

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 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;**
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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;

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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.

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