



THE NOTTINGHAM MODEL REFORMING ADULT SOCIAL: CARE THROUGH PREVENTION, PROPORTIONATE OVERSIGHT AND COMMUNITY WELLBEING



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Chapter 1

The Current Adult Social Care System in England

Introduction

Adult social care in England is delivered through a partnership of local authorities, NHS organisations, private providers, voluntary organisations, charities, unpaid carers and people who draw on care and support.

The system has developed over many decades and is designed to promote independence, wellbeing and protection for adults with care and support needs.

Today, adult social care encompasses a wide range of services, from regulated personal care delivered in people's homes to community-based support that helps people remain active, connected and independent.

The Legal Framework

Several Acts of Parliament underpin adult social care in England.

The Care Act 2014

The Care Act 2014 is the primary legislation governing adult social care.

It introduced a national framework based upon wellbeing, prevention, integration and personal choice.

The Act places duties on local authorities to:

- Promote individual wellbeing.
- Prevent or delay the development of care needs.
- Assess eligible care and support needs.
- Support unpaid carers.
- Safeguard adults at risk of abuse or neglect.
- Shape and sustain a diverse local care market.

The emphasis on prevention is particularly important. Parliament recognised that supporting people earlier may improve outcomes and reduce demand for more intensive services.

Health and Social Care Act 2008

The Health and Social Care Act 2008 provides the legal basis for regulating certain health and adult social care activities in England.

The Care Quality Commission (CQC) regulates providers carrying out activities defined in regulations made under this Act. Providers undertaking regulated activities must register with CQC and comply with the Fundamental Standards.

Examples of regulated activities include personal care, nursing care and treatment of disease, disorder or injury where required by law.

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England.

Its responsibilities include:

- Registering providers carrying out regulated activities.
- Monitoring compliance with legal standards.
- Inspecting services.
- Publishing inspection reports.
- Taking enforcement action where legal requirements are not met.

CQC's role focuses on activities that Parliament has determined should be subject to national regulation.

Local Authorities

Local authorities play a central role in adult social care.

Their responsibilities include:

- Assessing people's needs.
- Determining eligibility under the Care Act.
- Commissioning services.
- Market shaping.
- Safeguarding.
- Information and advice.
- Supporting prevention and independence.

Each authority develops local commissioning strategies to meet the needs of its population while operating within available resources.

Commissioning

Most publicly funded adult social care is commissioned by local authorities.

Different councils use different commissioning models, including:

- Framework agreements.
- Dynamic Purchasing Systems.
- Spot purchasing.
- Direct payments.
- Personal budgets.

These approaches seek to balance quality, value for money, legal procurement requirements and individual choice.

However, commissioning arrangements vary across England, creating different opportunities for providers depending on where they operate.

The Provider Market

England's adult social care market includes:

- Large national organisations.
- Regional providers.
- Small independent businesses.
- Charities.
- Social enterprises.
- Community organisations.

Together these organisations provide a broad range of support to millions of people every year.

The diversity of the provider market is recognised within the Care Act, which places duties on local authorities to promote a sustainable and varied market.

Community Wellbeing Services

Alongside regulated care, many organisations provide support that does not involve regulated activities.

Examples include:

- Companionship.
- Community participation.
- Domestic support.
- Shopping assistance.
- Community transport.
- Social activities.
- Wellbeing support.
- Practical help at home.

Many of these services contribute to prevention by helping people maintain independence and social connection.

The oversight arrangements for these services differ from those applying to regulated activities because they are not necessarily subject to CQC registration under current law.

Challenges

Despite the strengths of the current system, several issues continue to be debated across the sector.

These include:

- Rising demand.
- Workforce shortages.
- Financial pressures.
- Variations in local commissioning approaches.
- The need to strengthen prevention.
- Supporting a diverse provider market.
- Ensuring appropriate oversight across different types of services.

These challenges have prompted ongoing discussion about how adult social care should evolve in the coming decades.

Summary

England already has a strong legal framework for adult social care and national regulation of regulated activities.

However, changing patterns of demand and increasing emphasis on prevention raise important questions about how community wellbeing services should be recognised, supported and overseen in the future.

The following chapter explores these pressures in more detail and considers why reform is being discussed by policymakers, providers and people who draw on care and support.

Chapter 2

Why Reform Is Being Discussed

Introduction

England's adult social care system has demonstrated resilience through changing demographics, financial pressures and increasing complexity of need. However, there is broad agreement across government, local authorities, providers, charities and people who draw on care and support that the system faces significant long-term challenges.

This chapter considers the factors that have prompted ongoing discussion about reform and explains why new approaches are being explored.

An Ageing Population

England's population is ageing. People are living longer, often with multiple long-term health conditions.

This is a positive achievement, reflecting improvements in healthcare and living standards. However, it also increases demand for support that helps people remain independent.

Many older adults do not initially require regulated personal care. Instead, they may benefit from lower-level support that enables them to continue living safely and confidently within their own communities.

Examples include:

- Assistance with shopping.
- Transport to appointments.
- Domestic help.
- Companionship.
- Community activities.
- Practical support following illness or bereavement.

Providing appropriate support at the right time may help people maintain independence for longer.

Prevention

The Care Act 2014 places prevention at the centre of adult social care.

Preventative services seek to:

- Delay deterioration.
- Reduce loneliness.
- Improve wellbeing.
- Maintain independence.
- Support unpaid carers.
- Reduce avoidable crises.

Many local authorities have expanded preventative initiatives over recent years, recognising that helping people earlier may improve outcomes.

However, preventative support is delivered by a wide range of organisations using different funding and delivery models.

Financial Pressures

Adult social care represents one of the largest areas of local government expenditure.

Councils must balance increasing demand with finite resources while continuing to meet their statutory responsibilities.

Providers also face increasing costs, including:

- Workforce costs.
- National Insurance and pension contributions.
- Insurance.
- Fuel and travel.
- Training.
- Technology.

- Inflation.

These pressures affect organisations of every size.

Workforce Challenges

Recruitment and retention remain significant issues across the adult social care sector.

Providers continue to compete for skilled staff within a challenging labour market.

Supporting workforce development, career progression and professional recognition remain an important national objective.

Changing Expectations

People increasingly expect services to be:

- Personalised.
- Flexible.
- Community-based.
- Responsive.
- Built around individual outcomes.

Many people value practical assistance that enables them to remain independent rather than waiting until more intensive intervention becomes necessary.

This shift has contributed to the growth of community wellbeing services.

The Community Wellbeing Sector

Across England, organisations provide a wide range of non-regulated support including:

- Befriending.
- Community participation.
- Practical household support.
- Social activities.
- Transport.
- Wellbeing visits.
- Shopping assistance.

These organisations often work alongside local authorities, charities, NHS services and regulated providers.

While they are an established part of many local communities, there is no single national framework governing how they should be recognised or supported.

The Case for Proportionate Oversight

The purpose of regulation is to protect people.

Different services, however, may involve different levels of risk.

For example:

- Delivering regulated personal care generally requires a higher level of statutory oversight than providing companionship or transport.

This raises an important policy question:

Should oversight always be identical, or should it be proportionate to the type of service being provided while maintaining appropriate safeguards?

The Nottingham Model is based on exploring this question.

It does not propose removing regulation from regulated activities.

Instead, it considers whether community wellbeing services could benefit from a consistent framework that reflects the nature of those services.

Supporting a Diverse Provider Market

The Care Act 2014 encourages local authorities to shape a sustainable and diverse care market.

