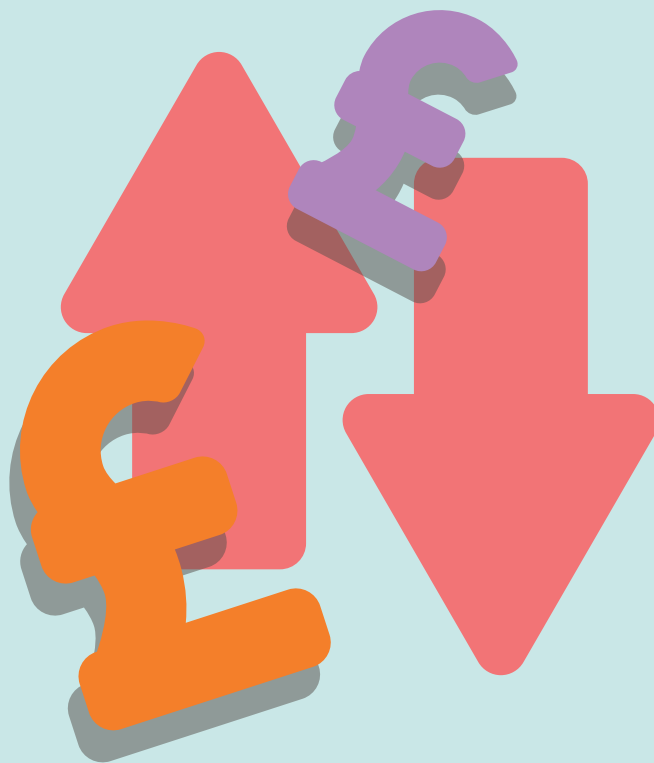




Homecare Association



Fee Rates for State-Funded Homecare in 2026-27

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Executive summary

Local authorities across England continue to buy homecare at prices that stop providers from meeting their legal duties as employers and delivering safe, regulated care.

The Homecare Association regularly researches the fee rates that public bodies pay independent providers for homecare. In this report, we analyse 2026-27 fee rate and uplift data that our members supplied, if known, on 176 regular homecare contracts held with 107 distinct English local authorities (70% of the total), together with a short summary of data on extra care and supported living contracts.

We compare the homecare fee rates provided with our Minimum Price for Homecare, which we calculate every year.¹ The Minimum Price sets out the lowest hourly rate a provider needs to pay care workers at least the National Living Wage for all their working time, including travel and waiting time; to meet statutory on-costs such as holiday pay, employers' National Insurance and pension contributions; and to cover the basic costs of running a regulated service. For 2026-27, we calculate the Minimum Price at **£34.42 per hour** in England.

This year's data show, once again, that councils fail to fund homecare at a sustainable level, and that the gap between what they pay and what care costs has grown.

The average homecare fee rate for local authorities in England in 2026-27 is **£25.37 per hour**, far below our Minimum Price of £34.42 per hour.

The approximate average uplift for homecare from 2025-26 was 3.7%, falling short of the **4.1% increase in the National Living Wage**.

More than three-fifths (61%) of the homecare contracts for which we received details had a fee rate below £26.17 per hour - the amount needed to cover statutory employment costs of care workers at the minimum wage. This leaves less than nothing to cover other operating costs. Because our Minimum Price now includes waiting time for the first time, this figure is not directly comparable with the 27% we reported for 2025-26.

¹ [Minimum Price for Homecare 2026/2027 | Homecare Association](#)

Not a single homecare contract had a fee rate that met the Minimum Price, our benchmark for the legal and operational cost of safe, regulated care.

We estimate a funding gap of around £2.3 billion in England, across councils and the NHS, for homecare workers to receive the minimum wage and businesses to be financially sustainable.

These findings matter because councils and NHS bodies buy around 80% of homecare and set the prices they pay.² Staffing accounts for more than 75% of the cost of delivering homecare, and sometimes as much as 90%. Unlike most businesses, providers cannot raise their prices when costs rise, so the fee rate a council pays directly determines the wage a provider can afford to pay its care workers. When a council pays less than direct care worker employment costs, it leaves the provider with nothing to fund management and supervision, training delivery, recruitment, insurance, IT and telephony, and other business costs, all of which a registered service must meet.

The gap between fee rates and costs has widened since last year, partly because our Minimum Price now recognises the cost of waiting time. In 2025-26, we found an average fee rate in England of £24.10 per hour against a Minimum Price of £32.14, a shortfall of £8.04 per hour.³ In 2026-27, the average fee rate of £25.37 falls **£9.05 per hour** short of the Minimum Price. Greater London paid the lowest average rate of any region, at just £22.66 per hour, and 86% of London contracts fell below the direct cost of employing a care worker.

Other evidence broadly confirms our findings. The Association of Directors of Adult Social Services (ADASS) found in its Spring Survey 2026 that councils pay an average of £25.05 per hour for homecare in 2026-27. The same survey found that councils overspent their adult social care budgets by £715 million in 2025-26, that 44% of councils saw homecare providers close or hand back contracts, and that more than 400,000 people are waiting for an assessment, care or a review.⁴

The political landscape has shifted in 2026. In July, new Prime Minister Andy Burnham launched the Big Conversation on Care, asked Baroness Casey to report a year earlier than planned in summer 2027, and committed to act further for the care workforce, building on the Fair Pay Agreement due to take effect in 2028-29.⁵ The

² [LaingBuisson report: Adult social care in the UK | Homecare Association](#)

³ [Fee Rates for State-Funded Homecare in 2025-26 | Homecare Association](#)

⁴ [ADASS Spring Survey 2026 - ADASS](#)

⁵ [Prime Minister's speech on social care - 29 July 2026 - GOV.UK](#)

Government has since committed to build a National Care Service that is free at the point of use, fully funded and starts in the home.⁶ Health and Social Care Secretary Yvette Cooper has also announced thousands more care academy places to help young jobseekers into good jobs in care, and the first national collective pension scheme for care workers.⁷

We welcome these commitments. Yet this report shows how weak the foundations for reform remain. The Government cannot deliver fair pay, better care or a National Care Service while state commissioners buy homecare below the cost of employing care workers lawfully. Free at the point of use must also mean fair at the point of delivery.

