OXFORDSHIRE COUNTY COUNCIL

Delegated Decisions by Cabinet Member for Adults

Thursday, 17 September 2026 at 9.00 am
Online

If you wish to view proceedings, please click on this Live Stream Link.
However, that will not allow you to participate in the meeting.

Items for Decision

The items for decision under individual Cabinet Members' delegated powers are listed overleaf, with indicative timings, and the related reports are attached. Key Decisions taken will become effective at the end of the working day on 22 September 2026 unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of the reports are circulated (by e-mail) to all members of the County Council.

These proceedings are open to the public

Dr Martin Reeves OBE
Chief Executive

September 2026

Committee Officer: ***Email: committeesdemocraticservices@oxfordshire.gov.uk***

Note: Date of next meeting: 20 October 2026

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

Items for Decision

1. Declarations of Interest

See guidance below.

2. Minutes of the Previous Meeting (Pages 7 - 10)

To confirm the minutes of the meeting held on ***14 July 2026*** to be signed by the Chair as a correct record.

3. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am three working days before the meeting, ask a question on an item on the agenda.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

4. Petitions and Public Address

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to committeesdemocraticservices@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Safe Space Host Provider Contract (Pages 11 - 22)

Cabinet Member: Adults
Forward Plan Ref: 26/177
Key Decision
Contact: Jordan Marsh, Commissioning Officer, Live Well

Report by Director of Director of Adult Social Care

The Safe Space Host Provider contract is a key part of Oxfordshire's local offer for adults with a learning disability and autistic adults who are on, or require consideration through, the Dynamic Support Register and need additional, flexible support to stay well and safe in the community.

The Cabinet Member for Adults is RECOMMENDED to:

a. **Agree to tender a new Safe Space Host Provider contract through a mini-competition using the Council's Live Well Supported Services Framework Lot 2.**

b. **Delegate authority to the Director of Adult Social Care to award and enter into the contract following completion of the procurement process.**

c. **Delegate authority to the Director of Adult Social Care, in consultation with the Director of Finance and the Director of Law and Governance, to negotiate and agree the required variation to the existing Section 75 Agreement between Oxfordshire County Council and Thames Valley Integrated Care Board to formalise the agreed partner funding and associated governance arrangements for the Safe Space service.**

d. **Note that local government reorganisation is a managed dependency and will be addressed through legal, finance, procurement, governance, contract and transition planning before contract award and mobilisation**.

6. Care Home Framework Extension (Pages 23 - 30)

Cabinet Member: Adults
Forward Plan Ref: 26/067
Key Decision
Contact: Sakina Bi – Strategic Commissioner

Report by Director Adult Social Care

To approve the extension of the Care Home (Light Touch) Framework to 30 June 2029 and the extension of the Short Stay Hub Bed call-off contracts to 30 June 2029

The Cabinet Member for Adults is RECOMMENDED to:

a. **Approve the extension of the Care Home (Light Touch) Framework to 30th June 2029.**

b. **Approve the extension of the call-off contracts for Short Stay Hub beds (SSHB) to 30th June 2029.**

7. Live Well at Home Framework Extension (Pages 31 - 56)

Cabinet Member: Adults
Forward Plan Ref: 26/199
Key Decision
Contact: Izzie Rockingham, Commissioning Manager

Report by the Director of Adult Social Care

To seek approval to extend the current Live Well at Home framework to 31 March 2028.

The Cabinet Member is RECOMMENDED to:

a. **Note the recommendations and background from the previous Cabinet paper of 16 June 2026, as set out in Annex 1.**

b. **Note that, since that decision, the Council has received the Government's Local Government Reorganisation (LGR) decision for Oxfordshire. This has implications for the proposed Staying Well at Home (SWAH) model, including future service design, demand, provider capacity, lot structure and geographical zones. As the LGR decision was published in the very early stages of the SWAH procurement, the procurement has been paused so that the Council can review the available options and determine the most appropriate future commissioning route.**

c. **Approve the extension of the current Live Well at Home (LWAH) framework to 31 March 2028, in accordance with the existing contractual extension provisions, to maintain continuity of care and ensure continued lawful sourcing of domiciliary care and reablement services beyond 31 March 2027.**

d. **Approve the decision to start the SWAH procurement process as per key decision made on 16 June 2026 but with a later timetable. The timetable and award of framework agreement to be delegated to the Director of Adult Social care for approval.**

Councillors declaring interests

General duty
You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?
Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest
Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception
Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests
Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.
Other registrable interests include:

a) Any unpaid directorships

b) Anybody of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.
c) Anybody (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests
Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:
Where a matter affects the financial interest or well-being:
a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

DELEGATED DECISIONS BY CABINET MEMBER FOR ADULTS

MINUTES of the meeting held on Tuesday, 14 July 2026 commencing at 9.00 am and finishing at 9:18 am

Present:

Voting Members:	Councillor Rebekah Fletcher – in the Chair
Other Members Attended	Councillor James Robertshaw (Shadow Cabinet Member)
Officers:	Bhavna Taank (Head of Joint Commissioning), Sharon Paterson, (Strategic Commissioner), Isabel Rockingham (Head of Joint Commissioning), Mohamed Cassimjee (Democratic Services Officer)

The Cabinet Member considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

34/25 DECLARATIONS OF INTEREST
(Agenda No. 1/25)

There were none declared.

35/25 MINUTES OF THE PREVIOUS MEETING
(Agenda No. 2/25)

The minutes of the meeting held on 16 June 2026 were confirmed by the Chair as a correct record subject to the change of date on page 9 to 16 June 2026

36/25 QUESTIONS FROM COUNTY COUNCILLORS
(Agenda No. 3/25)

There were none received.

37/25 PETITIONS AND PUBLIC ADDRESS
(Agenda No. 4/25)

There were no requests.

38/25 BANBURY CROSS SUPPORTED LIVING CONTRACT
(Agenda No. 5/25)

The Cabinet Member considered a report on a block of flats one of which in the Banbury Cross development would support Oxfordshire's local offer to support people with a learning disability and/or autism with social, psychological and behavioural challenges and who were most at risk of admission under the Mental

Health Act. The second block of flats would offer support needed for people with a learning disability for general support needs, who need a self-contained space and their own front door.

The Council is required to commission the supported living contract which would provide support to people living in Banbury Cross to whom the Council owes a duty under the Care Act 2014 and / or under Section 117 MHA 1983.

The Council would commission the supported living contract by tender using the existing Live Well Supported Services Framework (Lot 2) to procure a 10-year supported living contract. The new contract will start in January 2027.

Resolved to :

a) Agree to tender a supported living contract via a mini competition through the Live Well Supported Services Framework Lot 2 to deliver support at 14 flats at the Banbury Cross development.

b) To delegate authority to the Director of Adult Social Services to enter such contract following the completion of the procurement process to award the contract.

39/25 LEARNING DISABILITY AND AUTISM SUPPORTED LIVING FURTHER CONTRACT EXTENSION AND REPLACEMENT CONTRACT PROCUREMENT
(Agenda No. 6/25)

The Cabinet Member considered a report which indicated that a further 44-day extension was now required from 14 September 2026 to 27 October 2026, also valued at £928,064.34, to provide sufficient time to recommence and complete a further tender process for HOWDAB2 Supported Living contracts Lot 4, Lot 8 and Lot 9 and mobilisation arrangements.

The proposed extension would enable the HOWDAB2 Supported Living contracts Lot 1 and Lot 2 to be mobilised and transferred at the same time as the replacement contracts for Lot 4, Lot 8 and Lot 9. Aligning the mobilisation and transfer arrangements across the current Brandon Trust contracts would support a coordinated transition and help avoid unnecessary disruption and confusion for people who receive support, their families and staff.

The extension was necessary to ensure continued and consistent support for people with a learning disability and/or autism while a new procurement process was undertaken.

RESOLVED to:

a) Agree that the Council extend the HOWDAB2 Supported Living contracts Lot 1, 2, 4, 8 and 9 currently delivered by Brandon Trust. The extension will be for a further 44 days, from 14 September 2026 to 27 October 2026. This will maintain continuity of support while the Council

undertakes a further tender process for Lot 4, Lot 8 and Lot 9 following the outcome of the previous procurement exercise. The extension for Lots 1 and 2 will allow mobilisation and contract start dates to be aligned with the Lot 4, 8 and 9 replacement contracts, without requiring a further tender process for those lots.

b) Note that the Director of Adult Social Care has already approved a 44-day extension from 1 August 2026 to 13 September 2026 under delegated decision arrangements. This was to allow additional time for the procurement process for HOWDAB2 Supported Living contracts Lot 1, 2, 4, 8 and 9 and full mobilisation of the replacement contracts.

40/25 EXTRA CARE HOUSING RETENDER
(Agenda No. 7/25)

This item was held in a private session.

The recommendations in the report were approved

..... in the Chair

Date of signing 200

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OXFORDSHIRE COUNTY COUNCIL

DELEGATED DECISIONS BY CABINET MEMBER FOR ADULTS

September 2026

Safe Space Host Provider Contract

Report by Director of Director of Adult Social Services

RECOMMENDATIONS

The Cabinet Member for Adults is RECOMMENDED to:

a. **Agree to tender a new Safe Space Host Provider contract through a mini-competition using the Council's Live Well Supported Services Framework Lot 2.**
b. **Delegate authority to the Director of Adult Social Care to award and enter into the contract following completion of the procurement process.**
c. **Delegate authority to the Director of Adult Social Care, in consultation with the Director of Finance and the Director of Law and Governance, to negotiate and agree the required variation to the existing Section 75 Agreement between Oxfordshire County Council and Thames Valley Integrated Care Board to formalise the agreed partner funding and associated governance arrangements for the Safe Space service.**
d. **Note that local government reorganisation is a managed dependency and will be addressed through legal, finance, procurement, governance, contract and transition planning before contract award and mobilisation**.

Executive Summary

1. The Safe Space Host Provider contract is a key part of Oxfordshire's local offer for adults with a learning disability and autistic adults who are on, or require consideration through, the Dynamic Support Register and need additional, flexible support to stay well and safe in the community. The model will provide outreach, planned visits and short stays, with access linked to Dynamic Support Register governance. This will ensure the resource is targeted at people whose needs may otherwise escalate due to behavioural, environmental or support-related factors and is used as part of a wider preventative system response.

2. The service will support people to remain close to their family, community and ordinary life, wherever this is safe and lawful. It will provide a calm, robust, low-stimulus and non-institutional environment for a calm reset, recovery and stabilisation, alongside practical

outreach, family and provider support, legal safeguards, and active return home or move-on planning. It will reduce the risk that people may to be admitted to secure hospital beds.

