

Report for: Cabinet - 10 March 2026

Item number: 19

Title: Approval to proceed to tender for Adult Social Care Home Care and Reablement Services

Report authorised by: Sara Sutton - Corporate Director Adults Housing Health

Lead Officer: Rebecca Cribb – Head of Adult Social Care Commissioning

Ward(s) affected: All

**Report for Key/
Non-Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1. The Council is seeking approval to start a new procurement for Adult Social Care Home Care and Reablement services because current contracts are coming to an end. This report recommends a continued embedding of the previous “Bundled Hours” commissioning model within home care and reablement services, alongside several refinements and a long-term approach to market management and development.
- 1.2. The proposal builds on learnings from the current model, and building on its strengths, such as the continuation of a locality- based, guaranteed- hours model. This approach has improved continuity of care and workforce stability, as well as improved oversight and working relationships with providers. Home Care and Reablement will be procured as separate services so that reablement remains clearly focused on short- term recovery, with different expectations and measures from longer- term care.
- 1.3. The Council will increase the proportion of hours delivered through these contracts to around 70% of all commissioned care hours, while retaining some flexibility through the Dynamic Purchasing System to meet specialist needs. Sustainable, council- defined rates will be set within a clear range to support fairness, transparency and market resilience, alongside phased mobilisation, TUPE between existing and incoming providers where appropriate, and the use of Electronic Call Monitoring (ECM) for billing and quality assurance. Where required to safeguard continuity of care, short extensions to existing arrangements will be used while the new contracts are awarded and mobilised.

2. Cabinet Member Introduction

- 2.1. This report sets out plans to start the procurement for Adult Social Care Home Care and Reablement services, as the current contracts approach their end. Home care supports over a 1,000 residents in Haringey, and our reablement services are key component of helping people leave hospital in a supported way, as well as regain and maintain their independence for longer, which we know residents tell us is important to them.
- 2.2. The Council wants to maintain and increase the strength of what's been done before - blocks of guaranteed hours - that have given it more control over the delivery of services, improve continuity of care and stability of staff, and keeps administration manageable.
- 2.3. Splitting reablement and home care into separate 'lots', is a change that has been implemented to improve what we're doing to improve outcomes for residents. It should allow the team to set some really clear parameters for a reablement service that supports people over a defined period of time, with specific outcomes, and is distinct from day to day longer term home care.
- 2.4. Our resident focus group has been involved in shaping the specifications and the outcomes we want from these services, making sure they reflect the lived experience of the people they serve.

3. Recommendations

- 3.1. It is recommended that Cabinet:
 - 3.1.1. Approve the commencement of a procurement for Home Care and Reablement services as separate lots.
 - 3.1.2. Agree a contract term of up to 8 years with appropriate break clauses at year 4 and year 6.
 - 3.1.3. Approve a commissioning mix that increases guaranteed hours from around 50% in Year 1 to around 70% by Year 3, with the remainder procured via the DPS. **Appendix 'A'** lists the indicative number of maximum hours per service agreement.
 - 3.1.4. Approve a Council-defined sustainable pricing approach with a rate range and annual uplift mechanism, with flexibility to respond to exceptional circumstances.
 - 3.1.5. Agree to an increased number of contracts and a cap on awards per provider to improve resilience and avoid over-concentration.
 - 3.1.6. Note and approve the mobilisation approach, including TUPE where applicable, ECM, and phased transition arrangements.
 - 3.1.7. Delegate authority to the Cabinet Member for Health, Social Care and Wellbeing in consultation with the Corporate Director of Adults Housing and Health, to award

contracts for Home Care and Reablement, following completion of the procurement process.