We call on the Government to:

A. Secure adequate funding

- Provide an immediate, ring-fenced injection of at least £2.3 billion in England to close the homecare funding gap at the National Living Wage and increase this to around £3.0 billion, so care workers receive pay equivalent to an NHS Band 3 healthcare assistant with two or more years' experience.
- Agree a multi-year funding settlement for social care that meets rising demand and covers the full cost of care.
- Fully fund the costs of the Employment Rights Act and the Fair Pay Agreement for all providers.
- Fund uplifts that at least match rises in the National Living Wage and other statutory costs, and fund higher fuel and mileage costs so providers can reimburse care workers at the HMRC approved rate of 55p per mile.

B. Set a fair price in law

- Legislate for a National Contract for Care Services with a statutory minimum price for homecare, based on a transparent national cost method, with an annual adjustment for statutory cost changes and an accessible route for providers to challenge purchasing below it.

C. Reform commissioning

- Publish model payment clauses and commissioning guidance that end exact-minute purchasing, pay for planned capacity and protect provider income during hospital stays and cancellations.

⁶ [Prime Minister Andy Burnham sets out plans for a new National Care Service - GOV.UK](#)

⁷ [Homecare Association welcomes new focus on care workforce and opportunities for young people | Homecare Association](#)

- Organise homecare in neighbourhoods with enough predictable hours for providers to build efficient rounds and pay care workers for their whole round, including travel and waiting time.
- Fund neighbourhood demonstrators that test outcomes-based, consumer-directed commissioning, and embed homecare in neighbourhood health services.

D. Build the workforce for the future

- Deliver a fully funded workforce plan that brings care worker pay into line with NHS Band 3 and rewards experience, training and career progression.
- Align immigration, employment, procurement, and commissioning policy through a cross-government programme led by the Department of Health and Social Care, including the protection of settlement rights for international care workers already in the UK.

Fee rates remain inadequate

We received information on 176 regular homecare contracts held by Homecare Association members across England.

Figure 1 shows how these contracts spread across England's nine regions, with most contracts in Greater London, followed by the South East, and Yorkshire and The Humber. Because the number of contracts differs between regions, we advise caution when interpreting averages for regions with fewer contracts.

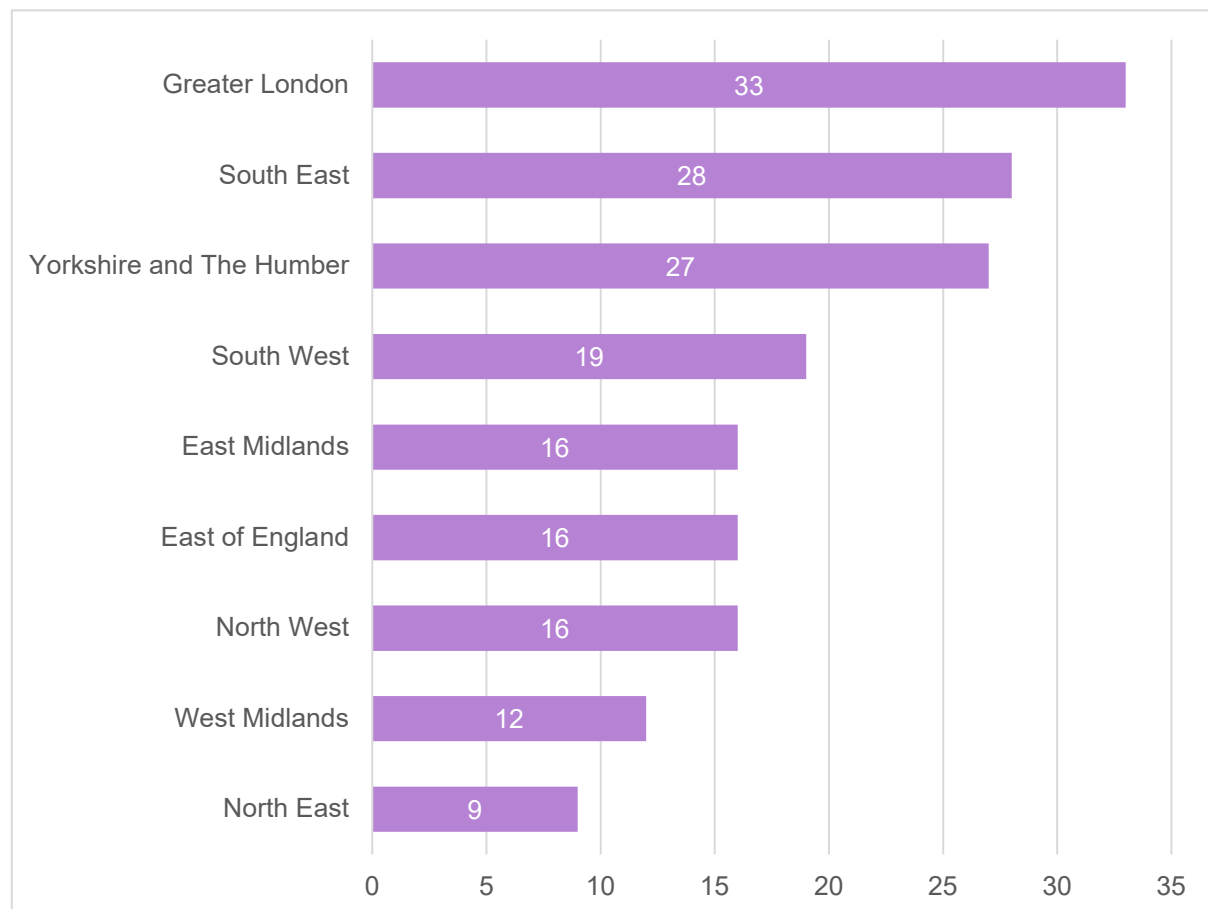


Figure 1: Number of homecare contracts with local authorities by English region for which we received information

We now compare the average fee rate in each region with our Minimum Price of £34.42 per hour and direct care worker costs of £26.17 per hour.

As Figure 2 shows, every region falls a long way short of the Minimum Price. Across England, the average fee rate of £25.37 sits £9.05 per hour, or 26%, below it. The South West paid the highest average rate, at £27.18 per hour, while Yorkshire and The Humber (£26.68) was the only other region with an average rate above care worker costs.

To put the national shortfall in context, our Minimum Price assumes a provider delivers 1,500 hours of care each week. At that volume, a gap of £9.05 per hour amounts to more than £13,500 a week, or around £706,000 a year, for a single provider location.

The shortfall in London deserves particular attention. Care workers in the capital face the highest living costs, and our 2026-27 Minimum Price at the London Living Wage of £14.80 per hour rises to £38.69. Yet Greater London paid the lowest average rate of any region, at just £22.66 per hour - £11.76 below our Minimum Price at the National Living Wage alone, and £16.03 below our Minimum Price at the London Living Wage.