3. The proposal has been developed as a three-way partnership between Oxfordshire County Council, Thames Valley Integrated Care Board and Oxford Health NHS Foundation Trust. It supports the Oxfordshire Learning Disability Plan 2025–2035 delivery of the Homes not Hospitals theme, the Oxfordshire Way, Building the Right Support and is in readiness for Mental Health Act reforms.

4. The proposed annual Host Provider contract budget is £673,900. The expected seven-year Host Provider contract value is £5,163,733.26. The seven-year value is higher than a flat annual budget calculation because it includes indicative planning assumptions for future inflationary uplifts over the contract term. Separate building running costs are estimated at £172,000 per year and sit outside the Host Provider contract. Together, the annual Host Provider contract budget and the separate building running costs create an overall annual Safe Space operating budget of £845,900.

5. The funding commitment for delivery is agreed between Oxfordshire County Council, Thames Valley Integrated Care Board and Oxford Health NHS Foundation Trust on an equal three-way basis. Upon approval of the key decision, officers will complete the formal documentation of the agreed funding route, governance and payment mechanism through the Section 75 variation and related partner contract arrangements before contract award.

6. The tender will place strong emphasis on quality, values, specialist practice, safeguarding, least restrictive support, accessible quality checking and the Safe Space Charter developed and led by Experts by Experience.

7. The procurement will set a clear and affordable price envelope, with bids assessed on the quality of the proposed model and delivery approach within that envelope. This will support the partnership to secure the strongest quality and long-term value from the available budget.

Background

8. Oxfordshire has a small number of people with a learning disability and/or autistic people whose needs and levels of distress can increase quickly when the environment, communication approach, sensory context, support arrangements or wider circumstances do not fully meet their needs. This may be linked to trauma, sensory needs, environmental mismatch, changes in routine, or a shared living environment that does not work well for the person. It may also indicate that the current support model needs additional specialist input, adaptation or a more bespoke response. Distress can be a form of communication and may indicate that the environment, support model or specialist input needs to be adapted. Without the right local support, people may be admitted to hospital, placed far from home, or spend time in settings that do not meet their needs.

9. Oxfordshire currently has around 50 people on the Dynamic Support Register, although this changes as people's circumstances, risks and support needs change. Earlier demand

modelling identified 22 people who could potentially benefit from the Safe Space, with most potential use expected to be preventative or linked to escalation rather than crisis-only. The modelling also showed that some people were being supported away from their usual home area and that many may need a different or strengthened community support arrangement after using the Safe Space. This confirms the need for a local, planned and specialist community resource that can support people earlier and help prevent avoidable escalation.

10. The Safe Space model has been in development over a number of years through the system wide Building the Right Support subgroup and is now linked to delivery of the Oxfordshire Learning Disability Plan 2025–2035. The vision has been shaped through partnership working, co-production and capital planning, including securing capital funding through NHS England and Oxfordshire County Council to develop the purpose-built site Decision - Safe Space (Learning Disabilities) | Oxfordshire County Council. The current proposal brings this work together by moving from capital development into the operating model, Host Provider procurement and Safe Space Charter. The Charter will be central to taking the model forward, ensuring that the service is shaped by people with lived experience, families and partners, and that the focus remains on safe, respectful, least restrictive and person-centred support.

11. The proposed reforms to the Mental Health Act 1983 give further impetus to developing the right community-based support for people with a learning disability and/or autistic people. Once implemented, the reforms are expected to mean that a person with a learning disability and/or autism cannot be detained under Section 3 of the Mental Health Act solely on that basis, unless they also have a co-occurring mental health disorder that meets the criteria for detention. This increases the importance of having local, lawful and least restrictive community alternatives, such as the Safe Space, that can support people earlier, reduce avoidable escalation and help partners respond in a planned and person-centred way.

12. The Safe Space site at Wantage Road, Didcot is expected to be ready in July 2027. It comprises three buildings on the same site: two self-contained short-stay units and a separate staff and shared space building. The staff and shared space building will support communal use, wider system learning, skills teaching and maintaining contact with circles of support in a safe environment. The overall development has been designed to feel calm, robust and non-institutional.

13. A provider is now needed to make the building into an operational service when ready for deployment. This includes staffing, outreach, short stays, safeguarding, legal safeguards, registration with the Care Quality Commission, partnership working and support for people to return home or move on safely.

Proposal

14. The proposal is to procure a dedicated Safe Space Host Provider through the Live Well Supported Services Framework Lot 2. The provider will operate the Safe Space as a flexible system resource, not simply as two short-stay units. The contract will include outreach, familiarisation, short stays, family and provider support, return home or move-on planning and support to embed learning back into long term support structures, CQC

registration, legal safeguards, safeguarding, least restrictive practice, Positive Behaviour Support, reflective practice and ongoing learning.

15. The Safe Space will not be a standalone intervention. Each stay or outreach episode will include a clear plan for how learning will be captured, shared and embedded with the person's ongoing circle of support. This will include working with the person's usual supported living provider, family or carers, Intensive Support Team and/or Reasonable Adjustments Service, and other relevant professionals so that the learning from Safe Space informs the person's longer-term support, reduces the risk of repeated escalation and strengthens confidence in the person's usual home or future supported environment.

16. The operating model will include clear building and property management arrangements alongside the Host Provider contract. The Safe Space site has been developed through capital investment from NHS England and Oxfordshire County Council, and the revenue model must now ensure that the building can operate safely and responsively. Adult Social Care will work with the Council's Property and Assets team, the landlord, the Host Provider and funding partners to confirm responsibilities before go-live. This will include arrangements for access, repairs, maintenance, utilities, insurance, health and safety, fire safety, security, responsive property issues, adaptations, escalation routes and the interface between the lease, building running-cost budget and day-to-day service delivery. These arrangements will be built into mobilisation so the Host Provider can focus on safe support delivery while property-related issues are managed through clear agreed routes, including rapid response arrangements with the Council's property team.

17. The contract will be for seven years and will be managed as a learning and developmental contract. This is important because Safe Space is a new specialist model and will need to adapt as evidence, feedback and operational learning develop. The contract will include performance, funding, demand and governance review throughout its lifetime, with a structured review in year one to consider activity, outcomes, staffing, use of the building, return home or move-on arrangements, feedback from people and families, and any proportionate changes needed to strengthen delivery. This flexibility will need to be balanced with sufficient certainty for the Host Provider to recruit, train and retain the specialist workforce required to deliver a safe, high-quality service. The contract will include a provider break clause at year four, exercisable by the provider only and subject to a minimum one-year notice period. The Council will separately retain its contractual termination rights throughout the life of the contract, including the ability to give notice in accordance with the framework terms, with a minimum six-month notice period. These arrangements will protect the Council's position and support continuity for the funding partnership.

18. Operational oversight will be linked to the Dynamic Support Register system. In addition to the existing forum arrangements, a more frequent operational meeting with system partners and the Safe Space Host Provider is expected to support timely referral, prioritisation, planning, return home or move-on arrangements and escalation where needed. This will help ensure that the Safe Space is used as a planned community resource, that people do not stay longer than needed because wider arrangements are not ready, and that learning from each episode informs ongoing support in the person's usual home or future supported

environment. As the Dynamic Support Register forum arrangements are already established, the model will benefit from a tested and maturing system route where senior operational and commissioning partners are used to working together, sharing risks, resolving barriers and agreeing practical actions for people with the most complex support needs.

19. The decision is needed now so that procurement, evaluation, contract award and mobilisation can be completed before the building is expected to be ready in July 2027. Without timely procurement, there is a risk that a purpose-built community asset will be ready but cannot be used because there is no provider, staffing model or operational arrangement in place.

Options Considered

Option	Summary	Assessment
1. Procure a dedicated Safe Space provider	Appoint one specialist provider to run the service, provide outreach and short stays, and work with families, providers and professionals.	Recommended. This gives clear accountability, a planned mobilisation route, stronger quality assurance and better use of the building.
2. Buy support only when needed	Purchase support for individual situations as they arise.	Not recommended. This would not create a stable service, consistent staffing, shared learning or clear responsibility for the building.
3. Do nothing	Do not procure a provider.	Not recommended. This would leave the current gap in local community support and risk the building being unused.

Experts by Experience and Provider Involvement

20. The Safe Space model has been shaped through co-design with people with lived experience, families, carers, social care and health professionals, housing and property colleagues, and specialist providers. The Safe Space Charter, developed with My Life My Choice and led by Experts by Experience, will set out in accessible language what people should expect from the service and how the service should feel in practice.

21. The Charter will be used as a practical quality method across specification, tender questions, mobilisation, accessible quality checking, contract monitoring and ongoing learning. Provider engagement has tested whether the market can deliver this specialist model and confirmed the need for clear expectations around safeguarding, staffing, CQC registration, legal safeguards, partnership working, flexible support and the split between core running costs and additional individual support and activity over and above the costed contract.

Council Priorities and Policies

22. The Safe Space proposal supports Oxfordshire County Council's strategic ambition to make Oxfordshire a greener, fairer and healthier county by strengthening local community support for people with a learning disability and/or autistic people who may otherwise be at risk of avoidable hospital admission, crisis escalation or support away from their usual home area.

23. The proposal directly supports the Oxfordshire Way by focusing on early help, prevention, strengths-based support, independence, social connection and support closer to home. The model is based on what matters to the person, including their communication, sensory needs, relationships, routines, rights, strengths and community connections.

24. The Safe Space supports the Oxfordshire Learning Disability Plan 2025–2035, particularly the Homes not Hospitals theme and the Oxfordshire All-Age Autism Strategy 2026 by strengthening preventative, community-based support before crisis. It provides a practical community-based response for people whose needs may be escalating, helping partners to respond earlier and in a more planned, person-centred and least restrictive way.

25. The proposal is aligned with the national Building the Right Support policy direction, which seeks to strengthen community support and reduce reliance on mental health inpatient care for people with a learning disability and autistic people. The Safe Space will increase local capacity to offer a lawful, specialist and least restrictive community alternative where this can safely meet need.

26. The model supports readiness for proposed Mental Health Act 1983 reforms by helping Oxfordshire develop the right community alternatives for people with a learning disability and/or autistic people. This gives further impetus to delivering local support that can reduce avoidable escalation and support people outside hospital wherever this is safe and lawful.

27. The Safe Space will be linked to the Dynamic Support Register and Care and Treatment Review arrangements. This will ensure it is used as part of wider system planning, with clear referral, prioritisation, oversight, escalation, return home or move-on planning and learning shared back into the person's usual support network.

