

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	9 th April 2026	Agreed
Adult Social Care Directorate Leadership Team	5 th May 2026 26 th 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.	14 th May 2026	
Cabinet (key decision)	16 th 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:

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.

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16 June 2026