

Market Position Statement 2026-2029

Adult Social Care



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Our Vision

Our vision is that everyone in Nottinghamshire lives in a place they call home with the people and things that they love, in communities where they can look out for one another, doing the things that matter to them.

Our top messages for the market:

- Prevention, reablement and equity
- Strengths-based, therapy-led and person-centred
- Co-production and less heard voices
- Think carers, think family, think community
- More integrated care and support in neighbourhoods
- Accelerate supported accommodation sufficiency and less residential care
- Early, accessible advice and information
- Technology-enabled care, digital innovation and inclusion
- Supporting the workforce
- Sharing and celebrating best practice



Introduction

Our Market Position Statement (MPS) sets out the ways we will work with providers to achieve our vision, getting the best outcomes for the people of Nottinghamshire.

It sets out our current understanding of demand and strategic drivers both nationally and locally.

It provides information and analysis about our care market in Nottinghamshire, describing the types of accommodation, care and support that the Council intends to commission in the future to enable people who draw on care and support in Nottinghamshire to live their best life as independently as possible.

The MPS sets out what care and support provision in Nottinghamshire should look like in the future based on what we know about our local population now, future demand growth and feedback from people who draw on care and support.

The Market Position Statement enables provider organisations to understand the resources available in Nottinghamshire, where there are any gaps in provision and areas for future growth and investment.

The requirement to have a Market Position Statement is a duty under the Care Act (2014) and links with the NHS 10 Year Plan.



Who is it for?

The Market Position Statement is for existing and potential providers of adult social care and support, voluntary and community organisations, people interested in local business development and social enterprises, developers and registered housing providers.

Alongside our MPS we will be developing a People's Position Statement which will give the opportunity for people who draw on care and support services to tell the market about what is important to them. This will be produced via a rolling programme throughout 2026 with the first section (Direct Payments) being included in this document.



How to use our Market Position Statement

All providers should read the introductory section to our Market Position Statement. This will tell you about our strategic direction of travel, our aims and ambitions for Nottinghamshire and our key areas of focus for the next three years.

Our Market Position Statement contains key information on individual service areas and will inform you about where we are looking to develop services and provision and how much we need.

The document will be refreshed annually and up-to-date information will be published on our website. We would also encourage providers to have a conversation with commissioners prior to developing schemes or services, particularly if a need hasn't been clearly detailed in the MPS.

We work with our local partners including our Nottinghamshire Care Association (NCA) to develop our commissioning intentions to ensure that people will receive the care and support they need across the system including access to appropriate accommodation through our work with registered housing providers.

We ask that you read this document in conjunction with strategies relevant to your service area.



Our direction of travel

In line with our vision we are looking to work with providers who support people in a strength-based and preventative way, looking at what a person can do, their goals and ambitions and the support they might need to help them achieve these. A key enabler to this is the growing use of technology and digitisation both to support people and to drive service efficiencies through the use of technology enabled care (TEC), Artificial Intelligence and digital care records.

We are working with people who draw on care and support services and their families so that we hear what is important to them and how they would like to be supported. People tell us they want access to appropriate accommodation and support to meet their needs, to live in their local community, have access to services and live in a place they call home. One of our key opportunities for growth is therefore within our Supported Living and Extra Care services to enable people to achieve these aims.

We want to ensure Nottinghamshire is a place where people can live well and age well, where people are connected to their communities and supported to do the things that matter to them.

Over the lifetime of our Market Position Statement we are looking to increase our community-based working including working with, and the procurement of, providers

from across the community and voluntary sector, who are able to develop community assets alongside our place-based partnerships, growing the services and support that people tell us they need, in a place they want to access them. We are also looking to increase our early intervention and prevention services to support people to remain as independent as possible, for as long as possible.

We want to support the carers in our communities, recognising the valuable role they have in caring for people. We want to work with our providers to ensure carers are recognised and provided with the support that they need.

We want to encourage our markets to grow and become diverse in their service offer to support people to meet their outcomes and have real choice and control over how they achieve this. In the main, we have a stable market in our traditional care services which gives us an opportunity to grow innovative options for the people who draw on care and support through Direct Payments and Individual Service Funds as well as utilising the learning from movements such as [WIGO](#). This includes the creative use of technology to support people to meet their outcomes and live in their communities and the opportunity to work with people through a rolling programme of consultation and co-production.

Ways of working - A Strength-Based Approach

In line with the Care Act 2014 Nottinghamshire County Council have adopted a strength-based approach to care and support and we want to contract with providers who also work in this way. This means that we:



Identify strengths and build on them – what the person can do



Focus on goals and follow them – what matters to the person



Find out about interests and use them – what brings joy and motivates the person



Explore community – what connections to make



Use language to encourage and include – what makes sense to the person



Ask if the care and support is helping the person live more of the life they choose – what changes can you make?