28. The Safe Space Charter will support the Council's commitment to co-production, accessible services and quality improvement. It will help shape the specification, tender questions, mobilisation, quality checking, contract monitoring and ongoing learning so that the service remains focused on what people with lived experience, families and partners have said matters most.

29. The proposal also reflects the Council's commitment to using public resources responsibly. The three-way partnership funding approach builds on resources already committed across the health and social care system and uses them in a more planned, preventative way to strengthen local community support and reduce reliance on reactive, high-cost crisis, hospital or out-of-area arrangements where these can be avoided.

30. Local government reorganisation will be managed as a dependency within contract, funding, governance and transition planning. This will support continuity through the move to new local government structures while maintaining the shared system commitment to the Safe Space model and protecting the benefit of existing Council and NHS capital commitments already made to develop the site.

Financial Implications

Cost area	Amount	Comment
Seven-year provider contract value	**£5,163,733.26**	**Value used for the key decision threshold and delegated authority.**
Safe Space provider contract annual budget	**£673,900 per year**	**Main provider contract budget.**
Oxfordshire County Council annual contribution to provider contract	**£224,633.33 per year**	**Council's one-third annual contribution to the provider contract, based on the agreed three-way funding model. The formal funding route will be documented before contract award.**
Building running costs	£172,000 per year	Separate from the provider contract and covers property-related running costs.
Overall annual operating budget	£845,900 per year	Combines provider contract and building running costs.
Indicative partner contribution	£281,966.67 per year each	Based on equal funding by three partners for a full year.
Indicative partner contribution for 2027 to 2028	£211,475 each	Based on a part-year start from July 2027.

31. The annual Safe Space provider contract budget is £673,900. The expected seven-year provider contract value is £5,163,733.26, including an indicative planning assumption for future inflation. The funding commitment for delivery is agreed on an equal three-way basis between Oxfordshire County Council, Thames Valley Integrated Care Board and Oxford Health NHS Foundation Trust. Each partner's annual contribution to the provider contract costs will be £224,633.33. Upon approval of the key decision, officers will complete the formal documentation of the agreed funding route, governance and payment mechanism through the Section 75 variation and related partner contract arrangements before contract award. Any actual annual uplift would be considered through the Council's normal annual process and the final contract terms.

32. Separate building and service running costs are estimated at £172,000 per year. These costs cover items such as utilities, repairs, maintenance, information technology, insurance and other property and service wide-related costs not included in the host provider contract that are needed to keep the building and service safe and ready to use.

33. The overall annual operating cost is £845,900. This is to be funded equally by Oxfordshire County Council, Thames Valley Integrated Care Board, and Oxford Health NHS Foundation Trust. This equates to £281,966.67 per partner for a full year, and £211,475 per partner in

2027 to 2028 if the service starts in July 2027. This funding approach builds on resources already committed across the health and social care system and uses them in a more planned, preventative way. The aim is to strengthen local community support and reduce reliance on reactive, high-cost crisis, hospital or out-of-area arrangements where these can be avoided.

34. Before contract award, the agreed partner funding arrangements will be legally documented through a formal variation to the existing Section 75 Agreement between Oxfordshire County Council and Thames Valley Integrated Care Board. The Safe Space funding will be identified as a clear and specific scheme within the pooled-fund arrangements, covering agreed partner contributions, budget routes, governance, review arrangements, responsibility for the Host Provider contract, separate building running costs and continuity through local government reorganisation. Oxford Health NHS Foundation Trust's agreed contribution will be routed through the Integrated Care Board and managed through a variation to the relevant ICB–Oxford Health learning disability community contracting arrangements. This will ensure the full three-way funding commitment is visible, legally documented and protected for the duration of the contract.

    a. **Finance Comments Checked by;**
    b. **Name** – Stephen Rowles
    c. **Title** – Strategic Finance Business Partner
    d. **Email** – Stephen.rowles@oxfordshire.gov.uk

Legal Implications

35. The Council has a statutory duty to provide supported services for adults with learning disabilities, autism, physical disabilities, mental health or complex needs under Part III of the National Assistance Act 1948, the National Health Service and Community Care Act 1990 and the Care Act 2014. In addition, it is permitted to perform health functions on behalf of NHS bodies under s65Z5 and s75 of the National Health Act 2006 (with the exclusion of certain functions such as surgery or invasive treatments or decisions on whether a person has a primary health need or requires nursing care).

36. The proposed procurement route is a mini competition through the Council's existing Live Well Supported Services Framework which covers supported services for adults with learning disabilities, autism, physical disabilities, mental health or complex needs. The tender will test quality, safety, mobilisation readiness, staffing, safeguarding, registration, partnership working and value for money. The final evaluation model will be agreed with procurement and legal colleagues before the tender is issued.

37. The provider will need to secure registration with the Care Quality Commission before overnight short stays can operate. Legal safeguards must be considered for each person, including consent, mental capacity, best interests, restrictions and least restrictive practice.

38. Local government reorganisation is a managed dependency. The Safe Space site is in the area expected to become part of Ridgeway Council from 1 April 2028, but the service has been developed as a wider Oxfordshire health and social care resource. LGR will result in the contract being transferred under statutory order or assigned either in part or in full and may require further modifications agreed with the provider.

39. The S75 Agreement is between the Council and the Thames Valley Integrated Care Board ("the ICB"). Oxford Health NHS Foundation Trust ("Oxford Health") is not a party to that agreement so any contributions from Oxford Health must be routed through the ICB. The proposed variation will be a variation to the existing pooled fund scheme (known as "the HESC Scheme") and will not constitute a new pooled fund scheme. Any proposed variation to the S75 Agreement will require the ICB to agree to fund the Council in respect of its contribution and also that of Oxford Health.

40. LGR will result in the S75 Agreement (as varied) being transferred under statutory order or assigned either in part or in full and will require further modifications agreed with the ICB and any new successor local authority or authorities.

Legal Comments Checked by;
Name – Jonathan Pool
Title – Solicitor
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Staff Implications

41. The Safe Space will be delivered by an external Host Provider and will not be directly staffed by Oxfordshire County Council. There is therefore no direct impact on the Council's directly employed workforce from the recommendation to tender the Host Provider contract.

42. Officer input will be required during procurement, mobilisation and contract management from Adult Social Care Commissioning, Procurement, Legal, Finance, Quality Improvement, Operations, Property and Assets, and NHS partner colleagues. This input is required to ensure the service is safely mobilised, appropriately registered, operationally ready and aligned with the Dynamic Support Register system.

43. The Host Provider will be required to evidence that it can recruit, train and retain a specialist workforce with the right values, skills and leadership to deliver safe, least restrictive, person-centred support. This will be tested through the tender, mobilisation and ongoing contract monitoring arrangements.

Equality and Inclusion Implications

44. The proposal is expected to have a positive impact for adults with a learning disability and autistic adults who may otherwise be at risk of avoidable hospital admission, crisis escalation, Place of Safety use or support away from their usual home area. The service is designed to provide earlier, more personalised and least restrictive support in the community.

45. Accessible information will be developed for people, families and carers. The Safe Space Charter, Quality Checkers approach and feedback from people with lived experience will work alongside the Council's existing quality assurance arrangements, including the Provider Assessment and Market Management Solution (PAMMS) where appropriate, to monitor whether the service is safe, respectful, accessible, meaningful, person-centred and

equitable. Monitoring will consider accessibility, reasonable adjustments, communication methods, involvement in planning, choice and control, community inclusion, safeguarding, restrictive practice, feedback, complaints, compliments, legal compliance, outcomes and whether learning from each Safe Space stay is captured, shared and embedded back into the person's usual support arrangements. Findings will inform contract reviews, improvement actions and partnership governance so that quality assurance and Charter-based feedback work hand in hand throughout the life of the service.

Sustainability Implications

46. The Safe Space proposal makes use of existing Council and NHS capital commitments to develop a purpose-built community resource at Wantage Road, Didcot. The Host Provider contract is the revenue mechanism needed to activate that investment and ensure the building can be used safely and effectively.

47. The model supports more localised community support for people with a learning disability and/or autistic people, reducing reliance on crisis responses, hospital settings or out-of-area arrangements where these can be avoided. This may also reduce avoidable travel for some people, families, providers and professionals.

48. Building running-cost arrangements will include property management, utilities, repairs, maintenance, health and safety, fire safety, security and responsive property arrangements. Tender and contract management will also include proportionate expectations around social value, environmental responsibility and efficient use of resources.

Risk Management

49. The main risks relate to provider capability, mobilisation, CQC registration, building readiness, affordability, legal safeguards, people staying longer than intended, and local government reorganisation. These risks are understood and will be managed through the procurement, mobilisation, contract management and partnership governance arrangements.

50. Provider capability will be managed through the Live Well Supported Services Framework mini competition, with clear quality requirements, specialist tender questions, scenario testing, mobilisation checks and evaluation of workforce, safeguarding, Positive Behaviour Support, least restrictive practice and partnership working.

51. Mobilisation and building-readiness risks will be managed through a clear mobilisation plan linked to the expected July 2027 building readiness date. This will include CQC registration, workforce recruitment and training, operating protocols, referral routes, legal safeguards, building safety, property management arrangements and go-live readiness checks.

52. The risk of people staying longer than intended will be managed through clear referral criteria, Dynamic Support Register weekly oversight system meetings, return home or move-on planning from the start of each episode, and operational meetings with system partners. Learning from each Safe Space episode will be shared back and embedded with

the person's usual provider, family, carers, Intensive Support Team and/or Reasonable Adjustments Service, and other relevant professionals.

53. Financial risks will be managed through the agreed price envelope, tender affordability checks, formal documentation of the agreed three-way partner funding commitment, the Section 75 variation, related ICB-Oxford Health contract arrangements and separate controls for any additional individual activity above the base model. Contract monitoring will review spend, activity, demand, outcomes and value for money throughout the contract.

Local Government Reorganisation

54. Local government reorganisation will be managed as a planned dependency rather than a reason to delay this decision. Legal, finance, procurement and governance colleagues will build appropriate continuity, successor-body, funding, contract management and operational governance provisions into the memorandum of understanding, contract and transition planning before contract award.

55. The wider operating environment to the Safe Space will also be impacted by Local Government Reorganisation. This will include the Dynamic Support Register and delivery team, the associated operational intensive support teams in Adult Social Care and Oxford Health NHS Foundation Trust, and the use of the facility by the future unitary authorities as responsible commissioners for people with ordinary residence in each area. The Council will assure these arrangements through proposals for adult social care and the relevant transition processes through until April 2028.