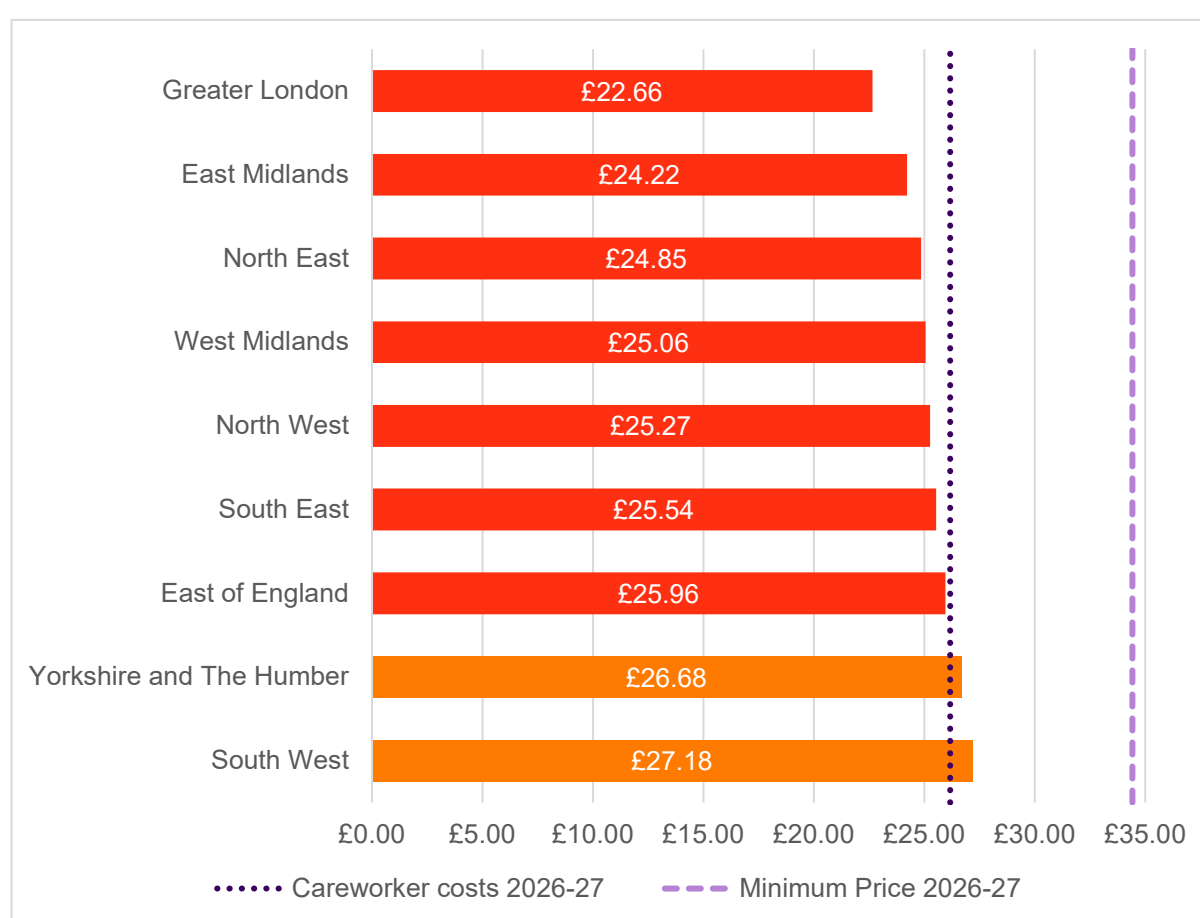


Figure 2: Average 2026-27 local authority hourly fee rates for homecare by English region, compared with the Minimum Price

Our findings align closely with those of ADASS that reported an average council homecare fee of £25.05 per hour for 2026-27.⁸

⁸ [ADASS Spring Survey 2026 - ADASS](#)

We also collected data on rates and uplifts for related services, namely extra care and supported living. Compared with regular homecare, councils paid even less on average for extra care (£23.55 per hour) and supported living (£22.59 per hour).

