

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Cabinet	
MEETING/ DECISION DATE:	12 <sup>th</sup> February 2026	EXECUTIVE FORWARD PLAN REFERENCE:
		E3680
TITLE:	Recommissioning LDAN, Care Homes and Home Care Services to Improve Outcomes for Adults and Ensure Sustainable, High-Quality Provision	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Appendix 1 – LDAN Equality Impact Assessment		
Appendix 2 – Care Homes Equality Impact Assessment		
Appendix 3 – Home Care Equality Impact Assessment		

## 1 THE ISSUE

- 1.1 Cabinet approval is sought to recommission Learning Disability, Autism and Neurodiversity (LDAN), Care Home, and Home Care services in Bath and North East Somerset (B&NES). Recommissioning is necessary due to current contracts expiring, responding to the changing needs of B&NES growing and ageing population, and the need to re-design how services are commissioned to avoid reliance on outdated frameworks and spot purchasing, which create instability and risks service disruption. Going out to the market in the Spring of 2026 will allow sufficient time for procurement and mobilisation, ensure compliance with statutory duties, and seize the opportunity to embed innovation and best practice for improved outcomes and value for money.

## 2 RECOMMENDATION

### The Cabinet is asked to;

- 2.1 Agree that the Strategic Commissioning Hub will go out to the market to reprocore Learning Disability, Autism and Neurodiversity Services
- 2.2 Agree that the Strategic Commissioning Hub will go out to the market to reprocore Care Home Services
- 2.3 Agree that the Strategic Commissioning Hub will go out to the market to reprocore Home Care Services
- 2.4 Grant delegated authority to the Director of Adult Social Care to approve contract awards in respect of the procurement activity cited above.

## **3 THE REPORT**

### **3.1 Service Provision and Market Overview**

#### **3.1.1 Learning Disability, Autism and Neurodiversity:**

LDAN services in B&NES offer a comprehensive range of support for adults with learning disabilities and/or autism, including:

- Community-based day opportunities: Structured activities promoting skills, social inclusion, and wellbeing.
- Supported living (accommodation-based and outreach): Tailored support for individuals in their own or shared accommodation to promote independence.
- Supported housing: Short-term housing with on-site or visiting support for those transitioning to independent living.
- Care homes: 24/7 personal care, support, and respite.

Currently, over 500 adults are supported by LDAN services, delivered by 28 specialist and 58 non-specialist providers within B&NES, plus 36 services out of area. Most service users are aged 18–64, with a smaller proportion aged 65 and over. The majority have learning disabilities, with a significant number also having autism.

These services are designed to help people live independently, participate in their communities, and achieve personal goals. High demand and effective use of care and support demonstrate the positive impact on individuals' wellbeing and community involvement.

#### **3.1.2 Care Homes:**

Care homes are a vital part of the local care system, providing safe, high-quality residential support for those unable to live independently due to age, illness, or disability. B&NES has 33 in-area care homes, supporting 239 people in residential care and 248 in nursing care settings. Market sufficiency and performance is monitored and analysed looking at placements by type (residential, nursing, dementia), Care Quality Commission (CQC) ratings, occupancy, distance from home, self-funder mix, fee ranges, sector dynamics, supply gaps, and affordability pressures.

#### **3.1.3 Home Care:**

Currently, approximately 600 people are supported by 36 providers, delivering 8,000 hours of care per week commissioned by the Council. There are 54 providers on the framework in total. Market sufficiency and performance is monitored and analysed looking at number of people supported, weekly hours delivered, CQC ratings, average hourly rates by locality, waiting list position, provider coverage, supply gaps, workforce vacancy and turnover rates, and hospital discharge pathways flows.

Both care homes and home care are integral to meeting the needs of an ageing population and supporting system-wide objectives, such as reducing hospital

admissions, enabling timely discharge, and improving overall health outcomes. The market also supports residents who self-fund their care, though the figures in this report refer to those funded by the Council.