56. The Dynamic Support Register team is funded from the Oxfordshire Better Care Fund. The Council will assure continued funding for this team in the future arrangements as part of Local Government Reorganisation.

57. The Safe Space has been designed to meet the needs of the current footprint of Oxfordshire and its residents. If the facility is extended for deployment to the wider future Ridgeway footprint this will developed as part of Local Government Reorganisation proposals.

Consultations

58. The Safe Space model has been shaped over a number of years through partnership working, the Building the Right Support subgroup, Dynamic Support Register arrangements, operational input, family and carer feedback, provider engagement and capital planning.

59. Demand modelling identified a defined group of people on the Oxfordshire Dynamic Support Register and in hospital who could potentially benefit from Safe Space, including people being supported away from their usual home area or requiring a new community support provider after a period of instability.

60. Experts by Experience have contributed to the development of the Safe Space Charter through My Life My Choice. The Charter will continue to shape the specification, tender

questions, mobilisation, accessible quality checking, contract monitoring and ongoing learning.

61. Market engagement has been undertaken with providers on the Live Well Supported Services Framework Lot 2 to test the model, including specialist capability, staffing, outreach, short stays, CQC registration, legal safeguards, working with existing providers and families, and the split between core contract costs and additional individual activity.

Karen Fuller
Director of Adult Social Services

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September 2026

Delegated Decisions by Cabinet Member for Adults

17th September 2026

Care Home Framework Extension

Report by Director Adult Social Care

RECOMMENDATION

The Cabinet Member for Adults is RECOMMENDED to:

a. **Approve the extension of the Care Home (Light Touch) Framework to 30th June 2029.**

b. **Approve the extension of the call-off contracts for Short Stay Hub beds (SSHB) to 30th June 2029.**

Executive Summary

1. The Cabinet Member is asked to approve the extension of the Care Home (Light Touch) Framework to 30 June 2029 and the extension of the Short Stay Hub Bed call-off contracts to 30 June 2029.

2. The Care Home Framework provides a single, integrated route for sourcing residential and nursing care home placements funded by Adult Social Care and NHS Continuing Healthcare. It was developed jointly by the Council and the Integrated Care Board and supports adults who require a care home placement to meet assessed needs under the Care Act 2014, the NHS Continuing Healthcare Framework or section 117 of the Mental Health Act 1983.

3. Extending the framework is recommended because it is working effectively, provides continuity and value for money, reduces reliance on spot purchasing and avoids the need for a major procurement exercise during Local Government Reorganisation.

4. Since implementation, the framework has supported timely access to care home placements, including for people being discharged from hospital, people with more complex needs and people eligible for NHS Continuing Healthcare. It has also provided a route for defined call-off arrangements.

5. The Short Stay Hub Beds are delivered through call-off contracts under the framework. These support timely hospital discharge, admission avoidance and access to short-term bed-based care. Extending the call-off contracts now

would provide continuity for people, providers and system partners during Local Government Reorganisation, while giving the future unitary authorities time to consider longer-term service provision.

6. The Council's Adult Social Care Directorate Leadership Team supported the proposed extension on 27 July 2026, and the Integrated Care Board endorsed the approach through the Joint Commissioning Executive meeting on 13 August 2026.

Case for Extension

8. The Care Home Framework provides one integrated purchasing route for Adult Social Care and NHS Continuing Healthcare funded residential and nursing care. It is delivering what it originally intended and is working well for the Oxfordshire system. The framework provides a consistent, integrated and legally compliant route for sourcing care home placements; supports timely hospital discharge and system flow; and enables the Council and Integrated Care Board to manage quality, cost and market engagement through a single framework.

9. The framework uses a consistent care banding model based on assessed need and applies fixed fee rates for most residential and nursing placements. This provides a clearer and more transparent basis for sourcing placements, reduces routine price negotiation and supports more effective management of the care home market. It also establishes clear quality criteria aligned with the Council's Quality Improvement arrangements.

10. Extending the framework is recommended because it maintains continuity for people and families, avoids unnecessary disruption for providers and operational teams, supports value for money and reduces reliance on spot purchasing. It also gives the Council and future unitary authorities time to consider the most appropriate long-term commissioning model once the implications of Local Government Reorganisation are clearer. Legal advice will be sought if further flexibility relating to the extension period and LGR is required.

11. The framework also enables defined call-off or block arrangements, including the awarded Short Stay Hub Bed contracts. These contracts are in place for three-years, ending on 30 June 2028, with an option to extend to 2030. The beds support flow by enabling timely hospital discharge, admission avoidance and access to short-term bed-based care where this is required. The extension would also give the new Unitary Authorities sufficient time to consider future service provision with the option to terminate the contracts earlier (with appropriate notice period) and apply a new model if required.

Options Considered

Option	Assessment

Allow the framework to end	Not recommended. This would increase reliance on spot purchasing, reduce consistency in placement arrangements and weaken the Council's ability to manage fees and quality through a single framework.
Re-procure immediately	Not recommended at this stage. A full procurement would be resource intensive and may be premature while the current framework is operating effectively, and Local Government Reorganisation may affect future commissioning arrangements.
Extend the current framework	Recommended. This maintains continuity, supports value for money and provides time to develop future commissioning arrangements in the context of Local Government Reorganisation.

Performance

12. The Care Home Framework has now been in place for over two years. Feedback from Commissioning, Operational Teams across the Council and Continuing Health Care (CHC), Brokerage, Payments and Quality Improvement is positive. The framework is reported to be working well and is having a positive impact on the way placements are sourced, managed and paid for.

13. **Impact for people and families:** Individuals who are assessed as needing a care home placement are being admitted quickly, including people with more complex needs, people requiring CHC Fast Track placements and people being discharged from hospital. Brokerage does not have a long waiting list for care home placements, which indicates that the framework is supporting timely access to care and reducing unnecessary delays.

14. **Impact on the care market:** the fixed fee model has reduced the need for negotiation on routine placements and provides a clearer, more consistent basis for providers. Provider feedback through annual engagement is that the framework is fair and reasonable. Several additional providers have indicated that they wish to join the framework, and some existing providers have indicated a wish to increase their current care bands, which suggests continued provider confidence in the model.

15. **Impact on cost control and value for money:** the framework does not guarantee providers a minimum volume of work, therefore there are no void costs for the Care Home Framework placements. The fixed fee model reduces reliance on spot purchasing and most non-framework providers are also accepting the framework rates where spot placements are required. Overall, the CHF fixed fee rates are beneficial to the spot placements. In addition, the contractual changes to the notice periods for example when someone dies within a placement or when a move to another care home is required has reduced costs for both the Council and ICB.

16. **Impact on system flow:** the framework enables call-off arrangements for defined needs, including the Short Stay Hub Beds contract. This supports hospital flow, discharge to assess requirements and timely access to bed-

based reablement for people who no longer need an acute hospital bed but cannot immediately return home.

17. **Impact on statutory responsibilities:** the framework supports the Council and ICB to meet their statutory responsibilities to ensure compliance with legal requirements. It also supports choice for individuals and families by maintaining a range of framework providers and applying a consistent care banding model.

18. The CHF was recently nominated as a finalist for the Go Awards-Procurement of the year award category.

Budget Implications

19. The extension does not create a new statutory duty or new category of service. The Council will continue to meet eligible assessed needs under the Care Act 2014, with spend driven by demand, complexity, inflation and placement activity. Expenditure will continue to be managed through the Adult Social Care budget-setting and monitoring process.

20. The 2026/27 budget for the Care Home Framework is £49.036m. This includes forecast growth based on care home activity and the expected full-year impact of placements that commenced during the previous financial year.

21. The increase from 2025/26 to 2026/27 reflects inflation, the full-year cost of placements that started during 2025/26, and forecast growth in placement activity, this has been replicated in future years in the table below. Future years will be affected by actual demand, complexity of need, inflationary uplifts and market conditions.

	2025-26	**26/27**	**27/28**	**28/29**
Total OCC CHF Spend	**£31,888,982.75**	**£49,036,058.51**	**£64,208,800**	**£94,598,586**

22. There is a 53.8% increase in spend in 26/27 compared to 25/26 due to:

- 2.03% 26/27 inflationary uplift applied
- the full year cost impact of new packages starting in 25/26
- Growth included which totals 7.3m overall as described above

23. The above figures are indicative and will depend on operational activity. There is management oversight of the care home placements and circumstances when a spot placement is required for example where an individual is assessed as at risk if moved to another care home.

24. The Q1 26/27 CHF spend is 1.1m under the estimated Q1 CHF framework. This is mainly in Age Well where packages are still to be set up or the 25/26 and anticipated growth is not materialising as yet in 26/27.

25. The Council's contribution for the SSHB for 2025/26 was £1,214,772.26 Any future costs will take account of demand and inflationary costs. It is anticipated the costs for 2026/27 is £1,217,873.78. The SSHB extension costs are set out below:

    The costs for 1 year extension July 2028 to June 2029 would be £1,364,804.78.

26. These figures are illustrative forecasts only and will be updated through the normal annual budget-setting process. They do not represent a separate approval of additional budget.

27. The Council data shows an overall increase of 0.2% in residential placements and a reduction of 1.9% for Nursing placements. This suggests that the Council is utilising its Home Care and Extra Care Housing options appropriately.

Corporate Policies and Priorities

28. The framework aligns with the following strategic priorities identified in the Council's Corporate Plan:

    - **Tackle inequalities in Oxfordshire.** With the adoption of a care bandings approach based on need we have improved our planning to meet assessed care needs and avoid people being placed in a Care Homes unnecessarily in line with our ambition in the Oxfordshire Way.
    - **Prioritise the health and wellbeing of residents.** The Care Band model has mapped the needs of our residents so that we ensure the right care in the right place when they need a care home placement.
    - **Support carers and the social care system**. The Care Band model supports carers in making the right decisions to support their loved ones when a care home placement is indicated to meet assessed need. The ownership of the Care Band model across heath and care and with the provider market has supported an integrated approach to understanding needs to developing the care inputs to meet those needs.
    - **Work with local businesses and partners for environmental, economic and social benefit**. The purchasing framework has supported the business development model of our local care home providers.

Financial Implications

29. This is reflecting an increase in the reliance on the Care Home Framework not an increase in Care Home activity, continuing to bring greater control and consistency over the unit costs and reduce the needs to negotiate placements on a case-by-case basis. This extension would be funded from within the existing pooled budget which would be increased to take account of any annual inflationary uplifts plus any estimated growth within this area of care provision.