A diverse market can include:

- National organisations.
- Local businesses.
- Charities.
- Social enterprises.
- Community groups.

Different providers may bring different strengths, helping meet the varied needs and preferences of local communities.

The Nottingham Model explores whether future reforms could further encourage innovation while maintaining public protection.

Objectives of Reform

This paper suggests that any future reforms should aim to:

- Improve prevention.
- Strengthen safeguarding.
- Increase public confidence.
- Encourage innovation.
- Support workforce development.
- Promote fair opportunities for providers.
- Improve outcomes for people drawing on support.
- Ensure oversight remains proportionate to risk.

Conclusion

England already has a strong adult social care system founded on important legal protections and well-established institutions.

However, demographic change, financial pressures and growing demand for preventative community support have prompted debate about how the system should continue to evolve.

The next chapter introduces The Nottingham Model, setting out the proposed two-tier framework and explaining how it is intended to complement—not replace—the existing regulatory system.

Chapter 3

The Nottingham Model

Introduction

The Nottingham Model is a proposal for discussion about how England could strengthen prevention, support community wellbeing and maintain public confidence through a proportionate system of oversight.

The model is based on one central principle:

The level of oversight should be proportionate to the level of risk, while ensuring that everyone receiving support benefits from appropriate safeguards.

The proposal does not seek to reduce standards or remove the Care Quality Commission's role. Instead, it suggests building on the current framework by recognising that regulated personal care and non-regulated community wellbeing support are different types of services that may require different forms of oversight.

The Vision

The Nottingham Model has six strategic objectives:

1. Strengthen prevention.
2. Improve public confidence.
3. Support independence.
4. Encourage innovation.
5. Create fair opportunities for providers.
6. Improve collaboration between local authorities, providers and communities.

The overall aim is to help people remain independent for as long as possible while ensuring that appropriate support is available when needs increase.

A Two-Tier Framework

The Nottingham Model proposes a two-tier system.

Tier One – National Regulation

Tier One would continue under the existing national regulatory framework.

The Care Quality Commission would remain responsible for regulating providers carrying out regulated activities under the Health and Social Care Act 2008.

This includes activities such as:

- Personal care.
- Nursing care.
- Residential care.
- Other regulated activities defined in legislation.

No changes are proposed to the principle of national regulation for these services.

Tier Two – Community Wellbeing Providers

The proposal explores whether Parliament should create a statutory framework for Community Wellbeing Providers delivering non-regulated support.

Examples could include:

- Companionship.
- Community participation.
- Shopping support.
- Domestic assistance.
- Transport.
- Help attending appointments.
- Social inclusion.
- Wellbeing visits.
- Practical household support.

The intention would not be to regulate these services in the same way as personal care, but to establish consistent standards and accountability appropriate to their role.

Why Create a Second Tier?

The current system broadly distinguishes between regulated activities and those that fall outside CQC registration.

The Nottingham Model asks whether there is value in introducing a nationally recognised local registration framework for providers delivering preventative community support.

Potential objectives include:

- Greater public confidence.
- Consistent minimum standards.
- Better safeguarding arrangements.

- Improved provider development.
- Clearer public information.
- Stronger relationships between councils and providers

Role of Local Authorities

Under this proposal, upper-tier local authorities would become responsible for maintaining a Community Wellbeing Register if legislation created such a scheme.

Their responsibilities might include:

- Registering providers.
- Monitoring compliance with minimum standards.
- Providing advice and guidance.
- Investigating complaints.
- Supporting continuous improvement.
- Sharing safeguarding information where appropriate.

National guidance would be important to promote consistency between local authorities.

Registration Standards

Community Wellbeing Providers might be expected to demonstrate:

- Appropriate governance.
- Safer recruitment.
- DBS checks where appropriate to the role.
- Safeguarding training.
- Public liability insurance.
- Employer's liability insurance (where applicable).
- Complaints procedures.
- Data protection compliance.
- Staff induction and ongoing learning.

These standards would be proportionate to the services provided and would not necessarily mirror every requirement placed on regulated care providers.

Funding

The Nottingham Model proposes exploring whether Community Wellbeing Providers should contribute through annual registration fees.

These fees could help fund:

- Registration.

- Quality assurance.
- Provider support.
- Complaint investigations.
- Safeguarding liaison.
- Public registers.

The level of any fees would need to be set by legislation or regulations following consultation.

Commissioning

The Nottingham Model also proposes a review of commissioning practices.

The aim would be to consider whether existing arrangements provide sufficient opportunity for:

- Innovation.
- Small local providers.
- Charities.
- Social enterprises.
- Community organisations.

Any reforms would need to remain consistent with procurement law, transparency requirements and value-for-money duties.

Benefits

If implemented effectively, the Nottingham Model could:

- Strengthen prevention.
- Improve public confidence.
- Increase choice.
- Support local provider markets.
- Encourage continuous quality improvement.
- Allow the CQC to continue focusing its resources on regulated activities.
- Promote closer partnership between councils and community organisations.

These are intended as potential benefits that would need to be tested through consultation and, if appropriate, pilot programmes.

Conclusion

The Nottingham Model is not a proposal to replace the existing regulatory framework. Rather, it seeks to complement it by recognising the important role played by community wellbeing services.

The next chapter examines how a local authority registration and quality assurance framework could operate in practice, including inspection, ratings, provider support and public reporting.

Chapter 4

A Local Authority Community Wellbeing Register and Quality Assurance Framework

Introduction

If Parliament decided to introduce a statutory framework for Community Wellbeing Providers, a registration and quality assurance system would be needed to promote public confidence and consistent standards.

The purpose of the framework would not be to duplicate the work of the Care Quality Commission, but to provide oversight proportionate to the services being delivered.

Purpose of the Register

A Local Authority Community Wellbeing Register could:

- Provide a publicly accessible list of registered providers.
- Give people greater confidence when choosing a provider.
- Promote consistent minimum standards.
- Support safeguarding.
- Encourage continuous quality improvement.
- Help local authorities understand and develop their local wellbeing market.

Registration would not indicate that a provider delivers regulated activities. Instead, it would confirm that the provider has met the standards required for non-regulated community wellbeing services.

Eligibility

The register could be open to organisations delivering non-regulated support, including:

- Small independent businesses.
- Charities.
- Social enterprises.
- Community interest companies.
- Voluntary organisations.
- Sole traders, where appropriate.

Applicants would need to demonstrate that they meet the published registration standards.

Registration Process

A possible registration process could include:

Stage 1 – Application

The provider submits:

- Business details.

- Insurance certificates.
- Policies and procedures.
- Governance information.
- Workforce information.
- Safeguarding arrangements.

Stage 2 – Assessment

A Quality Assurance Officer reviews the application and, where appropriate, visits the provider or interviews key personnel.

Stage 3 – Decision

The local authority decides whether the provider meets the required standards.

Stage 4 – Registration

Successful providers are added to the public register.

Quality Reviews

Rather than using the same inspection model as CQC, quality reviews could focus on continuous improvement.

Reviews might consider:

- Governance.
- Staff training.
- Complaints handling.
- Record keeping.
- Safeguarding practice.
- Feedback from people using services.
- Continuous improvement.

The frequency of reviews could be proportionate to the size and nature of the provider.

Improvement Approach

The primary objective should be improvement rather than punishment.

Where concerns are identified, the local authority could:

- Offer advice and guidance.
- Agree an improvement plan.
- Monitor progress.
- Reassess performance.

Where serious concerns arise, the authority could use enforcement powers created by legislation, such as suspension or removal from the register.