### 3.2 Current position and why we need to recommission

Current Position	Why we need to recommission	2025/26 Budgets
<b>LDAN</b>		
Services are commissioned through a range of spot purchased, block and short-term bridging contracts. These contracts are expiring in September 2026.	High reliance on spot purchases causes unpredictability and extra administrative work. A long-term, sustainable commissioning approach is needed to improve accessibility, safety, and adaptability for a diverse population with growing health needs. Recommissioning services will foster innovative care models and responsive support, address market gaps and evolving needs.	£22 million
<b>Care Homes</b>		
Services are commissioned through a framework contract since December 2019. This framework ends in November 2026.	No further options to extend the current framework. The framework is no longer fit for purpose due to demographic changes, market pressures, and the need for greater integration with health services.	£39.6million (social care budget only)
<b>Home Care</b>		
Services are commissioned through a framework contract since February 2020. This contract ends in February 2027.	The scope of care delivery has expanded beyond the capacity of the current framework, for example with the addition of intermediate care. Existing framework also lacks support for co-production and partnership working due diligence and clear terms.	£9 million (social care budget only)

### 3.3 Strategic Context

- Demographic pressures: [Strategic Evidence Base \(SEB\) population and demography](#) projects a population increase to over 212,000 by 2032, an 8.4% increase. By 2032, 20% of the population is projected to be over 65, whilst the proportion aged under 18 will decrease. Over the same period, B&NES is set to see a larger proportion of its population become dependent, putting strain on social care and the economy.
- [B&NES Ageing Well Market Position Statement 2024-27](#) sets out vision and objectives for Adult Social Care for older people in the district, including an overview of the local population and their needs for care and support and analysis of the current supply and demand of care and support services. Based on population projections evidencing the need for more residential

and nursing beds, in B&NES we need to source 739 more residential beds and 458 more nursing beds by 2030. This analysis recognises that most people who require support prefer to remain at home rather than move to receive support. As a result, commissioning needs to take a 'home first' approach.

- Local and national strategies and best practice for health and wellbeing.
- Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS) priorities: Alignment with system-wide goals for integrated care available closer to people's homes, reducing hospital admissions, and improving outcomes.
- **Workforce sustainability:** Recruitment and retention challenges are prevalent in the care sector.
- **Financial pressures:** Rising costs and funding constraints impact commissioning landscape and plans.
- **Innovation and technology:** Alignment with the progress of digital solutions and assistive technology in enabling independence and efficiency.
- **Market shaping:** Partnership approach with providers to ensure resilience and diversity of supply.
- **Equality and inclusion:** Address needs of people with learning disabilities and complex conditions within broader ageing strategy.

### 3.4 Challenges and Opportunities

Challenges	Opportunities
<b>Learning Disability, Autism and Neurodiversity Services</b>	
<ul style="list-style-type: none"> <li>- Heavy reliance on spot purchase arrangements and expiring block contracts in 2026 require clear timelines to avoid disruption.</li> <li>- Rising operational costs and workforce shortages threaten provider viability and service continuity.</li> <li>- Ageing population and increasing health needs require adaptable, accessible service models and infrastructure.</li> <li>- Some existing buildings and service models are unsuitable for people's needs.</li> <li>- Insufficient diversity of services in B&amp;NES leads to out-of-area, non-specialist placements.</li> </ul>	<ul style="list-style-type: none"> <li>- Co-production of new models of support, care, and housing.</li> <li>- Embed personalisation, choice and control, and co-production into service delivery (e.g., by using Individual Service Funds)</li> <li>- Increase number of people supported by community-based support and living in mainstream housing.</li> <li>- Increase in area / local supported living options enhanced by enablement and assistive technology.</li> <li>- Increase the number of people supported in extra-care housing at the right time for them (instead of residential care).</li> <li>- Move away from spot purchasing arrangements to long-term commissioning frameworks which deliver best value.</li> </ul>
<b>Home Care Services</b>	
<ul style="list-style-type: none"> <li>- Outdated specification that does not put emphasis or priority on co-production and partnership working.</li> <li>- Outdated quality assurance that is inflexible and can be confusing or</li> </ul>	<ul style="list-style-type: none"> <li>- Embed co-production and greater collaboration with the third sector, the Community Wellbeing Hub, and any other organisations who can support an individual to maximise</li> </ul>