Comments checked by:

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Legal Implications

30. The Care Homes (Light Touch) Framework which was established in accordance with the requirements for light touch services under the Public Contracts Regulations 2015 (PCRs). The CHF commenced on 1st July 2024 and has an initial term of 3 years to 30th June 2027. The CHF includes the option for the Council to extend the framework for up to a further 2 years in aggregate through to 30th June 2029.

31. Under regulation 72 of the PCRs, modifications to framework agreements are permissible where the modifications are provided for in the initial procurement documents in clear, precise and unequivocable review clauses. Therefore, the proposed extension is permissible.

32. The Council has awarded five call-off contracts for Short Stay Hub Beds under the CHF. These commenced in July 2025 and have an initial term to 30th June 2028 and an option to extend for a further 2 years in aggregate through to 30th June 2030. The proposed extension is permissible under the PCRs on the same basis as set out in paragraph 29 above.

33. The Council purchases residential care home services pursuant to its powers under section 21 of the National Assistance Act 1948 and the Care Act 2014. The Council also purchases health related services on behalf of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board pursuant to a delegation of functions under sections 75, 65Z5 and 65Z6 of the National Health Service Act 2006 as amended.

Comments checked by:

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Staff Implications

34. There are no direct staffing implications for the Council.

Equality & Inclusion Implications

35. The deployment of the framework is in line with the Care Bands developed to assess need and confirm the care inputs to meet these needs. The framework is designed to meet the needs of all adults aged over the age of 18 requiring a care home placement. The contract enables the Council and the ICB to develop

dedicated arrangements that meet the needs of our community. A call off contract has been developed using this framework to create a Short Stay Hub Bed Block Contract starting in July 2025 which enables timely and effective discharges from hospitals when the patient is medically optimised for discharge and no longer requires an acute bed.

36. The Council evaluates the equality impact of the providers bidding to joining the framework as part of the contract award process.

Local Government Reorganisation Implications

37. The full implications of Local Government Reorganisation for future care home commissioning are not yet known. Extending the current framework is a pragmatic way to maintain continuity for people, providers and system partners while future organisational and commissioning arrangements are developed.

38. Planning for any future framework will need to begin early with the new unitary authorities and system partners. This will include market engagement, development of the future commissioning model and procurement planning, so that future arrangements reflect the new local government landscape.

Sustainability Implications

39. The framework and care home banding model do not directly create any sustainability benefits or issues. As part of the evaluation of bids to join the framework the Council will assess providers commitment to and plans to move to a carbon neutral model for their business.

Risk Management

40. The framework is managed through quarterly contract management meetings, with representation from Commissioning, operational teams across the Council and CHC, Brokerage, Payments, Quality Improvement and Procurement. Issues and mitigations are reviewed through these meetings.

41. An annual provider meeting is held to seek feedback and support ongoing market engagement.

42. The principal risks of not extending the framework are increased reliance on spot purchasing (which could give rise to procurement law implications), reduced consistency in fees and placement arrangements, weaker market management, disruption to providers and operational teams, and potential impact on timely hospital discharge and access to care home placements. These risks are mitigated by extending the existing, procurement law compliant framework while future commissioning arrangements are developed.

Communications/Consultation

43. If the extension is approved communication will be sent to all CHF providers and extension letters will be issued by the Council.

44. No consultation is required.

Karen Fuller
Director Adult Social Care

Contact Officer: Sakina Bi – Strategic Commissioner

17 September 2026

Delegated Decisions by Cabinet Member for Adults

17 September 2026

Live Well at Home Framework (LWAH) Extension

Report by the Director of Adult Social Care

RECOMMENDATION

The Cabinet Member is RECOMMENDED to:

a) **Note the recommendations and background from the previous Cabinet paper of 16 June 2026, as set out in Annex 1.**

b) **Note that, since that decision, the Council has received the Government's Local Government Reorganisation (LGR) decision for Oxfordshire. This has implications for the proposed Staying Well at Home (SWAH) model, including future service design, demand, provider capacity, lot structure and geographical zones. As the LGR decision was published in the very early stages of the SWAH procurement, the procurement has been paused so that the Council can review the available options and determine the most appropriate future commissioning route.**

c) **Approve the extension of the current Live Well at Home (LWAH) framework to 31 March 2028, in accordance with the existing contractual extension provisions, to maintain continuity of care and ensure continued lawful sourcing of domiciliary care and reablement services beyond 31 March 2027.**

d) **Approve the decision to start the SWAH procurement process as per key decision made on 16 June 2026 but with a later timetable. The timetable and award of framework agreement to be delegated to the Director of Adult Social care for approval.**

Executive Summary

1. This paper seeks approval to extend the current Live Well at Home framework to 31 March 2028 and to delegate authority to the Director of Adult Social Care, in consultation with legal, procurement and finance colleagues, to determine the next steps for the future commissioning route for home care and reablement services. The extension is a precautionary and proportionate step to protect continuity of care while the Council reviews the implications of Local

Government Reorganisation for future service arrangements. The current framework ends on 31 March 2027. To use the available contractual extension, the Council must give six months' notice, which means the decision is required by the end of September 2026.

2. The Council currently uses the LWAH framework to source home care and reablement services, including support for people returning home from hospital, people requiring longer-term care at home, and reablement services that help people regain independence. The framework is currently in place until 31 March 2027, with an available contractual extension to 31 March 2028.

3. In June 2026, Cabinet approved procurement of a new SWAH framework for home care. That model was developed following review of the current LWAH framework and was intended to improve outcomes for residents, deliver better value for money, align capacity to demand, support health and social care integration, and strengthen quality requirements.

4. Since that decision, the Government's Local Government Reorganisation decision for Oxfordshire has created a material change in the planning context. As the SWAH procurement was at an early stage, it has been paused so that the Council can review the implications for future service design, demand, provider capacity, lot structure and geographical zones before confirming the most appropriate route.

5. The proposed extension will ensure that people receiving home care and reablement continue to receive support without disruption while this review is completed. It will also avoid the Council having to rush a major procurement during a period of significant local government change and will allow future arrangements to be developed in a way that is legally compliant, operationally deliverable, and suitable for residents, providers and the future unitary authorities.

6. During this period, the Council also became aware that West Berkshire intends to go to the market imminently to procure a home care framework. This is significant because, under the proposed Local Government Reorganisation arrangements, West Berkshire is expected to form part of the future Ridgeway unitary authority. Any framework procured now may therefore affect the future commissioning landscape, provider market and potential alignment of home care arrangements for that future authority. The Council has shared the details of the SWAH framework with West Berkshire and will use this opportunity to explore areas of alignment where appropriate, while recognising commercial and local market differences.

7. Without extending the current framework, the Council would not have a compliant framework in place to source home care and reablement services from 1 April 2027. This would create risks to continuity of care, hospital discharge, market stability and the Council's ability to meet statutory duties under the Care Act 2014. Any proposal to extend LWAH beyond 31 March

2028 would require further legal and procurement advice and, where required, further governance approval.

8. The LWAH framework includes the following Lots:

   a) **Lot 1A Reablement and Homecare** – following hospital discharge
      These services enable people to return home as quickly and as safely as possible following an in-patient stay. They can also prevent or delay admission or readmission to hospital, thus reducing the use of inpatient hospital care. This is aligned with Oxfordshire's Home First approach

   b) **Lot 1B Long Term Homecare** – following community referral
      Long term homecare has a key role in enabling people to live and age well and can delay the need for residential care by providing the right level of support at the right time to keep people independent for longer

   c) **Lot 2 Extra Care Housing (care elements only)**
      Extra Care Housing (ECH) is self–contained housing, primarily for older people, that offers care and support on site. It is intended to be the person's long-term home, offering the person their own home with personalised care on site that promotes choice and control in all aspects of daily living. The provision of care in a person's own home helps avoid more costly admissions to care homes and admissions to hospital and supports effective, appropriate and timely discharge from hospital.

9. This paper relates to Lots 1A and 1B only: reablement and home care following hospital discharge, and longer-term home care following community referral. Lot 2, Extra Care Housing, is covered by a separate decision; its extension to 31 March 2029 was approved by Cabinet on 14 July 2026.

10. Home care and reablement services support the Council's statutory duties under the Care Act 2014 and the Council's Home First approach, helping residents to remain independent at home for longer and reducing avoidable admissions to hospital or long-term care.

11. The current LWAH contains a small number of call off contracts for block arrangement for the delivery of home care. These contracts end on 31 March 2027. The contracts were established to provide home care capacity and quality to the Council when a reduced number of providers were on the framework. Currently there is a large pool of providers on the framework who have capacity to deliver home care. The Council therefore does not intend to extend the call off contracts and will instead award individual call off contracts to procure home care

Table 1- Decision table for Extension of LWAH August 2026

Board	Date	Decision
Adult Social Care Directorate Leadership Team	24th August 2026	**Agreed**
Cabinet Member Key Decision	17th September 2026	

The updated timetable for re-procuring SWAH will be delegated to the Director of ASC.

Table 2- Decision table for new framework model SWAH as agreed in June 2026

The new SWAH model was approved earlier this year:

Board	Date	Decision
Commercial Board	9th April 2026	Agreed
Adult Social Care Directorate Leadership Team	5th May 2026 26th May 2026	Agreed
Joint Commissioning Executive	14th May 2026	Agreed
Cabinet Member Key Decision	16th June 2026	Agreed

Table 3- Previous decision table for LWAH extension until 31 March 2028

Board	Date	Decision
Commercial Board	22nd August 2024	Agreed
Adult Social Care Directorate Leadership Team	2nd September 2024	Agreed
Joint Commissioning Executive	12th September 2024	Agreed
Cabinet Member Key Decision	17th September 2024	Agreed

Background

12. Please refer to Annex 1 for further details on the review of the LWAH contract and the rationale for developing the new SWAH (Staying Well at Home) home care model, which was submitted to Cabinet on 16 June 2026. The new model focused on three main goals: improving individual outcomes, delivering better value for money, and improving system flow.

13. Since publication of the LGR decision, it has become clear that the proposed zones and service model should be reviewed considering the future unitary authority arrangements. The SWAH procurement was paused to allow time to consider the above elements. The SWAH procurement timescale no longer allows a new contract to commence from 1 April 2027. Extending LWAH is therefore required to maintain a compliant sourcing route and continuity of service while future options are reviewed.