Quality Ratings

If a public rating system were introduced, one possible model could be:

- Excellent
- Good
- Improvement Required
- Inadequate

Alternatively, Parliament may decide that registration status alone is sufficient without public ratings. This would be a matter for consultation.

Complaints

People using services should have access to a clear complaints process.

Complaints would normally be raised with the provider first.

Where appropriate, complaints could then be considered by the local authority as part of its quality assurance responsibilities.

Safeguarding concerns would continue to be managed through existing statutory safeguarding procedures.

Relationship with the Care Quality Commission

The proposed framework is intended to complement—not replace—the role of the CQC.

Where a provider begins delivering regulated activities, they would still be required to register with the CQC where the law requires.

Similarly, local authorities and the CQC should continue to share relevant information where permitted by law to protect people using services.

Workforce Development

A registration framework could also encourage workforce development by promoting:

- Core induction standards.
- Safeguarding training.
- Equality, diversity and inclusion.
- Communication skills.
- Dementia awareness where relevant.
- Mental capacity awareness.
- First aid awareness where appropriate.
- Continuous professional development.

The aim would be to raise standards across the community wellbeing sector without imposing unnecessary regulatory burdens.

Public Confidence

A consistent registration framework could provide reassurance that registered providers:

- Meet published standards.
- Have appropriate policies and procedures.
- Are accountable to a recognised oversight body.
- Participate in quality assurance.

This could help people make more informed choices while supporting a diverse provider market.

Conclusion

The Nottingham Model does not propose that Community Wellbeing Providers should be regulated in the same way as providers delivering regulated personal care.

Instead, it explores whether a locally administered registration and quality assurance framework could provide proportionate oversight, improve consistency and strengthen public confidence.

The next chapter considers funding, commissioning and implementation, including how such a framework might be introduced and what practical issues policymakers would need to address.

Chapter 5

Funding, Commissioning and Implementation

Introduction

Any proposal to introduce a Community Wellbeing Register would need to be financially sustainable, legally robust and practical for both providers and local authorities.

This chapter outlines one possible approach to funding, commissioning and implementation. These proposals are intended to stimulate discussion and would require consultation and, where necessary, legislation before being introduced.

Funding the Framework

A registration and quality assurance system would require resources to operate effectively.

The Nottingham Model proposes exploring a mixed funding approach comprising:

- Annual provider registration fees.
- Initial registration application fees.
- Local authority investment.
- Any future government funding made available for implementation.

The objective would be to create a system that is proportionate, transparent and sustainable.

Provider Registration Fees

The paper proposes that Community Wellbeing Providers contribute towards the cost of oversight through annual registration fees.

Any fee structure should be:

- Fair.
- Transparent.
- Proportionate.
- Affordable for small organisations.
- Subject to public consultation.

Government would need to determine the legal basis for any fees and how they should be set.

Use of Registration Income

Subject to legislation, income from registration fees could contribute towards:

- Community Wellbeing Quality Assurance Officers.
- Provider registration.
- Quality reviews.
- Complaints investigations.
- Provider advice and improvement.
- Public registers.
- Administrative support.
- Workforce development initiatives.

The intention would be that fees support quality assurance rather than generate profit.

Supporting Small Providers

The adult social care market benefits from a mix of national organisations, charities, social enterprises and local businesses.

The funding model should recognise this diversity.

Government could consider:

- Reduced fees for very small providers.
- Transitional arrangements for new organisations.
- Proportionate reporting requirements.
- Simplified registration processes where appropriate.

These options would require consultation to balance accessibility with public protection.

Commissioning Reform

The Care Act 2014 requires local authorities to promote a sustainable and diverse market.

The Nottingham Model recommends reviewing whether commissioning arrangements continue to achieve that objective.

Questions for policymakers include:

- Do current arrangements maximise choice?
- Are opportunities accessible to organisations of different sizes?
- How can innovation be encouraged while maintaining quality and value for money?
- How can preventative services be better integrated into local support pathways?

This paper does not recommend removing procurement safeguards. Any reforms would need to remain compliant with procurement legislation and public law duties.

A Prevention-Based Approach

Community Wellbeing Providers should be recognised as partners in prevention.

By supporting people earlier, services may contribute to:

- Reduced loneliness.
- Improved wellbeing.
- Increased independence.
- Better support for unpaid carers.
- Delayed need for more intensive services.

The extent of these benefits would need to be evaluated through research and pilot programmes.

Pilot Programme

Before national implementation, the Government could consider establishing pilot areas.

A pilot programme could examine:

- Registration processes.
- Costs.
- Public confidence.
- Provider experiences.
- Quality assurance arrangements.
- Safeguarding outcomes.
- Impact on local commissioning.
- Administrative burden.

Independent evaluation would help determine whether wider implementation would be appropriate.

Measuring Success

If a pilot were introduced, success could be assessed using measures such as:

- Provider participation.
- Service user satisfaction.
- Safeguarding performance.
- Quality improvement.
- Workforce retention.
- Market diversity.
- Timeliness of registration.
- Cost-effectiveness.

These measures should be published transparently to inform future policy decisions

National Roll-Out

If evidence from pilots demonstrated clear benefits, Parliament could consider introducing a phased national implementation programme.

A phased approach would allow:

- Lessons to be learned.
- National guidance to be refined.
- Workforce capacity to develop.
- Providers time to prepare.
- Local authorities to build the necessary infrastructure.

Conclusion

The Nottingham Model recognises that successful reform depends not only on good policy but also on practical implementation.

A well-designed funding model, proportionate quality assurance framework and carefully managed implementation programme could help ensure that any future reforms strengthen public confidence while supporting innovation and prevention.

The next chapter examines the potential economic, social and public service impacts of the Nottingham Model, including possible benefits, costs and risks that policymakers would need to consider.

Chapter 6

Economic, Social and Public Service Impact Assessment

Introduction

Any significant reform of adult social care should be supported by an assessment of its potential impacts.

The Nottingham Model is intended to stimulate discussion about how a more proportionate approach to oversight could affect people drawing on support, providers, local authorities and the wider public sector.

This chapter identifies potential benefits, costs and risks. These are hypotheses for consideration and would need to be tested through consultation, pilot programmes and independent evaluation before any national implementation.

Impact on People Drawing on Support

The primary objective of any reform should be to improve outcomes for people.

Potential benefits could include:

- Greater confidence when selecting a provider through a recognised registration system.
- More information about available community wellbeing services.
- Wider choice where local provider markets are diverse.
- Earlier access to preventative support.
- Improved consistency in minimum quality standards.

However, there are also potential risks, including increased costs for providers that could affect prices or the possibility of public confusion if the different roles of local authority registration and CQC regulation are not communicated clearly.

Impact on Families and Unpaid Carers

Many family members provide unpaid care alongside formal support.

A stronger community wellbeing sector could potentially:

- Reduce social isolation.
- Provide respite through practical support.
- Help carers maintain employment or education.
- Improve access to local community activities.

These outcomes would depend on local service availability and individual circumstances.

Impact on Local Authorities

If a statutory registration scheme were introduced, local authorities would assume new responsibilities.

Potential advantages include:

- Better understanding of the local community wellbeing market.
- Stronger relationships with providers.
- Improved quality assurance.

- Earlier identification of emerging concerns.
- Better integration with preventative services.

Potential challenges include:

- Recruitment and training of quality assurance staff.
- Administrative costs.
- Ensuring consistency between authorities.
- Managing appeals and complaints.

These issues would need careful planning and adequate funding.