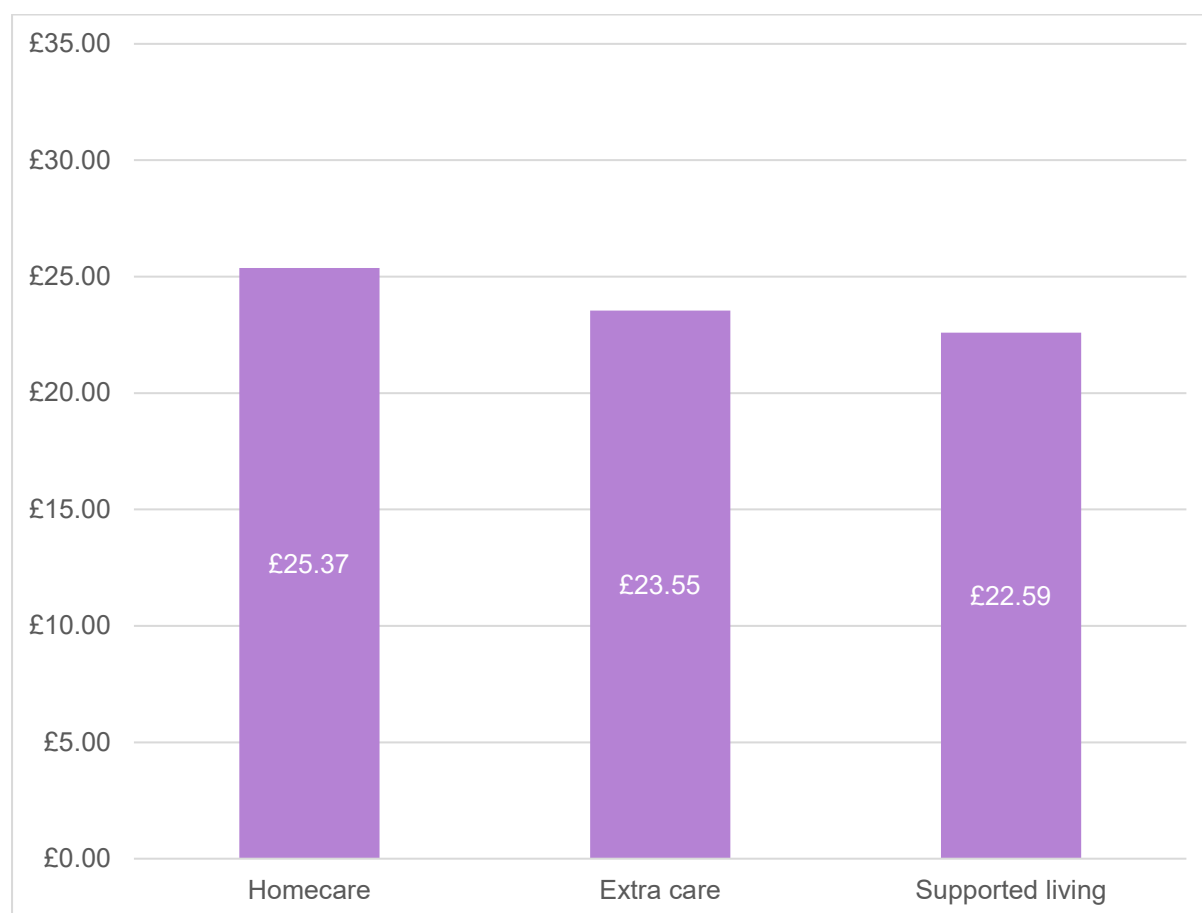


Figure 3: Average 2026-27 local authority hourly fee rates in England for different services

Most concerning of all, more than three-fifths (61%) of contracts had a fee rate below £26.17 per hour, the direct cost of employing a care worker at the National Living Wage. In Greater London, 86% of contracts fell below this threshold, the highest proportion of any region, followed by the West Midlands (73%) and the South East (65%). No region avoided the problem. Even in the South West, which paid the highest average rate, almost half (47%) of contracts fell below £26.17, which shows how widely fee rates vary between councils within the same region.

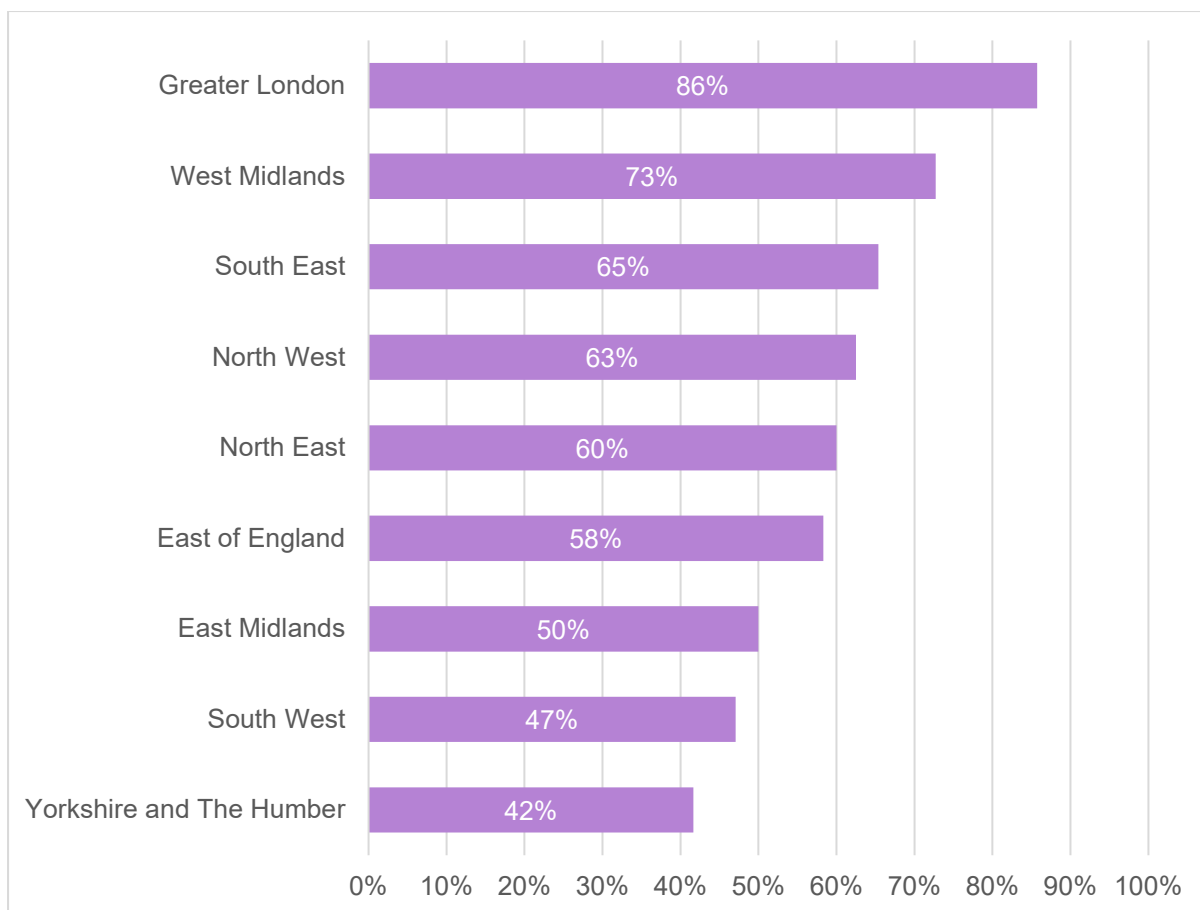


Figure 4: Percentage of 2026-27 local authority contracts for homecare below direct care worker costs (£26.17 per hour) by English region

A council that pays below direct care worker costs leaves the provider with less than nothing to fund management and supervision, training delivery, recruitment, insurance, IT and telephony, and other business costs. Recent procurements show the problem clearly. For example, Redcar & Cleveland now pays only £23.04 per hour for longer calls, while Oldham prices daytime homecare at £25 per hour and pays only for the exact minutes that electronic call monitoring records.⁹

This year's Minimum Price included waiting time between visits for the first time. Waiting time counts as working time under minimum wage regulations and, according to our calculations, adds £2.19 per hour to care worker costs. As a result, the direct care worker cost threshold increased further from the previous year, and the 61% of contracts below it does not compare directly with the 27% we reported for 2025-26. The higher threshold reflects a more realistic legal cost of employing care workers. Councils that ignore waiting time ignore a cost that the law requires employers to meet.