14. The Council will review the available options, including:
    - re-launching the SWAH procurement with amendments in early 2027;
    - continuing with LWAH up to March 2028 while a revised future model is developed;
    - considering whether any further lawful continuation of LWAH is available, subject to legal and procurement advice and any required governance approval;
    - considering whether framework reopening arrangements or permitted variations could address immediate operational, market or LGR-related issues.

15. It should be noted that the provision for Health to access the LWAH is already within the contract but has not been enacted until recently. From July 2026 CHC packages of care have been sourced via the LWAH; this option will be available during the extension period.

16. Any consideration will need to account for the requirements of the Home First team which delivers reablement support at home. Outcomes following reablement remain high, with an average of 76% of people achieving independence following a period of reablement, and an additional 10% achieving a reduction in care needs. This indicates that the LWAH framework is delivering high-quality care which supports people's independence. The Council wants to maintain this in any future or interim service.

17. Demand for home support has increased during the LWAH framework, both in the number of people supported and in the volume of care hours delivered. Current projections assume 2% growth per year, with increasing complexity in the care required. These pressures will need to be addressed whether the Council continues with LWAH during the extension period or proceeds with a revised SWAH model.

Contract Value and Pricing

18. The LWAH contract is an existing service, and the extension does not require any additional costs by extending the service. The full year extension of LWAH from April 2027- March 28 will cost £60,873,507. This is very much an indicative cost and will also be dependent on operational activity and any increase to the ICB contribution. It is anticipated that the new SWAH model is likely to commence in autumn of 2027 therefore the full year costs for LWAH may not be required.

19. For costs related to the SWAH Model please refer to the "Contract value and pricing" section within the Annex 1. This details the pricing and forecasts for the next 8 years. It should be noted that home care is mostly funded through Council funding, with contributions from the Better Care Fund (BCF). Thames Valley Integrated Care Board (ICB) also contribute to the costs of the contract to support system flow.

20. The current home care rates are in the table below. These will be updated for 2027-28 via the Council's usual process for determining contractual uplifts:

Care type	26/27 rate
Home care	£30.87 per hour
Reablement episode	£1246.94 per episode
Live in (with break)	£1600.64 per week
Live in (without a break)	£1168.35 per week
Waking night	£242.48 per night

Business need

21. The LWAH Framework - the Council's current contractual framework to purchase domiciliary care and reablement – is due to expire on 31 March 2027. The Council must provide 6 months' notice to extend the LWAH framework which is due at the end of September 2026.

22. The proposed extension of the LWAH Framework until March 2028 will enable the Council to re-assess available options in light of LGR, assess demand and service requirements across the three unitary authorities, determine the most suitable approach for the future, and maintain continuity of care beyond April 2027.

Corporate Policies and Priorities

23. The LWAH framework supports the Council's priorities by enabling people to remain independent at home, supporting timely hospital discharge, reducing avoidable admissions to long-term care, and maintaining a sustainable local care market.

Financial Implications

24. The proposed extension maintains the current commissioning route and does not, in itself, create a new service model or change eligibility. Spend under the framework will continue to be driven by assessed need, demand, inflation and agreed fee rates. The extension will need to be managed within approved Adult Social Care budgets, including relevant Better Care Fund and Integrated Care Board contributions. Any additional financial pressures arising from demand, inflation, market sustainability or changes to rates will need to be considered through existing budget monitoring and Medium-Term Financial Plan processes.

Comments checked by:
Lucy Moore, Finance Business Partner

Legal and Procurement Implications

25. The Council has a statutory duty to provide the adult social care homecare services delivered under the LWAH framework under the Care Act 2014.

26. The extension to 31 March 2028 is proposed on the basis that it is a unilateral contractual right of the Council within the existing LWAH contractual extension provisions. Any extension must be on the same terms as the original framework agreement. Whilst it is possible to make some changes to the call-off contract award procedure (as a unilateral contractual right of the Council) it is not possible to vary the framework agreement as a whole. This is because it is not possible to guarantee that all framework providers would agree to any proposed change and the framework terms must be the same for all framework providers. Any proposal to extend LWAH beyond 31 March 2028 is not approved by this report and will require further legal and procurement advice and, where required, further governance approval.

27. There is some procurement risk if the LWAH framework is extended but not re-opened as it was advertised as an “open” framework in the original procurement documents. This risk is mitigated if the intention to procure the replacement SWAH framework is communicated to the market as soon as practicable. If the Council does receive a challenge from a provider not on the LWAH framework during the extension period then it will need to re-open the framework at that point.

28. The block call-off contracts under the framework are set to expire in April 2027. It is not intended that these will be extended. So call-off contracts going forward will only be in respect of individual care packages rather than block call-off contracts.

    Comments checked by:
    Jonathan Pool, Solicitor (contracts)

Staff Implications

29. There are no new or additional staffing implications on the Council’s workforce. The contract management and operational delivery of the LWAH framework will continue to be completed using existing resources, supported also by the improvements to internal processes.

Equality & Inclusion Implications

30. The proposed extension does not change eligibility criteria, the assessed-care process or the service offers available to people requiring home care and reablement. It maintains the existing sourcing route while future options are reviewed. The LWAH framework supports adults aged 18 and over who require home care, including people with eligible needs under the Care Act

2014, and supports the Council's priority to tackle inequalities and help people live independently at home.

31. Provider and service user feedback gathered through the existing LWAH framework will inform the review of future options. Any future proposal that would materially change the service model, access or delivery arrangements will need to consider equality impacts at that stage.

Local Government Reorganisation Implications

32. The proposed extension is required because LGR creates a material change in the planning context for future home care and reablement services. The review will consider whether the future model, zones, demand assumptions and provider capacity should be aligned to the future unitary authority arrangements.

33. The extension period provides time to assess the most appropriate commissioning arrangements for the transition to future unitary authority structures, and to ensure that any revised procurement or continuation route is operationally deliverable, legally compliant and proportionate to the LGR timetable.

Sustainability Implications

34. Please see "Sustainability" section within the Annex 1.

35. The review of options will consider sustainability in the context of LGR, including the potential impact of geographical zones, travel time, provider operating models and the ability to support local care provision.

Risk Management

36. The main risk of not extending LWAH is that the Council would not have a compliant sourcing route in place for home care and reablement services after 31 March 2027. There are also risks associated with pausing and revising the SWAH procurement, including provider uncertainty, the time needed to review the impact of LGR, and the need to ensure any future commissioning route is legally compliant, operationally deliverable and affordable. These risks are being managed by extending LWAH to 31 March 2028, limiting the SWAH pause to the period required to complete the review, maintaining legal, procurement and finance oversight, and engaging with providers before any revised procurement or continuation route is confirmed.

Consultations

37. Formal public consultation is not required for the extension because this decision maintains existing arrangements while future options are reviewed. There is no proposed change to eligibility, assessed need, service entitlement or the current service offer.

38. Provider engagement will be undertaken ahead of any decision in early 2027 on the future commissioning route, including any amended SWAH procurement, permitted LWAH continuation route, framework reopening arrangements or operational variations.

Karen Fuller: Director Adult Social Care

Annex: Annex 1 – SWAH Cabinet Paper 16.06.26

Background papers: Nil

Other Documents: Nil

Contact Officer: Sakina Bi, Strategic Commissioner – Age Well

17 September 2026

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Annex 1- Live Well at Home Extension

16 June 2026

Staying Well at Home Framework (SWAH)

Report by Karen Fuller

RECOMMENDATION

1. **Cabinet Member is RECOMMENDED to**

a) **Note** the outcome of the review of the current Live Well at Home (LWAH) framework, including engagement with residents, carers and providers, and the case for a revised approach to commissioning home care and reablement services.

b) **Approve** the procurement of a new successor Staying Well at Home (SWAH) framework for the delivery of statutory home care and reablement services from 1 April 2027 for a period of up to 8 years to 2035.

c) **Approve in principle** the development of integrated commissioning arrangements with the Thames Valley Integrated Care Board (ICB) for home care services, in line with the proposed SWAH model.

d) **Note** that SWAH will also provide a mechanism for Thames Valley Integrated Care Board to purchase home care for adults who are eligible for support under the NHS Continuing Healthcare Framework and that the Council's s75 NHS Act Pooled Commissioning Agreement with the ICB will be varied to enable these changes.

e) **Delegate authority** to the Director of Adult Social Care, in consultation with the Director of Law and Governance and Section 151 Officer, to:

a) undertake the procurement process for the SWAH framework
b) award and enter into framework agreements
c) finalise and enter into any necessary partnership agreements with the ICB to support implementation of the SWAH model
d) manage, operate and, where appropriate, re-open or vary the framework over its duration

Executive Summary

2. The Council is seeking approval to procure a new Staying Well at Home (SWAH) framework to replace the current Living Well at Home (LWAH) arrangement, which expires in March 2027.

3. LWAH is the mechanism through which the Council currently purchases reablement, home care (including live in care, waking nights care) and care provision in Extra Care Housing (ECH).

4. Delivery of these services is part of the Council's statutory duty under the Care Act 2014 to provide care and support for people in their own homes. These services also support our 'Home First' approach to support our residents to live independently at home for longer.

5. The LWAH framework was opened on 1 October 2021 for an initial term to 31 March 2026. It was extended in line with the framework agreement to 31 March 2027 by a Delegated Cabinet Member decision made on 17th September 2024.

6. This decision was taken following an extensive review of the LWAH framework. The review found that the LWAH framework was working effectively to deliver positive outcomes for Oxfordshire residents, particularly in relation to increasing independence and ensuring faster discharge from hospital. However, the review also identified a need to improve quality, right-size provider capacity to respond to demand and streamline internal Council systems and processes to improve efficiency.

7. The proposed successor SWAH framework will build on the successes of the LWAH model whilst also delivering the improvements identified by the previous LWAH review. The new model will retain capacity in line with demand and continue to prioritise positive outcomes for residents. However, the model will be simplified, with improvements made to internal processes, and with a sharper focus on quality and personal choice. It also includes provision to implement a joint purchasing framework with Thames Valley Integrated Care Board (TV ICB) to purchase homecare for people who are eligible for Continuing Health Care (CHC)-funded care.

8. This approach supports the Council's ambition to help more people remain independently at home for longer, reduce unnecessary hospital admissions, and ensure people receive the right care at the right time.

9. This paper provides an overview of the background of the LWAH framework, and this has informed the development of the successor SWAH framework. It also gives an overview of the proposed SWAH model.