4. Reasons for decision

- 4.1. Haringey supports around 1,500 people per year with Home Care and Reablement support. Home Care provides residents with support like personal care and dressing and is vital to help residents remain in their own home for longer. Reablement helps residents who have experienced or are at risk of having a hospital admission regain skills that may have been lost during a period of illness.
- 4.2. The proposed approach of retendering these services sustains and strengthens what already works in Haringey's model while addressing today's pressures. The current locality-based, guaranteed-hours arrangements have improved responsiveness, workforce stability and hospital discharge. It has also allowed the Council to provide greater oversight of, and relationship-based practice with, Providers within the current contracting model, and to support quality assurance and improvements where needed.
- 4.3. A re-procurement is now required to preserve these gains and update the model for current market conditions.
- 4.4. Procuring Home Care and Reablement as separate services is one of the learnings from the current contract. Establishing reablement as a separate lot will ensure its short-term, outcomes-focused role is clear and allows ongoing support to be commissioned and measured differently.
- 4.5. Introducing council-defined sustainable rates, with transparent uplift rules, aligns with our fair-pay commitments and the requirement to consider the actual cost of care, reducing the risk of provider exit or failure. Increasing the share of hours toward ~70%, spreading awards across more providers with caps per provider, and using Electronic Call Monitoring (ECM) for billing and assurance together improve resilience, continuity and contract oversight.
- 4.6. Finally, delegating contract award decisions to the relevant Cabinet Member enables timely implementation once the tender process concludes, provides proportionate political oversight, and ensures decisions are taken in line with Contract Standing Orders, avoiding unnecessary delay and supporting safe continuity of care for residents.

5. Alternative options considered

- **Do nothing / rely on DPS only.** Rejected. Without call-off contracts, brokerage would need to place all packages on the DPS, which is slower and offers less certainty for residents and providers; this would also significantly weaken market stability and oversight.

- **Extend current arrangements only.** Rejected. Short extensions help continuity, but a full re- procurement is required to secure updated terms, pricing and capacity, and to be compliant with procurement regulations.
- **In- house delivery for all home care.** Rejected. This would require significant set- up costs, including CQC registration, management infrastructure and large- scale workforce transfer at pace and scale, and would be significantly more expensive than external provision. The Council does not have the capacity or financial means to mobilise and operate a borough- wide in- house service within the required timescales.
- **Direct negotiation with incumbents only.** Rejected. Would limit competition and risk non- compliance with procurement law at the anticipated values.

6. Background information

- 6.1. The Cabinet adopted the current home care and reablement model in 2020/21, introducing bundled and guaranteed hours, locality-based delivery and progress towards the London Living Wage (LLW). This approach has delivered measurable benefits for residents and the wider system, including improved continuity of care, more stable staffing and better alignment with neighbourhood working.
- 6.2. The model was shaped through extensive co-production in 2019–20 with frontline care workers, providers, residents, carers and council staff. This ensured an outcomes-focused, strengths-based approach, underpinned by ethical employment practices and closer working at locality level.
- 6.3. Since implementation, demand, complexity and workforce pressures have increased across adult social care. Reablement has become increasingly important in supporting timely hospital discharge and preventing avoidable admissions. Experience and best practice from other areas have shown that separating Reablement from ongoing Home Care will better protect its short-term, recovery-focused role and support smoother hand-offs to longer-term support where needed.
- 6.4. The contract was commissioned on a localities model, with 12 contracts awarded to 9 providers across each of the localities. One of the many strengths of the model was that it ensured coverage and support to residents across the borough. Where possible under procurement regulations, to facilitate further work and engagement on a new model, many of the current arrangements were extended until 28 February 2026, and will be extended until 31 December 2026. Where contracts have ended due to reaching their maximum limits, packages awarded have remained with those Providers, and new packages of care have been commissioned via the DPS.
- 6.5. Recent engagement with providers (December 2025) and ongoing feedback from residents, carers and partners over the past nine months, strongly supports this embedding of the approach. Providers favour separate contracts, predictable

bundles, council-set sustainable rates, longer terms with break points, and proportionate use of Electronic Call Monitoring (ECM).

- 6.6. Residents and carers prioritise the increased monitoring by the Council over fewer providers delivering more hours. They also favour the increased continuity of care (and specifically, support staff being consistent and well-trained); reliability and transparent oversight, and use of ECM to check and verify delivery. Health partners support increased use of reablement and consistent Neighbourhood-level providers.

6.7. **Summary of the performance of the current model**

- 6.7.1. The current locality-based, guaranteed-hours model for home care and reablement has been in place since 2020 and has delivered clear benefits for residents, staff, and the wider system. By commissioning planned volumes of care within localities, the Council has been able to improve continuity of care, reduce travel time for care workers, and support more stable rotas. Guaranteed hours have helped providers to recruit and retain staff, reducing turnover and improving the consistency of care experienced by residents.