⁹ [Homecare: commissioning is the key to quality, fair work and better outcomes | Homecare Association](#)

Fee uplifts fail to match wage increase

The National Living Wage rose by 4.1% in April 2026 to £12.71 per hour. Care worker pay and related on-costs make up most of the cost of homecare, so any fee uplift below 4.1% amounts to a real-terms cut before providers meet any other cost increase.

Yet, across all homecare contracts for which we received data, the approximate average uplift from 2025-26 reached just 3.7%. Of the 95 distinct local authorities with known uplift information for homecare, fewer than a third offered an approximate average uplift for homecare that matched the 4.1% rise in the minimum wage. 71% failed to do so, a similar picture to 2025-26, when 73% of councils offered uplifts below the National Living Wage increase.¹⁰

Figure 5 shows wide variation between regions. The North West performed best, with 71% of its councils, on average, matching the wage increase. In five regions, a quarter or less of councils matched this rise, with not a single council in the East Midlands or the South West doing so.

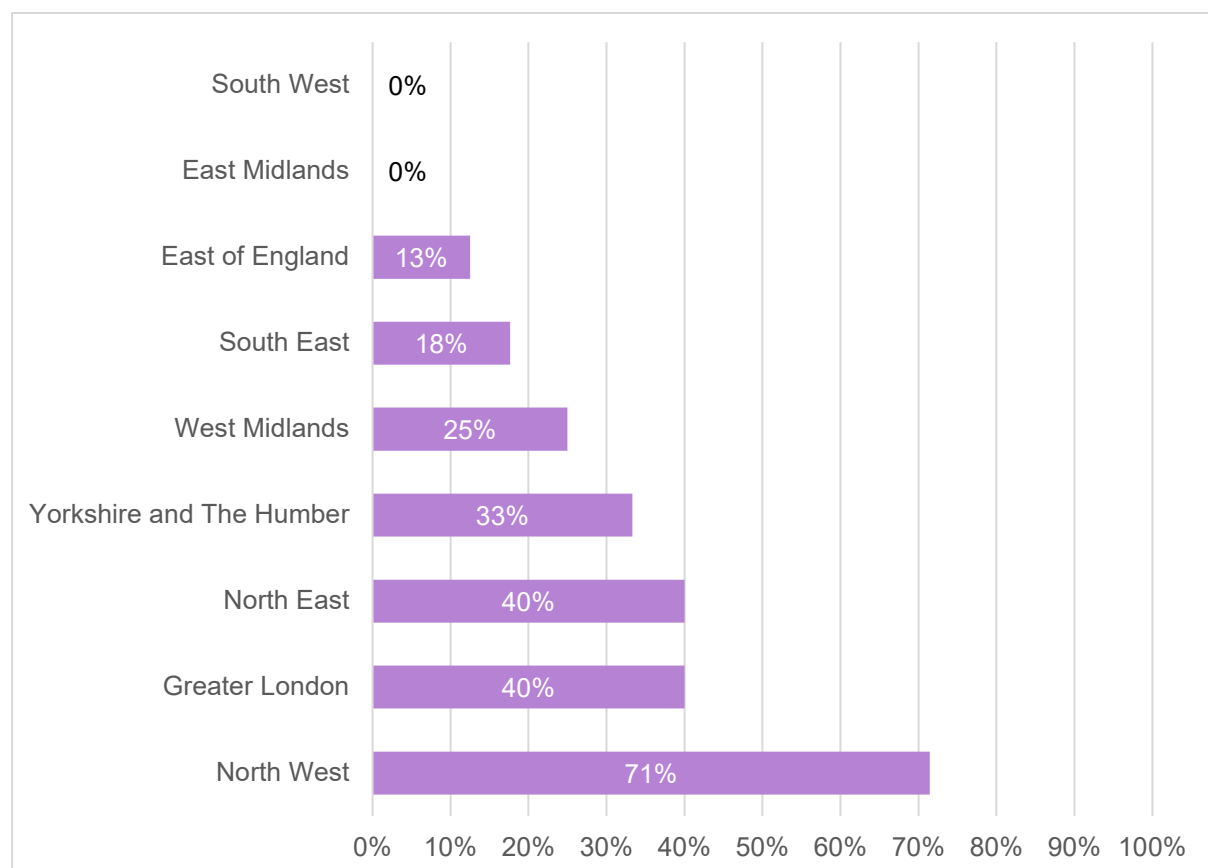


Figure 5: Percentage of local authorities by English region with an approximate average uplift in homecare rates from 2025-26 at, or above, the increase in the National Living Wage

¹⁰ [Fee Rates for State-Funded Homecare in 2025-26 | Homecare Association](#)

We are aware of eleven councils where the approximate average uplift for homecare was less than 2%. These included Harrow, Hillingdon, Kent, Lewisham and Portsmouth, which all froze their fees. We also received details of a contract with Bromley where the fee rate was cut.

Uplifts that fall short compound year after year. Hillingdon, Lewisham and Portsmouth also applied a 0% homecare uplift in 2025-26 (with the latter two also having adopted the UNISON Ethical Care Charter¹¹). Providers working with these councils have therefore faced two years of frozen fees while the National Living Wage rose by 11.1%, from £11.44 to £12.71 per hour.

Funding deficits for homecare

Figure 6 sets out our estimate of the 2026-27 funding deficits for homecare in England at different care worker pay rates, split between councils and the NHS.¹²

We estimate that public bodies need around £2.3 billion more to fund homecare, so that care workers receive the minimum wage and providers can operate sustainably. The deficit rises to around £2.7 billion for care workers to receive the Real Living Wage of £13.45 per hour, and almost £3.0 billion to be paid at the level of an NHS Band 3 healthcare assistant with two or more years' experience (which has risen to £14.05 per hour in 2026-27¹³).

¹¹ [The Ethical Care Charter | UNISON - the public service union](#)

¹² Our calculations use estimates for the number of homecare hours commissioned by local authorities and the NHS in England in 2025-26 (initial figures acquired through Freedom of Information requests that led to the [Homecare Deficit 2025](#) report). We have also estimated an average 2026-27 fee rate for the NHS (as our data collection from members did not cover health commissioners).