Decision table

Board	Date	Decision
Commercial Board	**9th April 2026**	**Agreed**
Adult Social Care Directorate Leadership Team	**5th May 2026** **26th May 2026**	**Agreed**
Joint Commissioning Executive - A summary of the business case has been presented to the Council-TVICB Joint Commissioning Executive (JCE) and approved by the partners for recommendation to each organisation on 14 May 2026. A paper is in preparation by HESC and TVICB CHC staff for formal approval in June 2026.	**14th May 2026**	
Cabinet (key decision)	**16th June 2026**	

Background

Introduction

10. Per paragraph 4, the Council has a statutory responsibility to support people at home, following an assessment of their needs.

11. Aligned with this, the Oxfordshire Way – our vision for Adult Social Care – is to support people to live well in their community, remaining fit and health for as long as possible. This support should be strengths-based and community-focused.

Contract Details – LWAH Framework

12. The current Live Well at Home (LWAH) framework was developed following a comprehensive review of homecare provision in Oxfordshire in 2019/2020 and an extensive consultation with the Oxfordshire market and other stakeholders.

13. The current LWAH contract covers 3 elements of home support:

a) Lot 1A Reablement and Homecare – following hospital discharge
   a. These services enable people to return home as quickly and as safely as possible following an in-patient stay. They can also prevent or delay admission or readmission to hospital, thus

reducing the use of inpatient hospital care. This is aligned with Oxfordshire's Home First approach

b) Lot 1B Long Term Homecare – following community referral
    a. Long term homecare has a key role in enabling people to live and age well and can delay the need for residential care by providing the right level of support at the right time to keep people independent for longer
c) Lot 2 Extra Care Housing (care elements only)
    a. Extra Care Housing (ECH) is self–contained housing, primarily for older people, that offers care and support on site. It is intended to be the person's long-term home, offering the person their own home with personalised care on site that promotes choice and control in all aspects of daily living. The provision of care in a person's own home helps avoid more costly admissions to care homes and admissions to hospital and supports effective, appropriate and timely discharge from hospital.

14. The LWAH framework commenced on 18th August 2021. The Framework was extended to 31 March 2027 in a Delegated Cabinet Member decision on 17th September 2024. The LWAH Framework does have the option for a further extension until 31 March 2028. However, following an extensive review of its performance – see next section - the Council decided not to extend the framework further. This approach enables the Council to implement changes identified by the review sooner for the benefit of the Council, care providers and the people we support.

LWAH Review

15. The Council has been reviewing the LWAH framework over the last 2 years. The review found that:

16. Demand and delivery of home support has been on an upwards trajectory throughout the duration of the LWAH framework, with increases in people supported and home care hours delivered projected at 2% growth per year. We are also seeing an increase in the complexity of the people we are supporting, meaning some people require more complex care packages.

17. Outcomes following reablement remain high, with an average of 76% of people achieving independence following a period of reablement, and an additional 10% achieving a reduction in care needs. This indicates that the LWAH framework is delivering high quality care which supports people's independence.

18. The Discharge to Assess (D2A) model, delivered through the LWAH framework since January 2024, has significantly improved system flow and reduced the length of stay for people in hospital. Oxfordshire is now one of the best performing local authorities nationally for supporting people to leave hospital quickly.

19. However, the review also highlighted the following areas to improve:

a) **Capacity**- The LWAH framework was developed when the Council was struggling for care provider capacity. However, the number of providers on the framework (c.131) now exceeds the demand for care experienced in Oxfordshire. Managing this many providers requires considerable Council resource. The open framework model also means the Council must re-open the framework to new providers, despite not requiring additional care market capacity.

b) **Quality**- There is significant evidence of good quality care being delivered within Oxfordshire, however the requirement for a highly responsive model of care allocation and many providers means there is variation in quality across the County. Some providers have struggled to achieve targets against key performance indicators, but the existing framework model has limited the Council's ability to respond. The current contract also does not require all providers to deliver complex care, such as for people with learning disabilities, mental health and dementia, meaning there is potential to broaden the pool of providers who can care for this cohort. There are also opportunities to further integrate health and care provision to improve the experiences of people moving between services, and opportunities to further prioritise personal choice of providers.

c) **Extra Care Housing –** the full potential of ECH is not currently realised with the contract in its current form. There are opportunities to streamline care provision, work more strategically with providers and support people with more complex needs.

d) **Cost-** The LWAH framework has complex payment structures which complicates payment and activity tracking and is inefficient and resource-intensive for providers and the Council.

Contract details – SWAH Framework

10. The SWAH model has been designed to build on the success of the LWAH framework and address the improvements identified by the review. Ultimately, it aims to right-size care capacity aligned to demand while also improving quality and cost efficiency. The key changes are as follows:

11. Capacity

a) The new model will 'right-size' the number of providers to respond to demand.

b) Providers on the framework will be organised into two tiers.
   a. **Tier 1** providers will work in local county 'zones' and will be expected to deliver the most responsive and specialist parts of the service, including reablement and support after hospital discharge.
   b. **Tier 2** providers will work across Oxfordshire and provide additional capacity, and resilience should it be needed.

c) This approach is intended to maintain enough high-quality capacity while reducing the number of providers currently on the framework.
d) Providers will be able to apply for a maximum of 2 zones. This will prevent monopoly by one/two providers over the County and will safeguard the Council against provider failures. The Council will have the ability to move providers between the two tiers due to quality concerns or if the contractual commitments are not fulfilled on pick up rates. This creates competition between providers and incentivises high performance.

12. Quality

a. The new model increases the quality threshold that providers must meet to join and stay on the framework. Providers must demonstrate significant experience, good Care Quality Commission (CHC) quality ratings. It also requires all providers to support people with a range of needs, including dementia, learning disability, autism and mental health needs, rather than having specific specialist providers for different groups.
b. All providers must have an Oxfordshire-based office, meaning that they will have a clear understanding of Oxfordshire's geography, workforce and pressures. This will also enable stronger partnership working at a local level, which allows for innovation and aligns with developing NHS neighbourhood health and care ambitions.
c. The new model makes the allocation of care packages more transparent and consistent, while still allowing for individual choice where possible, especially for longer-term care. It will also improve continuity of care for people moving between health-funded and council-funded support – see 'Integrated Model' section below.
d. **Extra Care Housing** will no longer form part of the new SWAH model from April 2027. Although it includes care delivered in a person's home, Extra Care Housing operates as a distinct model encompassing accommodation and care support. Reviewing and redesigning this separately will allow the Council to develop the right approach for these services.

13. Cost

a) The Council is undertaking a significant programme of work to simplify and streamline payment processes to improve how providers and the Council work together. Part of this is removing elements of the LWAH framework that are no longer required, including guaranteed minimum volume payments for providers. These payments were originally introduced to support and incentivise providers while the LWAH framework was developing. Now that the capacity in the care market is more stabilised, the Council can pay based on care delivered rather than projected.
b) Reducing the total number of providers means the Council can contract manage fewer providers more effectively. This includes building relationships with providers and developing opportunities to innovate, such

as exploring ways to better use assistive technology to support people's independence.

c) The model allows for the enactment of call off contracts if required. This could include the use of block contracts should they be needed.

14. SWAH will be used to purchase reablement and homecare for adults aged over 18 who have been assessed as eligible under either the Care Act 2014, s117 Mental Health Act 1983 or under the NHS Continuing Health Care (CHC) Framework and who require care within their own homes to meet their care needs.

15. The new SWAH framework will apply to all new packages of care in scope from April 2027 to March 2035.

Contract value

16. The LWAH Framework is mostly funded through Council funding, with contributions from the Better Care Fund (BCF). Thames Valley Integrated Care Board (ICB) also contribute to the costs of the contract to support system flow. The SWAH framework will be funded in the same way.

17. In response to the growing demand for home support, the total spend and cost of delivering care has increased over the last few years. Finance project that the total annual spend for the SWAH framework will average at £78.8m per annum over the 8-year contract term. The projected total value of the contract for 8 years is £631,103,859. This includes a 4% growth assumption for increases in people supported and inflationary costs.

18. As with the LWAH framework, SWAH will deliver value to the Oxfordshire system through reducing the average length of stay in hospitals, increasing the number of avoided admissions and delivering increased independence following periods of reablement.

Pricing

19. The current LWAH Framework includes a mechanism for a fixed fee rate for home care and reablement, meaning all providers on the framework receive the same fair and transparent payment for the services they deliver.

20. The proposal for SWAH is to retain the pricing model for 26/7 as follows:

Care type	**26/7 rate**
Home care	£30.87 per hour
Reablement episode	£1246.94 per episode
Live in (with break)	£1600.64 per week
Live in (without a break)	£1168.35 per week
Waking night	£242.48 per night

21. The hourly rate for homecare in Oxfordshire (£30.87) remains relatively high compared to other local authorities nationally and in the South East region. However, this makes Oxfordshire attractive to providers and enables the Council to meet activity demand and retain the capacity needed for system flow.

22. The annual uplifts applied to contracts in Oxfordshire have been lower than neighbouring authorities for 2026-27. In line with the Council's and ICB's budget plans, the intention for SWAH is to agree a single uplift figure annually. This could be used as a mechanism to manage cost pressures in 2027-28 and the future.

Integrated model between the Council and the NHS

23. The Staying Well at Home (SWAH) framework introduces a single, integrated approach between Oxfordshire County Council and Thames Valley Integrated Care Board (ICB) for commissioning home care services. The model will enable the Council to broker and contract homecare on behalf of the ICB under the terms of the Section 75 NHS Act 2006 Pooled Commissioning Budget Agreement. This builds on the provision in the LWAH framework which enables the ICB to purchase homecare for people who are eligible for Continuing Health Care (CHC)-funded care.

24. This model will enable:

- **A unified contracting and purchasing model**
  Enabling the Council to procure and contract with providers on behalf of both organisations under the Section 75 agreement, creating a consistent and streamlined system.
- **Consistent pricing and payment arrangements**
  Establishing standardised fee rates and a shared approach to annual uplifts, improving transparency and value for money.
- **Stronger and more consistent quality oversight**
  Enabling a single quality assurance and contract management approach, ensuring consistent standards regardless of funding source.
- **Reduced fragmentation in purchasing**
  Moving away from separate NHS spot purchasing to a coordinated brokerage model, improving efficiency and control.
- **Improved experience and continuity of care for residents**
  Supporting seamless transitions between health and social care, with fewer handovers and greater continuity of care.
- **Greater system-wide efficiency and market management**
  Increasing joint purchasing power, strengthening market shaping, and improving oversight of demand, costs and performance across the system.

25. TVICB will contribute funds to deliver the brokerage and contract quality assurance functions within the Health Education and Social Care (HESC) integrated commissioning team hosted by the Council in Adult Social Care.