- 6.7.2. The approach has also strengthened the Council's ability to manage quality and performance. A smaller, more focused group of contracted providers has enabled more effective contract oversight, quicker escalation where issues arise, and closer collaboration around hospital discharge and urgent care. This has supported more timely starts to care, smoother discharge from hospital and better alignment with integrated locality teams.

- 6.7.3. There have also been important lessons. Capacity shortfalls have occurred at times in specific localities or time-bands, particularly during periods of high demand and workforce pressure. Reliance on the Dynamic Purchasing System (DPS) for a large share of hours has increased brokerage effort and reduced oversight compared to contracted provision. In addition, commissioning home care and reablement together within the same contracts has risked diluting reablement's short-term, recovery-focused role. These lessons directly inform the proposals in this report.

6.8. **Alignment with best practice**

- 6.8.1. The proposed approach reflects established and emerging best practice in commissioning adult social care home care and reablement services. Nationally and across London, councils are moving away from heavy reliance on spot purchasing towards planned volumes of care, longer contractual and relationship-based arrangements, and clearer expectations on workforce pay and conditions, in order to stabilise fragile care markets and improve continuity for residents.

- 6.8.2. This approach also helps providers to embed good-quality practice and learning amongst their staff teams and sustained workforce development. This in turn has a positive effect on quality, person-centred support for residents.

- 6.8.3. Separating reablement from ongoing home care is increasingly recognised as good practice, ensuring that reablement remains a time-limited, outcomes-focused service that helps people regain independence, rather than becoming similar in outcomes to a long-term support service. Separation of the reablement and home care services will ensure that the services can be more easily held to different standards of support and measured accordingly.
- 6.8.4. Similarly, setting council-defined sustainable prices, rather than relying solely on competitive bidding, reflects learning from recent legal judgments and sector guidance, which emphasise the need for councils to carefully consider the actual cost of care when setting fees.
- 6.8.5. Other common features of best practice that are embedded in the proposals include locality-based delivery to improve community sign-posting and support; reduce travel for care workers and improve relationships with residents.
- 6.8.6. The use of Electronic Call Monitoring for accurate monitoring, payment and assurance, longer contract terms with break clauses to support investment while retaining accountability and maintaining some flexible purchasing through a DPS for specialist or unpredictable demand will ensure sustainable and good quality support. Together, these elements place Haringey's approach firmly within recognised good practice while responding to local experience and need.

6.9. **Engagement and Consultation**

- 6.9.1. The proposed approach has been developed through ongoing engagement with residents, carers, providers, and partner organisations, and builds on the Council's established commitment to co-production in adult social care commissioning.
- 6.9.2. Feedback from residents and carers has consistently highlighted the importance of continuity of care by well-trained staff. Residents have a strong preference for fewer changes of care workers, reliable visit times, and confidence that the Council has effective oversight of commissioned services.
- 6.9.3. Residents and carers have also expressed support for greater transparency, including the Council's use of Electronic Call Monitoring (ECM) to ensure visits take place as planned and to support timely intervention where issues arise. Residents support the model of having fewer providers delivering more hours, because of the opportunities this provides for more Council support and monitoring of services.
- 6.9.4. The Council has held market engagement sessions with providers, most recently in December 2025, attended by over 50 organisations. Providers were broadly supportive of the proposed direction of travel, particularly the separation of Home Care and Reablement into distinct services, which they felt would allow each to operate with clearer focus and expectations.
- 6.9.5. Providers emphasised the value of predictable volumes of work through bundled or guaranteed hours, council-defined sustainable pricing that reflects the true cost

of care and workforce commitments, and longer contract terms with break points to support investment while retaining flexibility. There was also support for proportionate use of ECM, provided this is accompanied by clear guidance and consistent contract management.

6.9.6. Engagement with health partners and voluntary and community sector organisations has reinforced the importance of reablement as a key part of the local system. Partners strongly support increased and more consistent access to reablement, both to enable timely hospital discharge and to reduce avoidable admissions. This feedback aligns with the Neighbourhood Agenda, with partners noting the benefits of working with a smaller number of consistent providers who are embedded within neighbourhoods and able to develop strong relationships with community and health services.

