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.

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