Benefits of the SWAH Model

26. For residents

The SWAH framework will improve the experience and outcomes for people who need care at home by:

a. **Supporting independence for longer**
A continued strong focus on reablement and recovery will help more people regain skills and confidence after illness or a hospital stay, reducing long-term reliance on care where possible.

b. **Providing more consistent and reliable care**
Clearer expectations for providers and stronger oversight will improve consistency in how care is delivered across the county.

c. **Improving quality and outcomes**
The model will place greater emphasis on outcomes, including helping people maintain independence, rather than simply delivering hours of care.

d. **Offering more personalised and continuous care**
A more stable provider market will support continuity of care, helping people build relationships with carers and receive care that reflects their individual needs and preferences.

e. **Creating a more joined-up experience**
Closer working between health and social care will mean fewer hand-offs between services and a more seamless experience for residents and their families.

27. For the Council

The SWAH framework will support robust use of public resources by:

a. **Improving oversight and accountability**
A more structured framework will enable stronger monitoring of quality, performance and spend. The flexibility to open the framework at the discretion of the Council will enable the Council to flex according to demand.

b. **Simplifying payment arrangements**
Clearer and more consistent processes will reduce the risk of errors and improve efficiency.

c. **Reducing duplication**
Closer working with the NHS will avoid duplication of commissioning and contract management activity.

d. **Aligning capacity with demand**
Better matching of supply to need will reduce inefficiencies in the system.

e. **Supporting long-term sustainability**
By improving outcomes and supporting independence, the model will help manage future demand for more intensive and costly services.

28. **For the health and care system**
    The SWAH framework will support wider system priorities by:
    a. **Supporting hospital discharge**
       Faster and more reliable access to home care will support timely discharge from hospital and reduce delays.
    b. **Reducing avoidable admissions**
       Better support at home can help prevent deterioration in people's health and reduce the need for hospital or residential care.
    c. **Supporting system flow**
       A more responsive and coordinated home care system will help improve flow across health and social care services.
    d. **Strengthening partnership working**
       The integrated approach with the NHS will support better coordination of care, particularly for people with complex or long-term needs. It will build on the existing joint arrangements already in place for the care home framework contract used to procure care home placements for the Council and the ICB.

29. **For providers and the local care market**
    The SWAH framework will create a more stable and sustainable environment for providers by:
    a. **Setting clearer expectations**
       Providers will have a clearer understanding of quality standards and performance requirements.
    b. **Creating a more balanced market**
       Aligning provider numbers and capacity to demand will support a more sustainable and manageable market.
    c. **Reducing administrative burden**
       Simpler contracting and payment arrangements will reduce time spent on administration and queries and enable the development of stronger relationships between the provider market and the Council
    d. **Supporting workforce stability and development**
       A more stable market will help providers invest in their workforce and improve recruitment and retention.
    e. **Encouraging local provision**
       The model supports providers to deliver services locally, improving responsiveness and reducing travel time.

Business Need

30. The LWAH framework - the Council's current contractual framework to purchase domiciliary care and reablement – will expire in March 2027. This framework must be replaced to ensure that the Council meets its legal obligations for individuals which fall within its responsibility under the Care Act 2014.

31. The new SWAH framework will enable the Council and the ICB to meet their obligations respectively under the Care Act 2014, NHS Continuing Healthcare Framework and s117 Mental Health Act 1983. The model will support the

Council and the ICB to meet their spending, efficiency, and performance targets, and to deliver key national and local dependencies such as Council and NHS Choice Policies, the NHS national Hospital Discharge Policy, the Better Care Fund, the CQC regulatory regime and the implementation of the Oxfordshire Way.

Corporate Policies and Priorities

32. The procurement aligns with the following strategic priorities identified in the Council's Corporate Plan:

a) Tackle inequalities in Oxfordshire. With the adoption of a higher quality threshold, the Council will improve our planning to meet assessed eligible care needs and avoid people being placed in Care Homes unnecessarily in line with our ambition in the Oxfordshire Way.
b) Prioritise the health and wellbeing of individuals. The Home First team will provide enhanced training to Tier 1 providers. This introduces a standardised care for all which will improve outcomes for those receiving reablement care and reaching independence after the reablement episode.
c) Support carers and the social care system. The SWAH model supports carers in making the right decisions to support their loved ones when care is required in the persons own home. By building in continuity of care and direct award when required will support personalised care and choice for long term care.
d) Work with local businesses and partners for environmental, economic and social benefit. The SWAH framework will support the business development model of our local care providers to deliver locally and reducing their carbon footprint.

Risks & Mitigation

33. The risks and mitigating actions relating to this framework are as follows:

Risk	Mitigation
Market sustainability - Insufficient numbers of providers bid to join the framework, meaning the Council does not have enough capacity to meet demand	The new model is designed to support a more stable and sustainable market, with clearer expectations and reduced administrative burden. There has been early and ongoing engagement with the provider market to shape the model. A phased procurement approach and the ability to re-open the framework over time will ensure new providers can join where needed. Capacity will be actively monitored and managed.
Variation in quality-of-care provision	Clearer quality standards and outcome expectations will be built into the new framework. Strengthened

	contract management and performance monitoring will enable earlier intervention where issues arise.
Transition risks from current to new framework	A detailed mobilisation and transition plan will be developed. Existing care arrangements will be maintained during transition, with a phased approach to moving to the new model to ensure continuity for residents.
Integration with NHS partners	Formal partnership arrangements (including Section 75 agreements where required) will set out roles and responsibilities. Joint governance and regular partnership oversight will support delivery. Existing joint working arrangements provide a strong foundation.
Financial pressures and demand growth	The model supports better alignment of capacity with demand and a stronger focus on reablement and independence, which helps manage longer-term demand. Financial performance will be regularly monitored through existing governance arrangements.
Procurement and delivery timeline	The project has been prioritised, with dedicated programme management support assigned. A clear procurement timetable is in place, with contingency built in where possible.
Workforce challenges in the care sector	The model supports providers through greater stability and clearer demand, enabling better workforce planning. The Council will continue to work with partners to support workforce development initiatives.
Local Government Reorganisation (LGR) – Future changes to local government	The framework is designed to be flexible and adaptable over its lifetime, including provisions to vary or re-open arrangements if required.

Financial Implications

The financial implications section should be completed by a member of the finance service

34. The annual cost of this contract will be built into the budget for the forthcoming years, including an element for growth and inflationary uplifts. Any growth over the 4% noted within the paper will have to be found within the service, taking advantage of the benefits of using this service over other types of care provision. The council will work with the ICB to ensure a consistent approach is taken when agreeing the annual uplift awarded to providers. All health-related costs incurred within this contract will be paid for by the ICB. Comments checked by:

Stephen Rowles, Strategic Finance Business Partner,
stephen.rowles@oxfordshire.gov.uk

Legal Implications

The legal implications section should be completed by a member of the legal service

35. The Care Act 2014 places market shaping and commissioning responsibilities on local authorities, requiring the council to promote the efficient and effective operation of the market for adult care and support as a whole. This is to ensure there are a variety of providers, delivering a variety of high-quality services in its area, and to achieve this the council should e.g.
- design strategies that meet local needs,
- engage with providers and local communities,
- integrate with local partners, and
- understand and facilitate the development of the market.

36. The statutory Guidance explains that

> *"The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support." (para 4.2)*

essentially to ensure that local provision meets the needs of those in the area who have been assessed as requiring care and support under the Act.

37. This report sets out how the council proposes to meet those responsibilities in this next phase of its commissioning and procurement programme.

38. In procuring the care services under the proposed framework arrangements the council must comply with the procurement procedures for open framework arrangements mandated by the Procurement Act 2023. These are generally less flexible than the bespoke dynamic framework arrangements permissible under the previous procurement regime.

39. Under the Procurement Act 2023 the framework must be re-opened at least twice during its proposed 8-year term with the first re-opening within the first 3 years. Re-opening means terminating the old framework agreement and entering a new one. It would not be lawful to extend beyond 8 years.

40. The council must have evidence justifying the pricing rates it sets and any uplift mechanism. Justification will need to include an assessment of actual costs of care in accordance with the Council's Care Act duties.

Comments checked by: Janice White, Principal Solicitor, ASC, SEND and Education and Jonathan Pool, Solicitor, Contracts

Staff Implications

41. There are no new or additional staffing implications on the Council's workforce. The tender, contract management and operational delivery of the SWAH framework will be completed using existing resources, supported also by the improvements to internal processes.

Equality & Inclusion Implications

42. The deployment of the purchasing framework will be in line with the assessment of need and will confirm the care inputs to meet these needs. The framework is designed to meet the needs of all adults aged over the age of 18 requiring home care. The mechanism within the contract to develop future block arrangements will enable the Council and the ICB to develop dedicated arrangements that meet the needs of our community, for instance the development of specialist provision for older people living with learning disability and dementia, or for specific health conditions.

43. We will evaluate the equality impact of the providers bidding to join the framework as part of the contract award process.

Sustainability Implications

44. The proposed purchasing framework will support local provision and delivery of care. As part of the evaluation of bids to join the purchasing framework the Council will assess providers commitment to and plans to move to a carbon neutral model for their businesses. The framework will make it a requirement for providers to pay for travel time to their care staff which will impact on a reduction in carbon emissions.

Consultations

45. The Council undertook a comprehensive review of the current LWAH service between Oct 2024-Oct 2025 which included gathering feedback from our care providers. The new model has incorporated the findings from the review and seeks to make improvements on the current model. Further engagement was undertaken to receive feedback on the current model in March 2026.

46. In developing the new model, we have gathered feedback from individuals receiving the care and their carers/family. The Council sent a survey to individuals using home care and asked for feedback including what could be improve. The Council received 48 completed surveys.

47. In addition to this the Council has sought engagement from carers of individuals with lived experience by contacting unpaid carers from the Unpaid Carer Strategy oversight group to obtain their feedback on the overall model. This feedback has been incorporated to the service specification and the Home Care Standards.

48. From these engagement activities, the Council identified the following key improvement themes, all of which have been incorporated into the new model

- reduce care delays,
- enhance communication,
- improve consistency,
- raise care standards,
- strengthen safeguarding,
- address cultural sensitivities,
- support independence, and
- increase provider accountability.

49. We intend to seek further feedback on the model as it progresses and set up regular feedback mechanisms as part of ongoing contract management.

NAME: Ian Bottomley, Deputy Director, Integrated Commissioning.

ian.bottomley@oxfordshire.gov.uk

16 June 2026

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