6.9.7. As the procurement progresses, co-production will continue. A Home Care and Reablement Resident Focus Group, launched in January 2026, and Residents will collaborate with Council Officers to inform the final service specifications, key performance indicators, and outcome measures. Focus Group members will also have an input across the procurement cycle, to help us ensure that newly commissioned services will deliver continuity, timeliness and measure people's experience of care. This ongoing involvement will help ensure that the commissioned services reflect what matters most to residents and carers, while remaining deliverable and sustainable for providers.

6.10. **Proposed Changes to the Commercial and Service Model (key elements)**

6.10.1. **Lots:** Lot 1 – Home Care; Lot 2 – Reablement. Specifications and KPIs tailored to each service.

6.10.2. **Coverage:** Increase guaranteed hours to ~70% over time; retain ~30% via DPS for flexibility and specialist needs.

6.10.3. **Pricing:** Council-defined sustainable rate range (floor/ceiling); annual uplift baseline with scope for evidenced exceptional adjustments to maintain market sustainability and meet legal duties.

6.10.4. **Market resilience:** Increase number of contracts; cap awards per provider to avoid over-concentration; bundle sizes calibrated to local demand and provider capacity.

6.10.5. **Assurance:** ECM-enabled billing, exception reporting, and targeted Quality Assurance (QA); proportionate, data-led contract management.

6.10.6. **Pathways:** Standardised transfer protocols between Reablement and Home Care to reduce delays and duplication.

6.11. **Procurement Approach and Timetable**

- 6.11.1. Route to market: mini-competition through the Dynamic Purchasing System (DPS), using an evaluation model that balances quality and price to secure best value. The detailed procurement strategy, including evaluation, weightings and lot structure, will be finalised under delegated authority.

Indicative timetable:

March 2026	Cabinet decision
April 2026	Tender launch
September 2026	Contract award
October 2026 to December 2026	Transition and mobilisation
Up to 31 December 2026	Option to extend existing contracts if required for safe transition
January 2027	Go-Live (allocation of new packages)

6.12. Key Risks and Mitigation (High-level)

- 6.12.1. Market or provider failure – mitigate via sustainable pricing, more providers, caps per provider, and tested contingency plans.
- 6.12.2. Workforce shortages – mitigate via guaranteed hours, LLW, ethical employment standards and longer-term contracts.
- 6.12.3. Financial uncertainty (demand/cost inflation) – mitigate via council-defined pricing parameters, sensitivity testing, and phased implementation.
- 6.12.4. Mobilisation capacity – mitigate via phased transition, project governance, and early workforce planning (TUPE where applicable).
- 6.12.5. Resident anxiety about change – mitigate via continuity planning, co-production and clear communication.
- 6.12.6. Operational hand-offs (between Reablement and Home Care) – mitigate via standardised transfer protocols and joint mobilisation planning.
- 6.12.7. A summary of key risks associated with the re-procurement has been developed, covering market fragility, workforce pressures, financial uncertainty, mobilisation capacity, resident experience, and operational handovers between Home Care and Reablement. Mitigations have been identified for each area, including strengthened market capacity, improved employment standards, phased mobilisation, enhanced communication with residents, and clearer operational pathways. A key risk table is provided in the Background paper (a).

6.13. Legal and Governance Context

Key legal considerations include:

- a) TUPE obligations, requiring phased transfer of staff to new providers
- b) The requirement to re-procure under the DPS framework

This decision connects to previous Cabinet decisions on:

- c) The adoption of the Bundled Hours model in 2020
- d) Approval of LLW commitments
- e) Commissioning strategy for reablement and home care

6.14. We are confident that this plan ensures a balance between committed block arrangements in the market (70%), with continued use of the DPS (30%) will maintain the market in home care and reablement.

7. Contribution to the Corporate Delivery Plan 2024-2026 High level Strategic outcomes.

- 7.1. Good quality home care and reablement services help people to live independently, remain in their own homes for longer, reduce avoidable hospital admissions and delay or prevent the need for residential care. They also strengthen the overall resilience of the adult social care system.
- 7.2. The model under consideration is designed to improve provider stability, further embed the London Living Wage, expand access to reablement, and strengthen oversight of providers.
- 7.3. The recommendations set out in this report therefore support the Adults, Health and Welfare theme of the Corporate Delivery Plan 2024–2026, contributing directly to the following outcomes:
 - A healthy and active population
 - Residents are connected with the right support at the right time in their neighbourhoods
 - Vulnerable adults are supported and thriving

8. Carbon and Climate Change

- 8.1. The proposed locality-based delivery model will contribute positively to carbon emission reduction and mitigate climate change, the service agreements will include a requirement for service providers to support their workers to reduce the need to travel beyond the boundary of their assigned locality and to access alternative means of transport to private motor vehicle to support more sustainable transport choices.

