metrics had been embedded into the current 'bundled hours' contracts which commissioning officers could continue to monitor in line with our contract monitoring and quality assurance procedures. There were no performance or safeguarding matters outstanding with either of the service providers.

Alternative options considered

Do nothing: The Council had a statutory duty to meet residents assessed, eligible needs as defined under the Care Act 2014, and this Service Agreement is key to being able to deliver support to residents eligible under the statutory framework. To allow the service agreements to expire on 28 February 2026 would undermine all the progress the Council has made with the current providers to-date. It would also put at risk continuity of care for clients as providers may choose to hand back packages of care.

Provide the service in-house: While an inhouse provision exists, it was unable to meet demand and would not be cost effective due to the volume of hours of support needed, and the number of staff and the management arrangements that would be required. Furthermore, the Council was not in a position to mobilise an in-house service prior to the conclusion of the current Service Arrangement, mobilisation by the end of February may not be achievable, and implementation may need to take place during the extension period.

Purchase through the Dynamic Purchasing System (DPS): the DPS was not suitable for the scale and urgency of Home Support delivery. The mini competition process required for each package introduces severe delays, which would negatively impact hospital discharges and timely access to care. Home Support providers operate on short response times and

require volume certainty to maintain workforce stability. The DPS does not offer this, and many providers were unwilling or unable to engage with it for individual packages. The Council moved away from full reliance on the DPS for Home Support precisely to address these issues, reverting to it now would be a step backward and counter-productive to the ongoing service redesign work.

Go out to tender: While a new procurement exercise was ultimately anticipated, launching a tender now would be premature. The current contracts were due to expire imminently, and there was insufficient time to complete the design of a new model, engage stakeholders meaningfully, and run a compliant procurement process.