¹³ [Pay scales for 2026/27 | NHS Employers](#)

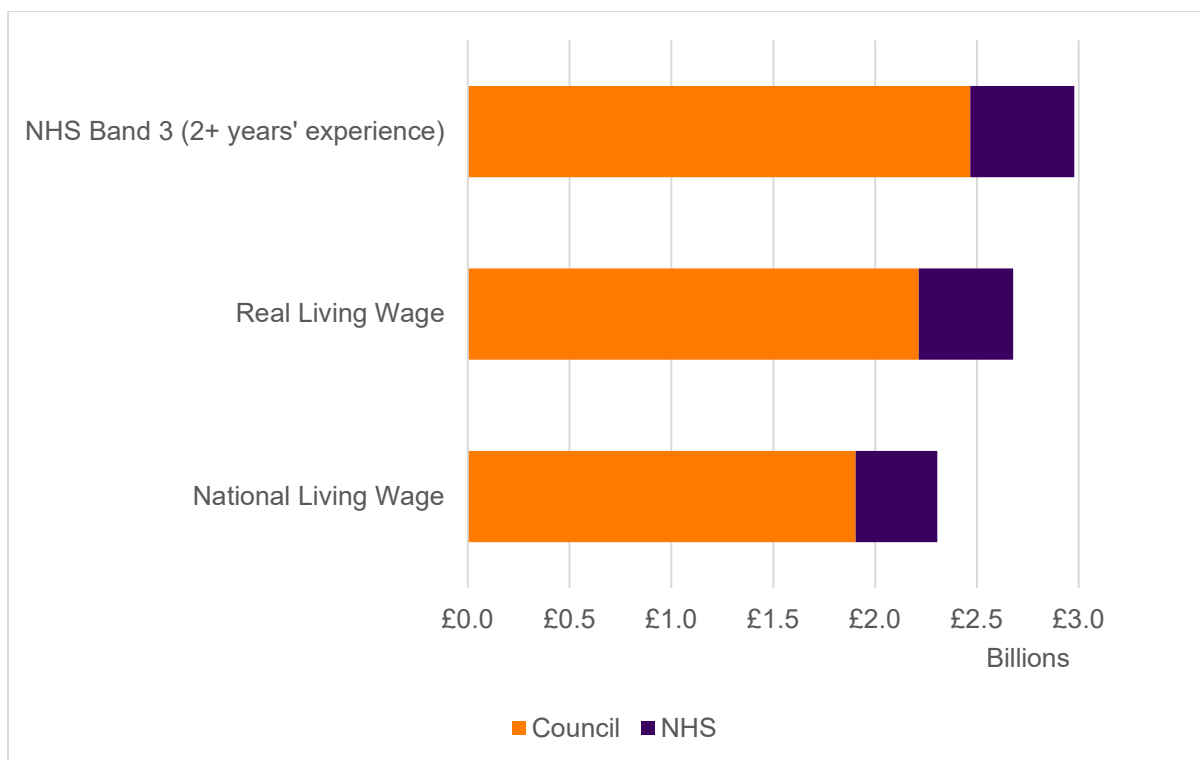


Figure 6: Breakdown of the 2026-27 funding deficits for homecare in England at different care worker pay rates

These estimates are, to some extent, conservative. They do not include the rising cost of fuel and PPE, linked to conflict in the Middle East, nor some of the additional costs from the Employment Rights Act. Indeed, more than half (54%) of councils told ADASS that they cannot fund the costs of the Act.¹⁴

As part of the Local Government Finance Settlement, the Government announced additional funding available for English local authorities of around £1.6 billion in 2026-27 for the whole adult social care sector.¹⁵ Given that the council deficit for care workers just to receive the legally compliant minimum wage is £1.9 billion in homecare alone, this settlement is clearly insufficient. Without a step change in funding, councils will continue to pass the shortfall on to providers, care workers and the people who draw on care.

¹⁴ [ADASS Spring Survey 2026 - ADASS](#)

¹⁵ [Additional national available funding for adult social care: final - GOV.UK](#)

Discussion

Why do fee rates matter?

Every year, the Homecare Association calculates the minimum fee rate for the purchase of homecare by local authorities and the NHS. The 2026-27 rate of £34.42 per hour in England allows providers to comply fully with the National Living Wage of £12.71 per hour, pay care workers for travel and waiting time, meet day-one Statutory Sick Pay and other statutory on-costs, and deliver sustainable, good-quality, regulated homecare (Figure 7).

This is a minimum price, not a fair price that truly recognises the skilled and responsible work that care workers do. To pay care workers the equivalent of an NHS Band 3 healthcare assistant with two or more years' experience, councils would now need to offer at least £37.09 per hour.¹⁶

Fee rates matter because of one crucial fact: employment costs make up more than 75% of the cost of homecare, rising to 90% where fees are especially low. This creates a direct link between the fee rates councils pay and the wages care workers receive.

However, the hourly rate must also cover the other costs of running a regulated homecare service. After care worker costs of £26.17 (at the National Living Wage pay rate), we calculate a provider needs £8.25 per hour for these costs. The largest item, £2.71 per hour, pays for the registered manager, care coordinators and supervisors who plan care, support staff and keep people safe, while we also include a small surplus of 4% (£1.32 per hour).

¹⁶ Based on 2026-27 NHS pay scales.



Figure 7: Operating costs per hour of running a regulated homecare service, according to the Minimum Price for Homecare 2026-27 at the National Living Wage (England)

Providers need financial headroom. Reserves help them absorb sudden cost rises, late payments and other shocks; retained earnings fund training, technology and growth; and lenders will only support providers that can show a dependable surplus. Commissioners themselves test providers' financial standing when they award contracts. Yet when they set fees below the cost of safe delivery, they undermine the very resilience they expect providers to show.¹⁷ Industry analysts put the average EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) margin for homecare and supported living providers at around 8.7%,¹⁸ but this average masks wide variation, and many providers struggle to break even.

Commissioning and purchasing below the direct cost of employing care workers is unethical and should be unlawful. It pushes providers towards unsafe care and illegal employment practices and rewards those who cut corners over those who comply with the law.

Care workers bear the cost

Low fee rates keep care worker pay trapped near the legal minimum, with around a quarter earning within 10p of the National Living Wage, and 46% receiving less than

¹⁷ [Responsible capital in social care: investment, profit, and policy choices facing the government | Homecare Association](#)

¹⁸ [Homecare and Supported Living UK Market Report 7th Edition | LaingBuisson](#)

the Real Living Wage. NHS healthcare assistants at Band 3 with more than two years' experience earn £1 per hour more than the median care worker.¹⁹

Headline hourly rates also hide a deeper problem. Most councils pay providers only for the minutes care workers spend with clients, not for travel, waiting time or training. When a provider spreads total pay across all working time, a care worker's effective hourly rate can fall below the minimum wage even when the headline rate looks higher. In one example, a provider's payroll records showed care workers expected to be available for up to 98 hours in a week to deliver 39 paid contact hours.²⁰ Care workers need secure, predictable income, not just a higher headline rate.