Impact on Providers

A registration framework could provide benefits for providers by:

- Increasing public confidence.
- Offering recognised quality standards.
- Improving engagement with local authorities.
- Supporting workforce development.
- Encouraging continuous improvement.

At the same time, providers would incur additional responsibilities, including maintaining compliance with registration standards and paying any applicable registration fees.

The level of those requirements should remain proportionate to the services delivered.

Impact on the NHS

Preventative community support has the potential to complement NHS services by helping some people maintain independence and wellbeing.

Examples may include:

- Supporting people after discharge from hospital.
- Helping people attend appointments.
- Reducing loneliness.
- Encouraging participation in community activities.

The extent to which this affects demand on NHS services would require robust evaluation and should not be assumed without supporting evidence.

Impact on the Care Quality Commission

Under the Nottingham Model, the Care Quality Commission would continue to regulate services carrying out regulated activities.

The proposal does not reduce CQC's statutory role.

If Parliament created a separate local authority framework for community wellbeing providers, CQC could continue to focus its resources on higher-risk regulated services.

Any changes to responsibilities would require close cooperation between government, CQC and local authorities.

Financial Considerations

Introducing a new registration framework would involve costs, including:

- Developing legislation and guidance.
- Establishing local authority systems.
- Recruiting and training staff.
- Creating public registers.
- Ongoing administration.

These costs would need to be weighed against any potential long-term benefits arising from improved prevention, market development and public confidence.

A full government impact assessment would be required before implementation.

Risks

Potential risks include:

- Inconsistent implementation between local authorities.
- Duplication of oversight.
- Increased administrative burden on providers.
- Public misunderstanding of different regulatory systems.
- Financial pressures on smaller providers.

Each of these risks could be mitigated through clear legislation, national guidance, proportionate standards and phased implementation.

Measuring Success

If adopted, the Nottingham Model should be evaluated against clear outcomes rather than assumptions.

Possible indicators include:

- Public confidence.
- Provider satisfaction.
- Safeguarding performance.
- Workforce stability.
- Market diversity.
- Uptake of preventative services.

- Service user experience.
- Cost-effectiveness.

Independent evaluation should accompany any pilot programme.

Conclusion

Reforming adult social care requires careful consideration of both opportunities and risks.

The Nottingham Model suggests that a proportionate system of oversight could strengthen prevention, public confidence and market diversity, but these potential benefits should be tested through consultation, pilot programmes and independent evaluation before any wider implementation.

The next chapter considers the legislative and governance changes that would be required if policymakers wished to pursue this approach.

Chapter 7

Legislative and Governance Framework

Introduction

The Nottingham Model recognises that any significant reform of adult social care would require a clear legal framework. This chapter outlines the legislative and governance considerations that policymakers would need to address if they wished to introduce a Community Wellbeing Register or a new local authority oversight system.

The proposals in this chapter are intended to identify areas for consultation rather than provide draft legislation.

The Need for Legislation

At present, the Care Quality Commission regulates activities defined as "regulated activities" under existing legislation.

If Parliament wished to introduce a statutory registration scheme for Community Wellbeing Providers, primary legislation would likely be required to:

- Define which providers are covered.
- Establish the powers and duties of local authorities.
- Create a legal basis for registration and quality assurance.
- Set out any appeal rights.
- Enable the collection of registration fees where appropriate.
- Define enforcement powers.

Relationship with Existing Law

The Nottingham Model is intended to complement—not replace—the current legal framework.

Any future legislation should be designed to work alongside existing laws, including those relating to adult social care, safeguarding, procurement, equality, employment, data protection and human rights.

The objective should be to avoid duplication and ensure that responsibilities are clearly defined.

Defining Community Wellbeing Providers

One of the first legislative questions would be how to define a Community Wellbeing Provider.

A possible definition could be:

"An organisation or individual that provides non-regulated support intended to promote independence, wellbeing, social inclusion or practical assistance, but which does not carry out regulated activities requiring registration with the Care Quality Commission."

The precise wording would need careful legal drafting and consultation.

National Standards

Although registration could be administered locally, the standards should be nationally consistent.

Government could publish statutory guidance covering matters such as:

- Safeguarding.
- Recruitment.
- Governance.
- Workforce development.
- Complaints.
- Insurance.
- Quality assurance.
- Record keeping.

National standards would help reduce variation between local authority areas.

Appeals

Providers should have access to an independent appeals process where registration is:

- Refused.
- Suspended.
- Removed.
- Subject to enforcement action.

A transparent appeals process would support fairness and public confidence.

Information Sharing

Effective safeguarding depends upon appropriate information sharing.

Any new framework should include clear legal powers governing the sharing of relevant information between:

- Local authorities.
- The Care Quality Commission.
- Safeguarding Adults Boards.
- Other public bodies where permitted by law.

Information sharing should always comply with data protection legislation.

Governance

The success of any new framework would depend upon effective governance.

Government could consider establishing a national advisory board comprising representatives from:

- Local authorities.
- People drawing on care and support.
- Providers.
- Charities.
- Workforce organisations.
- Regulators.
- Independent experts.

The board could advise ministers on the operation of the framework and identify opportunities for improvement.

Accountability

Local authorities operating a Community Wellbeing Register should publish annual reports covering:

- Numbers of registered providers.
- Quality assurance activity.
- Complaints.
- Safeguarding themes.
- Provider engagement.
- Workforce development.
- Lessons learned.

Publishing this information would promote transparency and accountability.

Periodic Review

Legislation could require the Government to review the operation of the framework after a defined period—for example, five years following implementation.

Such a review could assess:

- Whether the framework has met its objectives.
- Its impact on public confidence.
- Provider participation.
- Costs.
- Safeguarding outcomes.
- Whether legislative changes are required.

Conclusion

A proportionate oversight framework would require a clear statutory basis, defined responsibilities and robust governance arrangements.

The Nottingham Model proposes that any reform should be introduced through legislation, supported by national standards and subject to ongoing review.

The next chapter sets out an illustrative implementation roadmap, showing how such reforms might be introduced gradually through consultation, pilot programmes and phased national rollout.

Chapter 8

Implementation Roadmap

Introduction

The Nottingham Model recognises that reform of adult social care cannot be achieved through a single legislative change. Any new framework would require careful planning, consultation, piloting and evaluation.

This chapter proposes a phased approach that would allow government, local authorities, providers and people drawing on support to shape and test the model before considering wider implementation.

Phase 1 – National Consultation (12 Months)

The first stage would be a formal public consultation led by the UK Government.

The consultation should seek views from:

- People drawing on care and support.
- Unpaid carers.
- Local authorities.
- The Care Quality Commission.
- Adult social care providers.
- Community wellbeing providers.

- NHS organisations.
- Charities and voluntary organisations.
- Workforce representatives.
- Academic experts.

Key questions could include:

- Should England introduce a Community Wellbeing Register?
- What standards should apply?
- How should quality assurance operate?
- How should registration be funded?
- How can public confidence be strengthened?

Phase 2 – Draft Legislation (12 Months)

Following consultation, the Government could decide whether to publish draft legislation.

This stage would include:

- Parliamentary scrutiny.
- Public consultation on draft regulations.
- Impact assessments.
- Equality assessments.
- Financial modelling.
- Development of statutory guidance.

Phase 3 – Pilot Areas (24 Months)

If legislation were approved, pilot programmes could be established in a small number of volunteer local authority areas.

The purpose of pilots would be to test:

- Registration processes.
- Quality assurance.
- Workforce requirements.
- Costs.
- Public understanding.
- Provider experiences.
- Safeguarding arrangements.

Independent evaluation should accompany every pilot.