9. Statutory Officers comments (Director of Finance (procurement), Director of Legal and Governance, Equalities)

9.1. Finance

- 9.1.1 The report seeks approval to proceed to tender for homecare and reablement services, based on a Council defined sustainable pricing approach that includes a specified rate range and an annual uplift mechanism. This approach is intended to manage anticipated financial pressures within the local care market, reduce the risk of provider instability or failure, and shift provider engagement from price-based competition to a stronger focus on quality-based competition to a stronger focus on quality.
- 9.1.2 The proposed model supports the Council's commitment to the London Living Wage, responds to increasing demand and complexity of need, and enables providers to prepare for the Fair Pay Agreement anticipated from 2028.
- 9.1.3 Informed by future demand, the Council's pricing framework will allow for clearer modelling of financial commitments over the life of the contract. The Council has a homecare and external reablement annual budget of £29.472m. There is the risk of an additional cost pressure arising from the new pricing framework from September 2026, as it is anticipated the sustainable rates will be higher than the current market prices.
- 9.1.4 The Council anticipates that these cost pressures will be mitigated over the life of the contract through improved outcomes and more efficient use of resources, including increased and more consistent use of reablement to support timely hospital discharge and prevent avoidable admissions.

9.2. Strategic Procurement

- 9.2.1. Strategic Procurement has worked closely with Commissioning on the development of the commercial strategy for the new Home Care and Reablement arrangements. The proposed model reflects a balanced and forward looking approach that strengthens market resilience whilst enabling the Council to maintain effective control over its budget envelope by stipulating a rate range (cap and collar). The proposed cap on the number of awards per provider is devised to protect market diversity, reduce exposure to single provider risk and improve the Council's ability to maintain continuity of care looking approach that strengthens market resilience whilst enabling provider risk.-looking approach that strengthens market resilience whilst enabling-provider risk
- 9.2.2. We will lead the procurement process to ensure the Council secures high quality home care and reablement provision that meets resident needs and aligns with the Council's financial and strategic objectives.
- 9.2.3. In line with CSO 2.01b Cabinet may approve the commencement of a procurement exercise for proposed contracts valued at 500k or above.

9.3. Legal

- 9.1.5 The Director of Legal and Governance (Monitoring Officer) was consulted in the preparation of the report.
- 9.1.6 Pursuant to the provisions of the Council's Contract Standing Order (CSO) 2.01(b), Cabinet has authority to approve the commencement of a procurement exercise where the value of the contracts to be procured is £500,000 or more and as such the recommendation in paragraph 3 of the report is in line with the Council's CSO.
- 9.1.7 Further to paragraph 9.3.2 above, the recommendation in paragraph 3.2.7 and 3.2.8 of the report to delegate authority to the Corporate Director of Adults Housing & Health in consultation with the Cabinet Member of Health, Social Care and Wellbeing and Director of Finance to finalise and run the procurement and manage transitional extensions and Cabinet Member of Health, Social Care and Wellbeing to approve contract awards by Cabinet Member Signing respectively is in line with the provisions of Part 4 Section F paragraph 1.3(a) of the Council's Constitution.
- 9.1.8 The Council is currently reviewing whether The Transfer of Undertakings (Protection of Employment) Regulations 2006 ('TUPE') applies. Legal and HR advice will be sought after a final determination has been made.
- 9.1.9 The Director of Legal and Governance (Monitoring Officer) see no legal reasons preventing the approval of the recommendations in the report.

9.4. Equality

The council has a Public Sector Equality Duty (PSED) under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

We have considered how these proposals affect people with protected characteristics and the home care workforce. Most people who use home care or reablement are older or disabled, and the new model is expected to benefit them by improving reliability of visits, reducing changes of care worker and keeping short- term reablement focused on recovery. Keeping a proportion of hours on the DPS will help people access specialist or culturally appropriate support where needed.