Rising fuel prices have deepened the squeeze. In our spring 2026 survey of providers, 59% reimbursed mileage at 40p per mile or less, well below the new HMRC approved rate of 55p per mile. More than a quarter (27%) of providers had given cash advances to care workers who could not afford fuel, and 11% had already lost staff. Not a single respondent had received extra funding from their council or local NHS to cover these costs.²¹

Immigration policy adds further strain. International recruits into care fell from around 105,000 in 2023-24 to 30,000 in 2025-26 after the Government ended overseas recruitment into the sector.²² Proposals to extend the qualifying period for settlement from five to 15 years now threaten the care workers who remain. In our survey of providers, 28% reported that sponsored staff had already left because of this uncertainty, and 48% expected to reduce the care they deliver.²³ The Government expects providers to guarantee workers hours and income that commissioners do not guarantee to providers.

People who draw on care, and the NHS

Commissioning decisions have direct consequences for the people who rely on care and their families, with 44% of councils reporting homecare providers closing or handing back contracts.²⁴ When a provider hands back a contract, it disrupts the continuity of care that people value, and commissioners may struggle to find anyone else to take it on. Families step in to fill the gap, often reducing their working hours or leaving work altogether.

¹⁹ [The state of the adult social care sector and workforce in England | Skills for Care](#)

²⁰ [Homecare: commissioning is the key to quality, fair work and better outcomes | Homecare Association](#)

²¹ [The impact of rising fuel and other costs on homecare | Homecare Association](#)

²² [The size and structure of the adult social care sector and workforce in England | Skills for Care](#)

²³ [Migrant care workers deserve fair settlement rules | Homecare Association](#)

²⁴ [ADASS Spring Survey 2026 - ADASS](#)

Homecare also keeps the NHS moving. More than 40% of people delayed in hospital wait for services that social care largely delivers,²⁵ and an occupied hospital bed costs the NHS around £400 per night.²⁶ Yet, according to ADASS, 58% of Directors of Adult Social Services report NHS disinvestment in Continuing Healthcare, which shifts cost and complexity onto councils and homecare providers.

Commissioning shapes everything

Fee rates form only one part of the picture. We have argued that every contract should pass four tests: price, allocation, payment mechanism and assurance. Many councils fail more than one. In April 2025, homecare providers in 61% of councils and Health and Social Care Trusts across the UK received no more than 500 hours on average in a sample week, a third or less of the 1,500 hours a provider needs to operate efficiently. Only 1% solely used block contracts that guaranteed provider income.²⁷

Better commissioning makes better jobs possible. In one modelled scenario, giving work to fewer providers in defined geographical zones would allow 35% fewer care workers to deliver the same visits, with 65% less mileage, releasing scarce workforce capacity to support more people. In Leeds, Be Caring's neighbourhood-based model, which pays care workers for their whole round, increased the share of paid time spent with people from 64% to 84% between 2020 and 2024 and increased average length of service by 27%.²⁸ Councils that combine a fair price with neighbourhood working, secure volumes and payment for planned capacity can improve care, pay and productivity at the same time.

Political context

The speech of the new Prime Minister, Andy Burnham, in July 2026 marked a turning point. He launched the Big Conversation on Care, asked Baroness Casey to report a year earlier than planned in summer 2027, and committed to act further for the care workforce, building on the Fair Pay Agreement due to take effect in 2028-29.²⁹ In his speech at the Labour Party Conference 2026, the Prime Minister then committed to build a National Care Service that is free at the point of use and starts in the home.³⁰

We welcome this ambition. Yet free care does not guarantee fair funding. Where councils already provide homecare free of charge, funding has not always followed.

²⁵ [Adult Social Care Reform: the cost of inaction | Health and Social Care Committee](#)

²⁶ [The Hidden Problems Behind Delayed Discharges | The King's Fund](#)

²⁷ [The Homecare Deficit 2025 | Homecare Association](#)

²⁸ [Homecare: commissioning is the key to quality, fair work and better outcomes | Homecare Association](#)

²⁹ [Prime Minister's speech on social care - 29 July 2026 - GOV.UK](#)

³⁰ [Prime Minister Andy Burnham sets out plans for a new National Care Service - GOV.UK](#)

Members report that Hammersmith & Fulham Council pays some providers just £19.29 per hour, far below the £30.18 needed to cover direct care worker costs at the London Living Wage, and Northern Ireland, which also provides free homecare, pays £22.13 per hour, below the direct cost of employment. 'Free' describes what the citizen pays, not what the state buys.³¹

The debate about reform has also turned to profit and ownership. The Homecare Association assesses providers by the quality of their care, their treatment of the workforce and their financial resilience, not by their ownership model. Changing ownership without fixing funding would move the problem rather than solve it.

Meanwhile, national decisions continue to add costs that councils do not fund. The Employment Rights Act strengthens protections for care workers, and we support its aims, but it brings substantial extra costs for providers. A Fair Pay Agreement can set a care worker's headline pay rate; only fair commissioning can give them enough total income and security in a decent working week. The Government must fund these reforms in full and align its funding, employment, immigration and commissioning policies, or it risks legislating for better jobs that providers cannot afford to offer.

Recommendations

We call on the Government to:

A. Secure adequate funding

- Provide an immediate, ring-fenced injection of at least £2.3 billion in England to close the homecare funding gap at the National Living Wage and increase this to around £3.0 billion, so care workers receive pay equivalent to an NHS Band 3 healthcare assistant with two or more years' experience.
- Agree a multi-year funding settlement for social care that meets rising demand and covers the full cost of care.
- Fully fund the costs of the Employment Rights Act and the Fair Pay Agreement for all providers.
- Fund uplifts that at least match rises in the National Living Wage and other statutory costs, and fund higher fuel and mileage costs so providers can reimburse care workers at the HMRC approved rate of 55p per mile.

³¹ [Homecare Association welcomes National Care Service commitment: "free at the point of use must also mean fair at the point of delivery" | Homecare Association](#)

B. Set a fair price in law

- Legislate for a National Contract for Care Services with a statutory minimum price for homecare, based on a transparent national cost method, with an annual adjustment for statutory cost changes and an accessible route for providers to challenge purchasing below it.