Phase 4 – Independent Evaluation

An independent organisation should evaluate the pilot programme.

The evaluation should consider:

- Whether objectives were achieved.
- Public confidence.
- Provider participation.
- Administrative burden.
- Cost-effectiveness.
- Impact on safeguarding.
- Impact on prevention.
- Lessons for future implementation.

The evaluation should be published in full.

Phase 5 – National Roll-Out

If evidence supported wider implementation, Parliament could consider a phased national introduction.

Implementation could be staggered over several years to allow:

- Recruitment of local authority staff.
- Provider preparation.
- Workforce training.
- Development of IT systems.
- Publication of guidance.
- Public awareness campaigns.

Workforce Development

Successful implementation would require investment in workforce development.

Government and local authorities could work together to develop:

- National induction standards.
- Continuing professional development.
- Leadership programmes.
- Quality assurance training.
- Safeguarding training.
- Guidance for providers.

The aim would be to build capability while maintaining proportionate requirements.

Digital Infrastructure

Implementation would require secure digital systems capable of supporting:

- Online registration.
- Public provider registers.
- Complaint management.
- Quality review records.
- Performance reporting.
- Secure information sharing.

Systems should be designed to minimise administrative burden while supporting transparency.

Public Communication

Clear communication would be essential.

People should understand:

- The difference between CQC-regulated services and Community Wellbeing Providers.
- What registration means.
- How to make informed choices.
- How to raise concerns.
- Where to seek advice.

National and local communication strategies should accompany implementation.

Success Measures

Government should publish measurable objectives before implementation.

Possible indicators include:

- Registration uptake.
- Public awareness.
- Service user satisfaction.
- Provider satisfaction.
- Workforce stability.
- Safeguarding performance.
- Market diversity.
- Financial sustainability.

These indicators should be reviewed annually.

Conclusion

The Nottingham Model recognises that successful reform depends upon careful implementation, transparency and evidence.

A phased approach would reduce risk, allow continuous learning and ensure that future decisions are informed by real-world experience rather than assumptions.

The next chapter explores the potential long-term vision for adult social care and how prevention, community wellbeing and proportionate oversight could contribute to a sustainable system over the coming decades.

Chapter 9

The Future of Adult Social Care – A Vision for 2040

Introduction

Adult social care in England is likely to face increasing demand over the coming decades. Longer life expectancy, advances in healthcare and changing public expectations will require services that are both sustainable and centred on the individual.

The Nottingham Model sets out a long-term vision in which prevention, independence and community wellbeing are valued alongside high-quality regulated care.

This chapter describes that vision and the principles that could shape the future of adult social care.

A Person-Centred System

The future adult social care system should be built around the individual rather than organisational boundaries.

People should be able to move easily between different forms of support as their needs change.

For example:

- Community wellbeing support.
- Reablement.
- Regulated home care.
- Specialist nursing.
- Residential care.

These services should complement one another rather than operate in isolation.

Prevention as the First Response

The Nottingham Model proposes that prevention should become the starting point whenever appropriate.

Before a person's needs escalate, they should have access to support that helps them maintain:

- Independence.
- Confidence.
- Social connections.
- Physical wellbeing.
- Mental wellbeing.

Earlier support has the potential to improve quality of life and may reduce the need for more intensive interventions for some people, although outcomes will vary between individuals.

Strong Communities

Communities themselves have an important role to play.

Future adult social care should encourage partnerships between:

- Families.
- Neighbours.
- Charities.
- Social enterprises.
- Local businesses.
- Community groups.
- Faith organisations.
- Local authorities.

Formal care should continue to play a central role, but stronger community connections can complement statutory services.

Technology

Technology is expected to become increasingly important.

Examples include:

- Digital care planning.
- Telecare.
- Falls detection.
- Medication reminders.
- Video communication.
- Artificial intelligence to support administrative tasks.
- Remote wellbeing monitoring where appropriate and with consent.

Technology should enhance human support rather than replace it.

Workforce

The adult social care workforce should be recognised as a skilled profession.

Future priorities may include:

- Better career progression.
- Leadership development.
- Professional recognition.
- Ongoing education.
- Improved recruitment and retention.

Community Wellbeing Providers should also have access to training proportionate to the services they provide.

Choice and Personalisation

People should have genuine choice about how their support is delivered.

Where possible, individuals should be able to choose between:

- Local providers.
- National providers.
- Charities.
- Social enterprises.
- Community organisations.

Choice should be supported by clear information about provider standards and the nature of the services offered.

Sustainability

A sustainable adult social care system should:

- Use public resources effectively.
- Support innovation.
- Encourage prevention.
- Promote collaboration.
- Maintain high standards of safeguarding.
- Be financially transparent.

The objective should be to ensure that services remain available for future generations while continuing to protect those who rely on them.

Innovation

The Nottingham Model encourages innovation where it benefits people using services.

Examples may include:

- New community support models.
- Volunteer partnerships.
- Social prescribing initiatives.
- Local wellbeing hubs.
- Digital solutions.
- Flexible provider networks.

Innovation should always be accompanied by appropriate safeguards and evaluation.

Looking Towards 2040

By 2040, England has the opportunity to develop an adult social care system in which:

- Prevention is embedded throughout the system.
- Community wellbeing services are recognised and supported.
- Regulated care continues to provide high-quality support for those who need it.
- Local authorities and providers work in partnership.
- People have greater confidence, clearer information and wider choice.

This vision would require sustained commitment from government, local authorities, providers, people drawing on support and communities.

Conclusion

The Nottingham Model is not intended as a final answer to every challenge facing adult social care.

Rather, it is an invitation to consider how the system could continue to evolve in response to changing needs while preserving the principles of dignity, independence, safeguarding and public accountability.

The following chapters present consultation questions, illustrative policy options and appendices designed to support further discussion and refinement of these proposals.

Chapter 10

Consultation Questions and Draft Policy Recommendations

Introduction

The Nottingham Model is intended to encourage informed discussion rather than prescribe a single solution.

The following consultation questions and draft recommendations are designed to assist government, local authorities, providers, charities, regulators, academics and people who draw on care and support in considering the proposals set out in this paper.

Section One – Adult Social Care

Question 1

Should England continue developing adult social care around the principles of prevention, independence and wellbeing?

☐ Yes

☐ No

☐ Unsure

Comments:

Question 2

Should community wellbeing support be recognised more formally as part of the adult social care system?

☐ Yes

☐ No

☐ Unsure

Comments:

Section Two – Oversight

Question 3

Should England consider introducing a statutory Community Wellbeing Register?

☐ Yes

☐ No

☐ Unsure

Comments:

Question 4

If such a register were introduced, should responsibility rest with:

☐ Local Authorities

☐ A National Body

☐ Another Organisation

☐ Unsure

Comments:

Question 5

Should nationally consistent minimum standards apply across England?

- ☐ Yes
- ☐ No
- ☐ Unsure

Section Three – Registration

Question 6

Which standards should all registered Community Wellbeing Providers be expected to meet?

Please rank each as:

Essential

Desirable

Not Required

- Safeguarding Policy
- Safer Recruitment
- DBS Checks (where appropriate)
- Insurance
- Complaints Procedure
- Data Protection
- Staff Training
- Governance
- Quality Assurance

Question 7

Should registration information be available through a public online register?

- ☐ Yes

☐ No

☐ Unsure

Section Four – Funding

Question 8

Should registered Community Wellbeing Providers contribute annual registration fees towards quality assurance?

☐ Yes

☐ No

☐ Unsure

Comments:

Question 9

If registration fees were introduced, should they vary according to provider size?