<p>excessive.</p> <ul style="list-style-type: none"> <li>- Missing or outdated terms and conditions that cause contractual disputes, particularly with regards to invoicing.</li> <li>- The scope and remit of the framework have changed significantly, and this is not reflected in the contract, framework agreement, or specification.</li> <li>- Insufficient due diligence for new applicants, creating significant variations in quality and financial sustainability.</li> </ul>	<p>their independence.</p> <ul style="list-style-type: none"> <li>- Refresh quality assurance policy to ensure flexibility and simplicity that keeps approach swift and efficient.</li> <li>- Amend the contractual documentation to ensure clarity and reflect the full remit of the framework with future proofing potential changes.</li> <li>- Increase due diligence to maximise provider quality and competence and tighten the acceptance criteria to ensure local providers are prioritised.</li> </ul>
<b>Care Home Services</b>	
<ul style="list-style-type: none"> <li>- Outdated service specifications and contract terms.</li> <li>- Limited flexibility to respond to changing needs and innovation.</li> <li>- Variable quality and performance across providers.</li> <li>- Limited placements for under 65's with a dementia.</li> <li>- Insufficient market diversity and resilience.</li> </ul>	<ul style="list-style-type: none"> <li>- Improve quality through clearer standards and performance monitoring.</li> <li>- Encourage innovation, digital enablement and use of technology.</li> <li>- Strengthen market sustainability and workforce development.</li> <li>- Encourage providers to engage with communities to enhance resident wellbeing, foster intergenerational connections, and strengthen local support.</li> <li>- Improve services for residents both &lt;65 and over 65 who require care home support.</li> <li>- Enhance integration with health services and community support.</li> <li>- Provide value for money.</li> </ul>

### 3.5 Proposed Approach to Recommissioning

- Market engagement: Co-design future services with service users, families, providers and other stakeholders.
- Updated specifications: Reflecting best practice, regulatory changes, and local priorities.
- Performance framework: Focused on outcomes, quality, and user experience.
- Procurement strategy: Open, transparent, and inclusive of smaller and specialist providers.
- Flexible contracting: Allowing for innovation and responsiveness.

### 3.6 Benefits

Benefit	Description
Improved outcomes	Better quality of life, reduced hospital admissions, enhanced wellbeing
System Flow	Improved flow for discharge from hospital. Minimised deterioration and maximised intervention post-discharge

Financial sustainability	More efficient use of resources, better value for money
Market resilience	Diverse, skilled, and responsive provider base
Strategic alignment	Supports ICS, Ageing Well, and Better Care Fund priorities
Regulatory compliance	Updated contracts aligned with CQC and safeguarding standards
Collaboration	Opportunity to co-produce and co-design new models of support, care, and housing
Innovation	Further embed technology enabled care
Personalisation	Choice and control to be embedded in service delivery

## **4 STATUTORY CONSIDERATIONS**

### **4.1 The Care Act 2014**

Under the Care Act 2014, local authorities have a legal duty to ensure that adults with eligible care needs receive appropriate support. Commissioning LDAN, Care Homes and Home Care services comes under the legal duties defined by the Care Act, including promoting wellbeing, preventing needs escalating, safeguarding adults at risk of abuse or neglect and ensuring the availability of a diverse and sustainable local market to meet people's needs. These duties inform the strategic commissioning of LDAN, Care Homes and Home Care services to meet current and future demand, uphold quality standards, and ensure equitable access to services.

### **4.2 The Procurement Act 2023**

Procurement will be undertaken in accordance with the Procurement Act 2023, with advice and guidance being sought from the Council's Procurement team to ensure compliance.

### **4.3 Joint Health and Wellbeing Strategy**

The recommissioning aligns with the Bath and North East Somerset, Swindon and Wiltshire Joint Health and Wellbeing Strategy, which aims to address inequalities and improve population health so that people can live well and age well in caring, compassionate communities.

### **4.4 B&NES Corporate Strategy (2023-27)**

The B&NES Corporate Strategy needs to be reflected by commissioning services that demonstrably improve people's lives, support vulnerable adults, and focus on prevention and long-term sustainability. This includes designing services that give people a stronger voice and greater choice, contribute to tackling the climate and ecological emergency, deliver locally responsive support, and align with the council's values of being bold, transparent, supportive and empowering.

#### **4.5 B&NES Adult Social Care Strategy (2024-27)**

Recommissioning of adult services needs to be clearly aligned to the Adult Social Care Strategy by ensuring services are designed and delivered to be safe, effective, caring, responsive and well led. This means commissioning services that reduce risk, improve outcomes, support a skilled workforce, work collaboratively with partners, and place people's independence, wellbeing and meaningful lives at the centre of decision-making. This also directly aligns with the objectives in the policy paper 'Adult Social Care priorities for Local Authorities (2026-27)'

### **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

#### **5.1 Financial Implications**

- These services are funded by Adult Social Care budgets set out in the Council's Medium Term Financial Strategy.
- Recommissioning presents the potential for increased efficiency and effectiveness in service delivery and optimisation of contracts leading to better value for money.
- Commissioners will retain significant control over cost of care through onboarding enough providers to create a competitive market.
- Investment is required for procurement, market engagement, and transition support.
- Long-term financial sustainability will be achieved through outcome-based commissioning and long-term contractual arrangements.
- Recommissioning offers the potential to leverage technology and innovative solutions to enable independence, improve quality of life and provide value for money.