C. Reform commissioning

- Publish model payment clauses and commissioning guidance that end exact-minute purchasing, pay for planned capacity and protect provider income during hospital stays and cancellations.
- Organise homecare in neighbourhoods with enough predictable hours for providers to build efficient rounds and pay care workers for their whole round, including travel and waiting time.
- Fund neighbourhood demonstrators that test outcomes-based, consumer-directed commissioning, and embed homecare in neighbourhood health services.

D. Build the workforce for the future

- Deliver a fully funded workforce plan that brings care worker pay into line with NHS Band 3 and rewards experience, training and career progression.
- Align immigration, employment, procurement, and commissioning policy through a cross-government programme led by the Department of Health and Social Care, including the protection of settlement rights for international care workers already in the UK.

Conclusion

Our research shows that English local authorities continue to buy homecare at prices far below the cost of safe, lawful care. The average fee rate of £25.37 per hour sits £9.05 below our Minimum Price of £34.42. More than three-fifths of contracts for which we received details pay less than the direct cost of employing a care worker at the minimum wage, and not a single contract meets the Minimum Price.

The Government has set out an ambitious vision for social care, including a National Care Service, a Fair Pay Agreement and a stronger workforce. But reform without funding is rhetoric. Providers cannot pay care workers fairly or deliver safe, continuous care unless the state pays a fair price for it and commissions in a way that makes good jobs possible.

Investing in homecare is not only a moral imperative but also a smart economic choice. It helps people to live independently at home, reduces pressure on the NHS,

supports families and strengthens the local economy. The Government must close the funding gap in the sector, set a statutory fee rate floor and reform commissioning now. This is the moment to act.

Appendix 1: Methodology

We asked Homecare Association members to provide the following details of the contracts they hold with local authorities in England:

- Main contract held (e.g. regular homecare, extra care, supported living, etc.)
- 2025-26 fee rate per hour.
- Whether they had heard about their fee rate for 2026-27.
- If so, the 2026-27 fee rate per hour.
- Fee rate uplift from 2025-26.
- Any additional comments.

We then analysed the data to gain a picture of fee rates in local authority-funded homecare for 2026-27 and the uplift in rates (if known) from the previous year. This report predominantly focuses on regular homecare contracts.

We collected data from members between January and June 2026. The 176 regular homecare contracts covered 107 distinct local authorities in England (70% of the total).

We calculated the mean across contract rates and uplifts to determine regional fee rate averages and each council's approximate average uplift respectively. For our deficit figures, we estimated an average 2026-27 NHS fee rate by uplifting last year's figure (£23.87 per hour) by the uplift among local authorities (3.7%).

In our Homecare Deficit 2025 report, we computed regional weighted averages based on each public body's average rate for all hours of homecare purchased during a sample week. This is not the case here and we do not attempt a direct comparison between this report and the Homecare Deficit 2025.

Please note that such contracts are commercially sensitive and members shared details with us on a strictly confidential basis. We thus do not identify the members who contributed to this exercise but greatly appreciate their willingness to provide their data.

Appendix 2: List of average local authority uplifts

The following table outlines the approximate average uplifts since 2025-26 for English local authorities, based on the information we received from members. The uplifts are for regular homecare and, in some cases, related services such as extra

care or supported living, if figures for homecare alone were not available (so they differ slightly from the analysis in the section above on fee uplifts).

At the time we received the data, some uplifts may have been proposed and not confirmed. The table does not include those local authorities for which we did not receive any data.

Local authority	Approximate average uplift
Bromley	-0.1%
Harrow	0.0%
Hillingdon	0.0%
Kent	0.0%
Lewisham	0.0%
Portsmouth	0.0%
Barnet	0.5%
Sefton	0.5%
Lincolnshire	0.9%
Essex	1.4%
Havering	1.4%
Shropshire	2.0%
Oxfordshire	2.0%
North Yorkshire	2.2%
Bexley	2.4%
Dorset	2.5%
West Sussex	2.6%
North East Lincolnshire	2.6%

Cambridgeshire	2.8%
Worcestershire	2.9%
Barnsley	2.9%
Bournemouth, Christchurch & Poole	3.0%
Medway	3.0%
North Somerset	3.0%
Kirklees	3.0%
Reading	3.0%
Birmingham	3.0%
Bristol	3.1%
South Gloucestershire	3.1%
Buckinghamshire	3.2%
Staffordshire	3.3%
Bracknell Forest	3.3%
Croydon	3.3%
Surrey	3.3%
Bradford	3.3%
Warwickshire	3.4%
Wiltshire	3.5%
Calderdale	3.5%
West Berkshire	3.5%
Herefordshire	3.5%
Solihull	3.5%
Suffolk	3.5%

Somerset	3.6%
Nottinghamshire	3.6%
Warrington	3.6%
Bath & North East Somerset	3.6%
Bury	3.6%
Norfolk	3.6%
Slough	3.6%
East Riding of Yorkshire	3.6%
Coventry	3.6%
Hertfordshire	3.7%
Central Bedfordshire	3.7%
Derbyshire	3.7%
Dudley	3.7%
Nottingham City	3.7%
Torbay	3.8%
Swindon	3.8%
Hartlepool	3.8%
Gloucestershire	3.9%
Peterborough	3.9%
Stockton-on-Tees	3.9%
Rochdale	4.0%
North Lincolnshire	4.0%
Southampton	4.0%
Enfield	4.0%

Redcar & Cleveland	4.0%
Windsor & Maidenhead	4.0%
Lancashire	4.0%
Devon	4.0%
Oldham	4.0%
Wokingham	4.0%
North Tyneside	4.0%
Durham	4.0%
East Sussex	4.0%
Sheffield	4.1%
Doncaster	4.1%
Derby	4.1%
Wakefield	4.1%
Sandwell	4.1%
Liverpool	4.2%
Stoke-on-Trent	4.3%
Leeds	4.5%
Manchester	4.5%
Rotherham	4.5%
Hull	4.5%
Brighton & Hove	4.6%
Merton	4.7%
Hampshire	4.9%
Walsall	5.0%

Salford	5.1%
Cheshire East	5.5%
Haringey	5.5%
Milton Keynes	5.7%
Stockport	5.8%
Blackpool	5.9%
Sutton	5.9%
Cumberland	6.0%
Southwark	6.0%
Brent	6.0%
Cornwall	6.1%
Northumberland	6.2%
Bolton	6.7%
Tameside	6.8%
Hounslow	7.3%
Kingston upon Thames	8.0%
Wirral	10.0%
Newcastle	10.6%
Southend-on-Sea	17.5%

Shaping homecare together

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