☐ Yes

☐ No

☐ Unsure

Section Five – Commissioning

Question 10

Do current commissioning arrangements provide sufficient opportunities for small local providers?

☐ Yes

☐ No

☐ Unsure

Comments:

Question 11

How can local authorities encourage innovation while maintaining quality, transparency and value for money?

Section Six – Workforce

Question 12

Should Community Wellbeing Providers have nationally recognised training standards?

- ☐ Yes
- ☐ No
- ☐ Unsure

Question 13

Should there be recognised career pathways within the community wellbeing sector?

- ☐ Yes
- ☐ No
- ☐ Unsure

Section Seven – Future Reform

Question 14

Should the Government consider piloting the Nottingham Model in selected local authority areas before making wider decisions?

- ☐ Yes
- ☐ No
- ☐ Unsure

Question 15

What additional safeguards would you recommend?

Draft Policy Recommendations

Subject to consultation and legislation, this paper recommends that Government consider:

1. Retaining the Care Quality Commission as the national regulator for regulated activities.
2. Exploring whether a statutory Community Wellbeing Register should be created.
3. Developing nationally consistent standards for Community Wellbeing Providers.
4. Consulting on proportionate registration and quality assurance arrangements.
5. Exploring sustainable funding options, including registration fees if Parliament considered them appropriate.
6. Reviewing commissioning arrangements to encourage innovation, provider diversity and meaningful choice while complying with procurement law.
7. Supporting workforce development across the community wellbeing sector.
8. Piloting any proposed reforms before national implementation.
9. Publishing an independent evaluation of any pilot programme.
10. Reviewing the framework within five years of implementation if adopted.

Final Statement

The Nottingham Model is intended as a constructive contribution to the future development of adult social care in England.

It seeks to build upon existing strengths while encouraging discussion about prevention, community wellbeing, public confidence and proportionate oversight.

Ultimately, any reforms should be guided by evidence, consultation, legislation and the experiences of people who draw on care and support.

The next chapter contains draft model standards for Community Wellbeing Providers, illustrating how a registration framework might operate in practice if such a system were ever introduced by Parliament.

Chapter 11

Draft Community Wellbeing Provider Standards

Introduction

This chapter sets out an illustrative set of standards that could apply if a statutory Community Wellbeing Register were introduced in the future. They are intended to demonstrate what a proportionate quality framework might look like and are not a statement of current legal requirements.

The standards are designed to be outcome-focused, proportionate and suitable for providers delivering non-regulated community wellbeing support.

Standard 1 – Person-Centred Support

Principle

People should be treated with dignity, respect and compassion.

Providers should demonstrate that they:

- Respect people's wishes and preferences.
- Promote independence wherever possible.
- Encourage choice and control.
- Support equality, diversity and inclusion.
- Protect privacy and confidentiality.
- Deliver support that reflects individual goals.

Standard 2 – Safety and Safeguarding

Principle

People should be protected from abuse, neglect and avoidable harm.

Providers should:

- Have an up-to-date safeguarding policy.
- Train staff in safeguarding appropriate to their role.
- Report safeguarding concerns promptly.
- Cooperate with safeguarding enquiries.
- Maintain safe working practices.

Standard 3 – Recruitment and Workforce

Principle

People should receive support from suitable, trained and competent workers.

Providers should:

- Operate safer recruitment procedures.
- Carry out identity and right-to-work checks.
- Obtain DBS checks where appropriate to the role.
- Verify references.
- Provide induction training.
- Support ongoing learning and development.

Standard 4 – Governance

Principle

Providers should have effective leadership and management arrangements.

Providers should demonstrate:

- Clear organisational responsibilities.
- Appropriate policies and procedures.
- Financial accountability.
- Risk management processes.
- Continuous quality improvement.

Standard 5 – Complaints and Feedback

Principle

People should be able to raise concerns without fear.

Providers should:

- Publish a clear complaints procedure.
- Record complaints.
- Investigate concerns promptly.
- Learn from feedback.
- Inform people of their right to contact the local authority where appropriate.

Standard 6 – Insurance

Providers should maintain appropriate insurance relevant to their activities.

Examples include:

- Public liability insurance.
- Employer's liability insurance (where required by law).
- Motor insurance where transport is provided.

Standard 7 – Data Protection

Providers should:

- Protect confidential information.
- Comply with applicable data protection legislation.
- Store records securely.
- Train staff in confidentiality.

Standard 8 – Quality Improvement

Providers should regularly review their services.

Examples include:

- Service user feedback.
- Staff feedback.
- Incident reviews.
- Complaints analysis.
- Annual quality reports.

The purpose should be learning and improvement rather than compliance alone.

Standard 9 – Community Engagement**Community Wellbeing Providers should actively contribute to local communities by:**

- Working with charities.
- Supporting social inclusion.
- Building partnerships.
- Signposting people to other services where appropriate.
- Encouraging participation in community life.

Standard 10 – Professional Conduct

Everyone working within Community Wellbeing Services should:

- Act honestly.
- Respect confidentiality.
- Maintain professional boundaries.
- Work within their competence.
- Treat people fairly.
- Raise concerns where necessary.

Suggested Evidence

Providers could demonstrate compliance through documents such as:

- Policies and procedures.
- Training records.
- Insurance certificates.
- Complaints records.
- Risk assessments.
- Service user feedback.
- Governance meeting minutes.
- Quality improvement plans.

A Proportionate Approach

Unlike the regulatory framework for regulated personal care, these standards are intended to reflect the generally lower level of risk associated with community wellbeing services.

The objective is not to replicate the Care Quality Commission's inspection regime but to establish consistent expectations that support public confidence while avoiding unnecessary administrative burdens.

Continuous Review

If adopted, these standards should be reviewed periodically through public consultation to ensure they remain appropriate, effective and proportionate.

Conclusion

These draft standards illustrate how Community Wellbeing Providers could demonstrate quality, accountability and professionalism within a future registration framework.

The next chapter sets out an illustrative inspection and quality assurance handbook, showing how local authority quality reviews might operate under the Nottingham Model while remaining proportionate to the services provided.

Chapter 12

Draft Quality Assurance and Inspection Handbook

Introduction

This chapter provides an illustrative quality assurance framework for Community Wellbeing Providers. It is intended to demonstrate how local authority oversight could operate if Parliament introduced a statutory registration scheme.¹

Unlike the inspection framework used by the Care Quality Commission (CQC) for regulated activities, this model is designed to be proportionate, supportive and improvement-focused.

The purpose is to promote quality, safeguard people using services and encourage continuous improvement.

Principles of Quality Assurance

The proposed framework would be based on six principles:

- Proportionate oversight.
- Continuous improvement.
- Transparency.
- Consistency.
- Partnership.
- Public protection.

Quality assurance should support providers to improve while maintaining appropriate accountability.

Inspection Objectives

Quality reviews should seek to answer five key questions:

1. Is the provider Safe?

Inspectors would consider whether:

- Appropriate safeguarding arrangements are in place.
- Risks are assessed and managed.
- Recruitment processes are appropriate.
- Insurance is maintained.
- Incidents are managed effectively.

2. Is the provider Person-Centred?

- People are treated with dignity and respect.
- Individual preferences are recognised.
- Independence is promoted.
- Communication is effective.
- Support is delivered as agreed.

3. Is the provider Well Led?

Inspectors would consider:

- Leadership.
- Governance.
- Staff support.
- Policies and procedures.
- Quality improvement.