### **6 RISK MANAGEMENT**

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

## 7 EQUALITIES

- 7.1 The current and future services are and will be accessible and responsive to the needs of all LDAN service users, Care Home residents and users of Home Care services in B&NES, irrespective of all the protected characteristics recognised by B&NES Council.
- 7.2 The service will ensure that fair access, diversity and inclusion is embedded within the culture of the service and is monitored through the Quality Assurance Framework for commissioned services. Equality Impact Assessments have been carried out to inform the re-commissioning process.

Risk	Mitigation
Provider resistance	Early engagement and co-design with providers and stakeholders
Market instability	Phased implementation, ongoing market monitoring, and support for providers
Procurement delays	Clear timeline, dedicated project management, and escalation to Corporate Risk Register
Service disruption	Robust transition planning and continuity arrangements
Provider readiness	Tailored support and training, especially for those with limited commissioning/procurement experience
Commissioning mobilisation risks	Advance planning for procurement timelines, TUPE processes, and mobilisation; regular progress reviews
Workforce shortages	Workforce development strategies, training programmes, and partnership with local education providers
Quality assurance and compliance	Regular audits, feedback mechanisms, and alignment with CQC and NICE guidance
Financial pressures	Scenario planning, cost control measures, and regular budget reviews
Safeguarding and continuity of care	Enhanced safeguarding protocols and regular review of continuity arrangements
Innovation adoption	Piloting new technologies and providing training/support for digital solutions
Equality and inclusion	Monitoring access and outcomes for all groups, and embedding Equality Impact Assessments throughout commissioning
Stakeholder engagement	Ongoing communication and feedback loops with service users, families, and providers

These assessments will be reviewed and updated at key stages of the programme of activity.

- 7.3 Equality Impact Assessments relating to all 3 recommissions are attached as appendices to this report.

## 8 CLIMATE CHANGE

- 8.1 All three commissions will fully adhere to the National Procurement Policy Note (PPN) 05/21, which emphasises Social and Environmental Benefits within award criteria. The B&NES Procurement and Commissioning Strategy also requires consideration of carbon footprint and sustainability impacts for all products and services and encourages the use of local suppliers to further reduce environmental impact.



8.2 No negative climate impacts are expected where service delivery remains comparable to existing arrangements.

## **9 OTHER OPTIONS CONSIDERED**

9.1 None.

## **10 CONSULTATION**

10.1 Consultation Process:

The intention to go out to procure LDAN services, Care Homes and Home Care services has been considered by:

- B&NES Corporate Management Team (consisting of: Chief Executive Officer, Executive Directors of Operations, Sustainable Communities and Resources, Directors of Adult Social Care, Public Health & Prevention, People & Change, Place Management, Education & Safeguarding, Children & Young People, One West & Avon Pension Fund, Capital & Housing Delivery)
- Cabinet Member for Adult Services and Public Health
- S151 Officer
- Monitoring Officer
- Assistant Director of Commissioning
- Head of Procurement

10.2 Community Engagement:

10.3 Commissioners have actively collaborated with key stakeholders to date, including professionals from the Commercial and Quality Team, Adult Social Care Teams, Finance Team, and Safeguarding, Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) commissioners and B&NES Housing commissioners. This engagement has focused on sharing information, gathering insights, and ensuring alignment across service plans and opportunities for development.

10.4 Planned engagement and consultation activities include:

- Hosting engagement events with providers to share updates and gather feedback.
- Incorporating feedback from residents and families to inform decision-making and plans.
- Co-design future services reflecting areas of focus for service users and families
- Conducting further engagement once draft specifications are prepared, ensuring input from professionals and the wider workforce.

10.5 Engagement and co-production are central to the commissioning approach. Services will be developed collaboratively with providers, people who use services, their families, and carers through workshops, focus groups, and ongoing feedback mechanisms. This approach ensures that the design is person-centred and grounded in the principle that those who use services are best placed to shape them.

<b>Contact person</b>	Natalia Lachkou – Head of Commissioning <a href="mailto:Natalia_lachkou@bathnes.gov.uk">Natalia_lachkou@bathnes.gov.uk</a> Tel: 07811 062303
<b>Background papers</b>	None
<b>Please contact the report author if you need to access this report in an alternative format</b>	