The workforce is mainly comprised of women and includes many staff from ethnically diverse backgrounds; our approach supports fair pay (London Living Wage), better working conditions and more secure hours.

An Equality Impact Assessment (EqIA) is being completed and will be updated through procurement and mobilisation. Providers will be required to show how they meet diverse needs, and we will monitor performance (including missed/late calls, continuity and outcomes) to spot and address any unequal impacts quickly.

1. Use of Appendices

Appendix 'A' an indicative number of maximum hours per service agreement.

2. Background papers

(a) A key risk table

3. Reasons for exemptions or confidentiality (if applicable) :

Appendix A - Indicative bundled hours for new home support and reablement service agreements

Home Support

Assumptions: Total of 18 providers split across localities based on demand - 8 in East, 6 Central and 4 West.

Bundle Size are determined using 33/34 weekly hours: Large ≥1500; Medium 1000–1499; Small 750–999; Micro 500–749.

Locality	Contract ref	Share %	Bundle size	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34
Central	C-L1	33.20%	Large	1,580	2,073	2,625	2,801	2,990	3,191	3,406	3,636
	C-L2	30.00%	Large	1,428	1,873	2,372	2,531	2,702	2,884	3,078	3,285
	C-M1	12.00%	Medium	571	749	949	1,013	1,081	1,154	1,231	1,314
	C-M2	10.00%	Medium	476	624	791	844	901	961	1,026	1,095
	C-S1	8.50%	Small	405	531	672	717	766	817	872	931
	C-μ1	6.30%	Micro	300	393	498	532	567	606	646	690
Maximum weekly hours				4,760	6,244	7,906	8,438	9,006	9,613	10,260	10,951
East	E-L1	22.00%	Large	1,297	1,701	2,154	2,299	2,454	2,619	2,796	2,984
	E-L2	20.00%	Large	1,179	1,547	1,958	2,090	2,231	2,381	2,541	2,713
	E-L3	18.00%	Large	1,061	1,392	1,763	1,881	2,008	2,143	2,287	2,441
	E-M1	10.00%	Medium	589	773	979	1,045	1,115	1,191	1,271	1,356
	E-M2	9.00%	Medium	531	696	881	941	1,004	1,071	1,144	1,221
	E-M3	9.00%	Medium	531	696	881	941	1,004	1,071	1,144	1,221
	E-S1	7.00%	Small	413	541	685	732	781	833	889	949
	E-μ1	5.00%	Micro	295	387	490	523	558	595	635	678
Maximum weekly hours				5,895	7,733	9,792	10,451	11,154	11,905	12,707	13,563
West	W-L1	35.00%	Large	1,058	1,388	1,757	1,876	2,002	2,137	2,280	2,434
	W-L2	30.00%	Large	907	1,190	1,506	1,608	1,716	1,831	1,955	2,086
	W-M2	21.00%	Medium	635	833	1,054	1,125	1,201	1,282	1,368	1,460
	W-S1	14.00%	Small	423	555	703	750	801	855	912	974
Maximum weekly hours				3,023	3,965	5,021	5,359	5,719	6,105	6,516	6,955

Background paper

a) key risk table

Risk	Description	Mitigation
Provider Failure	Fragile market conditions could affect mobilisation and ongoing delivery.	Increased number of providers; robust contingency planning. Closer working relationships with providers, with cap-and-collar bids within a sustainable range.
Insufficient Workforce	Rising demand and local competition may limit available care workforce.	Guaranteed hours; LLW; ethical employment standards; improved working conditions.
Financial Uncertainty	Rising costs and unclear national funding for the Fair Pay Agreement create financial risk.	Local modelling of sustainable rates; phased planning; short-term funding utilisation.
Mobilisation Capacity	The scale of the re-procurement requires significant commissioning and social work resource.	Phased transition; project management oversight; early workforce planning.
Resident Anxiety About Change	Changes to providers or care staff may cause distress.	Co-production; continuity planning; clear communication; resident involvement in mobilisation.
Operational Handoffs Between Home Care and Reablement	Two-lot model introduces additional handovers between services.	Standardised transfer protocols; joint mobilisation planning.