4. Is the provider Responsive?

Inspectors would examine:

- Flexibility.
- Complaint handling.
- Responsiveness to changing needs.
- Partnership working.
- Community engagement.

5. Is the provider Improving?**Inspectors would review:**

- Learning from feedback.
- Staff development.
- Quality assurance.
- Continuous improvement planning.

Inspection Process**Stage One – Notification**

Routine inspections would normally be arranged in advance.

However, legislation could permit unannounced visits where serious concerns arise.

Stage Two – Document Review**Inspectors may review:**

- Policies.
- Training records.
- Insurance.
- Complaints.
- Governance documents.
- Quality reports.

Stage Three – Provider Visit**Where appropriate, inspectors could:**

- Meet managers.
- Speak with staff.
- Review records.
- Observe office systems.
- Discuss improvement activity.

For community wellbeing providers, this would generally focus on governance rather than observing support in people's homes, unless appropriate, lawful and consented to.

Stage Four – Feedback

At the conclusion of the visit, inspectors would provide:

- Positive findings.
- Areas requiring improvement.
- Recommendations.
- Timescales where appropriate.

The emphasis should be on learning and improvement.

Stage Five – Report

A written report would be provided.

The report should be:

- Clear.
- Concise
- Balanced.
- Evidence-based.
- Published where required by legislation or local policy.

Illustrative Quality Ratings

One possible rating system could be:

Excellent

Consistently exceeds expected standards.

Good

Meets expected standards.

Improvement Required

Some standards require improvement but there is no immediate evidence of serious risk requiring urgent enforcement.

Inadequate

Serious concerns requiring immediate action.

The choice of whether to publish ratings, or instead publish narrative reports, would be a matter for government consultation and legislation.

Improvement Notices

Where concerns are identified, inspectors could issue an Improvement Notice.

This might include:

- Actions required.
- Recommended support.
- Target completion dates.
- Follow-up review arrangements.

The objective would be to help providers improve rather than rely on enforcement wherever possible.

Enforcement**Where legislation provided such powers, enforcement options could include:**

- Warning notices.
- Conditions on registration.
- Temporary suspension.
- Removal from the register.

Such decisions should be proportionate, evidence-based and subject to an independent appeals process.

Learning and Sector Improvement

Quality assurance should also identify examples of good practice.

Local authorities could publish:

- Case studies.
- Good practice guides.
- Learning bulletins.
- Annual quality reports.
- Training resources.

The purpose would be to support improvement across the whole sector rather than focusing solely on compliance.

Independence and Consistency**To maintain confidence, inspectors should:**

- Receive national training.
- Follow published guidance.
- Apply standards consistently.
- Declare conflicts of interest.
- Base findings on evidence.

National guidance could help ensure a broadly consistent approach across England while allowing flexibility to reflect local circumstances.

Conclusion

The Nottingham Model proposes a quality assurance framework that is supportive, proportionate and centred on improvement.

It is not intended to mirror the CQC inspection regime but to provide an appropriate level of oversight for community wellbeing services while maintaining public confidence and safeguarding.

The next chapter will set out a draft Community Wellbeing Providers Bill, illustrating how Parliament might establish such a framework if it chose to pursue this policy in the future.

Chapter 13

Draft Community Wellbeing Providers Bill (Illustrative)

Introduction

This chapter outlines the principal provisions that Parliament could consider if it wished to establish a statutory framework for Community Wellbeing Providers.

It is not a draft Act of Parliament and should be regarded as an illustration of how the Nottingham Model might be implemented through legislation.

Part 1 – Preliminary

Purpose

The purpose of the Act would be to:

- Promote community wellbeing.
- Improve public confidence.
- Establish a proportionate system of oversight.
- Strengthen safeguarding.
- Support prevention and independence.
- Encourage high-quality community wellbeing services.

Definitions

For the purposes of the Act:

Community Wellbeing Provider means an organisation or individual providing non-regulated support intended to promote wellbeing, independence or social inclusion.

Examples may include:

- Companionship.
- Community participation.
- Domestic assistance.

- Shopping support.
- Community transport.
- Practical household support.
- Wellbeing visits.

The Act would not apply to activities that already require registration with the Care Quality Commission under existing legislation.

Part 2 – Community Wellbeing Register

Each upper-tier local authority would establish and maintain a Community Wellbeing Register.

The register would include:

- Provider name.
- Registered address.
- Contact details.
- Registration status.
- Date of registration.
- Date of latest quality review.
- Any enforcement action where publication is required by law.

The register should be publicly accessible.

Part 3 – Registration Requirements

Applicants would demonstrate compliance with published national standards covering:

- Safeguarding.
- Governance.
- Insurance.
- Complaints.
- Recruitment.
- Workforce development.
- Data protection.
- Quality assurance.

Local authorities would determine applications in accordance with statutory guidance.

Part 4 – Powers of Local Authorities

Local authorities could be given powers to:

- Register providers.

- Refuse registration where standards are not met.
- Carry out quality assurance reviews.
- Issue improvement notices.
- Suspend registration where authorised by legislation.
- Remove providers from the register where necessary and proportionate.

Any exercise of these powers should follow due process.

Part 5 – Rights of Providers

Providers should have the right to:

- Receive written reasons for decisions.
- Make representations.
- Appeal decisions through an independent process.
- Apply for re-registration after addressing identified concerns.

Natural justice and procedural fairness should underpin the framework.

Part 6 – Funding

Subject to Parliamentary approval, regulations could permit:

- Application fees.
- Annual registration fees.

Government would determine:

- Fee levels.
- Exemptions.
- Discounts.
- Payment arrangements.

Income should be used only for administering the statutory framework and supporting quality assurance.

Part 7 – National Standards

The Secretary of State could publish statutory guidance covering:

- Registration standards.
- Quality assurance.
- Safeguarding.
- Workforce development.
- Complaints handling.

- Governance.
- Record keeping.

Local authorities would be expected to have regard to this guidance.

Part 8 – Information Sharing

The Act could provide lawful gateways for sharing relevant information between:

- Local authorities.
- Safeguarding Adults Boards.
- The Care Quality Commission.
- Other public authorities where appropriate.

Information sharing should always comply with data protection legislation.

Part 9 – Review of the Act

Government should review the operation of the legislation within five years of commencement.

The review should consider:

- Public confidence.
- Provider participation.
- Costs.
- Safeguarding outcomes.
- Market diversity.
- Administrative burden.
- Recommendations for improvement.

The findings should be laid before Parliament.

Relationship with Existing Law

Nothing within this proposal is intended to reduce the responsibilities of:

- The Care Quality Commission.
- Local authorities under the Care Act 2014.
- Safeguarding Adults Boards.
- Existing legal duties owed by providers.

The framework is intended to complement existing arrangements rather than replace them.

Conclusion

This illustrative Bill demonstrates one possible legislative route for implementing the Nottingham Model.

It is deliberately high level and intended to support discussion rather than prescribe a final legal framework.

Any future legislation should be developed through full public consultation, parliamentary scrutiny, legal drafting and impact assessment.

The next chapter will present a financial appraisal, considering the potential costs, funding options and economic implications of the Nottingham Model.

Chapter 14

Financial Appraisal and Economic Assessment

Introduction

Any proposal to reform adult social care should be accompanied by a clear assessment of its financial implications. This chapter considers the potential costs, funding options and economic considerations associated with the Nottingham Model.

As this is an independent policy proposal, the financial information presented is illustrative. A detailed cost assessment would be required by Government before any legislation was introduced.

Principles

The Nottingham Model is based on five financial principles:

1. Public money should be used efficiently.
2. Oversight should be proportionate to the level of risk.
3. Registration costs should be transparent.
4. Small providers should not face unnecessary financial barriers.
5. Investment in prevention should be evaluated against its long-term impact.

Estimated Costs

If Parliament created a Community Wellbeing Register, costs could include:

National Costs

- Drafting legislation.
- Public consultation.
- National guidance.
- Digital systems.
- Public information campaigns.
- Training materials.

Local Authority Costs

- Recruiting Quality Assurance Officers.
- Registration administration.

- Quality reviews.
- Complaint handling.
- IT systems.
- Workforce development.
- Appeals administration.

The exact costs would depend on the final design of the framework and the number of providers choosing or being required to register.

Funding Options

Several funding models could be considered:

Option 1 – Government Funded

All costs met through central government funding.

Advantages

- No direct financial burden on providers.
- Consistent national funding.

Disadvantages

- Additional pressure on public finances.

Option 2 – Local Authority Funded

Costs met through existing local authority budgets.

Advantages

- Simple administration.

Disadvantages

- Increased pressure on local authority finances.
- Potential inconsistency between areas.

Option 3 – Shared Funding (Preferred for Consultation)

Costs shared between:

- Central Government.
- Local authorities.
- Provider registration fees.

This option could spread costs more widely while recognising that government would need to determine the appropriate balance following consultation.

Registration Fees

If fees were introduced, Government could consider principles such as:

- Proportionality.
- Affordability.
- Transparency.
- Equity.
- Simplicity.

Fee structures might vary according to provider size or organisational model, but this would require consultation and legislation.

The paper does not recommend specific fee amounts because these would depend on the final scope of any statutory framework.

Potential Economic Benefits

The Nottingham Model could contribute to wider policy objectives if implemented successfully.

Potential benefits might include:

- Increased confidence in community wellbeing services.
- Support for a more diverse provider market.
- Encouragement of local enterprise and social enterprises.
- Better integration of preventative services.
- Opportunities for workforce development.

Claims regarding savings to the NHS or local authorities should be tested through pilot programmes and independent evaluation rather than assumed in advance.

Supporting Small Providers

Small providers often bring local knowledge, flexibility and close community links.

If registration were introduced, policymakers could consider:

- Reduced fees for micro-providers.
- Simplified reporting requirements.
- Transitional support during implementation.
- Guidance and training.

This would help maintain market diversity while ensuring appropriate standards.

Value for Money

Any future statutory scheme should demonstrate value for money.

Government should assess:

- Administrative costs.
- Provider costs.

- Impact on service quality.
- Public confidence.
- Market sustainability.
- Outcomes for people using services.

A full impact assessment should accompany any legislation.

Risks

Financial risks could include:

- Higher-than-expected implementation costs.
- Increased costs for providers.
- Reduced provider participation if fees are disproportionate.
- Variations in local authority capacity.

These risks could be reduced through phased implementation, consultation and regular review.

Independent Evaluation

The financial impact of the Nottingham Model should be independently evaluated throughout any pilot programme.

Evaluation should examine:

- Costs.
- Benefits.
- Administrative burden.
- Provider experiences.
- Public confidence.
- Value for money.

This evidence would help inform future parliamentary decisions.

Conclusion

The Nottingham Model recognises that reform must be financially sustainable.

A carefully designed funding model, supported by consultation, transparent cost analysis and independent evaluation, would be essential if Government chose to pursue this approach.

The final chapter brings together the proposals contained in this paper and sets out a long-term vision for adult social care that emphasises prevention, partnership, public confidence and proportionate oversight.

Chapter 15

Conclusion and Call for National Discussion

Introduction

Adult social care is one of the most important public services in England. It supports millions of people to live independently, participate in their communities and maintain dignity throughout later life or while living with disability or long-term illness.

The challenges facing the sector are well known. Demand continues to increase, financial pressures remain significant and providers face ongoing workforce and sustainability issues. At the same time, expectations of adult social care continue to evolve.

The Nottingham Model has been developed as a contribution to the national conversation about how England can strengthen prevention while maintaining high standards of public protection.

A Different Way of Thinking

For many years, adult social care policy has understandably focused on services delivering regulated activities.

However, thousands of people also benefit from community wellbeing support that helps them remain independent before personal care becomes necessary.

These services already form an important part of many local communities.

The Nottingham Model asks whether England should consider providing those services with a consistent national framework for recognition, quality assurance and public confidence.

It does not argue that community wellbeing services should be regulated in the same way as personal care.

Instead, it suggests that different types of support may justify different forms of oversight while maintaining appropriate safeguards.

The Central Proposal

At the heart of this paper is one proposal.

England should consider whether a proportionate two-tier system could better reflect the diversity of modern adult social care.

Tier One

National regulation by the Care Quality Commission for regulated activities.

Tier Two

A statutory Local Authority Community Wellbeing Register for organisations delivering non-regulated community support, should Parliament decide to establish such a framework.

The objective would be to improve public confidence, support quality improvement and strengthen prevention without duplicating the role of the Care Quality Commission.

The Role of Prevention

The Care Act 2014 places prevention at the centre of adult social care.

The Nottingham Model seeks to build upon that principle.

Helping people remain independent through companionship, community participation, practical assistance and wellbeing support may improve quality of life and reduce isolation. The extent of wider impacts would need to be evaluated through research and pilot programmes.

Supporting Local Communities

England benefits from a diverse provider market.

Large organisations, charities, social enterprises, voluntary groups and small independent businesses all contribute to supporting local people.

The Nottingham Model encourages policies that recognise this diversity while maintaining high standards of quality, safeguarding and accountability.

Partnership

Successful reform would require partnership between:

- Government.
- Parliament.
- Local authorities.
- The Care Quality Commission.
- Providers.
- Charities.
- The NHS.
- People drawing on care and support.
- Unpaid carers.

No single organisation can transform adult social care alone.

Future Consultation

The proposals contained within this paper are intended to encourage discussion rather than prescribe a final model.

If policymakers wished to pursue these ideas, further work would include:

- Public consultation.
- Impact assessments.
- Equality assessments.
- Financial modelling.
- Pilot programmes.
- Independent evaluation.
- Parliamentary scrutiny.

About the Author

Jason Robert Watmore is the founder of Gentle Hands Home Support, a community wellbeing provider based in Nottingham.

Drawing on practical experience of delivering non-regulated support, this paper reflects a perspective from the community wellbeing sector and is intended to contribute constructively to future discussions about adult social care reform.

Final Statement

The future of adult social care should continue to be shaped by the principles of dignity, independence, safeguarding and compassion.

The Nottingham Model offers one possible vision for achieving those aims by recognising the important contribution of community wellbeing services alongside regulated care.

Whether these proposals are adopted, adapted or rejected following consultation, the central question remains an important one:

How can England best support people to live independent, fulfilling lives while ensuring that services remain safe, sustainable and centred on the people who rely upon them?

That is the challenge this paper seeks to address.

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- Care workers.
- Community wellbeing workers.
- Nurses.
- Social workers.
- Occupational therapists.
- Commissioners.
- Local authority staff.
- Voluntary organisations.
- Family carers.
- People who draw on care and support.

Their commitment, compassion and professionalism continue to improve the lives of millions of people across England every day.

End of White Paper

The Nottingham Model

"The right support, the right oversight, at the right time."

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Note on References

This Paper is an independent policy proposal. References are included to provide the legislative, policy and research context for the discussion. Recommendations and proposals contained within this document represent the author's views and should not be interpreted as statements of current law or government policy unless specifically referenced.