A therapy-led approach

Occupational Therapists (OTs) are activity-based professionals who work with people to maintain and support them to live independently, enable timely hospital discharges and prevent admission to long-term care.

OTs value a reablement and enablement approach by focusing on what the person can do rather than what they can't in line with our strength-based practice.

We look forward to working with providers who are committed to improving outcomes for people and delivering timely, equitable and quality services.

We want to support providers to work with people to build confidence so that they can do things for themselves. This may take time but is an excellent way in which people can maintain their independence.

We want providers to ensure that their staff are trained in Moving and Handling techniques, so they are confident to support people.

We would like to see use of TECH increased for people where it can be a solution as opposed to additional manpower support being used where it is possible.



Meet June

June lived alone and was recently home from hospital following a fall. She was sleeping downstairs as she couldn't climb the stairs. Carers were supporting her with getting up, washed and dressed, as well as helping with meals. June's mood was low as she couldn't do what she used to do for herself.

Carers started with seeing what June could do for herself, which when discussed with June helped her to feel better about herself and her situation. Carers learned that what June really wanted was to get back upstairs to sleep in her own bed; carers used this to encourage June on days when she felt low. An Occupational Therapist worked with June to make it possible for her to go up and down her stairs safely. Carers also found out that June told a really good story AND that she loved to sew. June showed them some of her creations. Carers found a local coffee and craft group and a Promoting Independence Worker supported June to try the group.

June now sleeps upstairs again in her own bed, and she can do a lot more for herself. June attends the coffee and craft group regularly. She has made new friends and has shared her love of sewing by teaching the group quilting. This brings her joy!

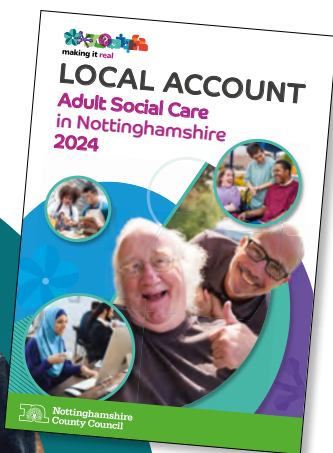
Carers can clearly see how their support helps June live more of the life she wants to live.



Our key strategies

The Local Account

The Local Account is our Adult Social Care Strategy. The Local Account outlines our vision for adult social care in Nottinghamshire: we aim to ensure that every person in Nottinghamshire can reside comfortably in their own home, surrounded by loved ones and meaningful connections. This vision draws inspiration from Social Care Future. The Local Account, which has been developed in collaboration with the Our Voice co-production group and staff, highlights positive initiatives in Nottinghamshire's adult social care. It features contributions and stories from individuals who draw on care and support, reflecting their experiences. Additionally, the Local Account outlines our adult social care priorities.



Prevention Framework

The Adult Social Care Prevention Framework sets out our mission to embed proactive prevention at scale, working with our partners to grow and strengthen prevention across Nottinghamshire.

The Framework outlines 6 key ambitions, including hardwiring prevention at a strategic level, developing the research and evidence base for prevention, scaling up and embedding prevention across the county, investing in the key points in people's lives where prevention support can have the greatest impact, ensuring that prevention is everyone's business and working with people, carers and communities to support wellbeing and independence. The Framework is supported by an action plan and will be delivered and evaluated with our partners and people with lived experience.

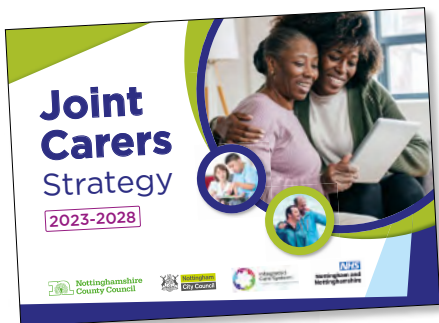


Carers strategy

This [strategy](#) is for all unpaid carers who live in or are caring for someone that lives in Nottingham City or Nottinghamshire County, regardless of the support needs or age of the person they are caring for.

The strategy sets out what we will do together to improve the health and wellbeing of carers. We will develop high quality support services for carers that meets their needs and improves their lives as a carer and ensure they are recognised and valued as partners in delivering services.

This strategy has been co-produced with carers from Nottingham City and Nottinghamshire County, and they have been involved in every stage of the development and design of the strategy. Their voices and experiences of their caring roles are directly shaping the future of services and support which are important to them.

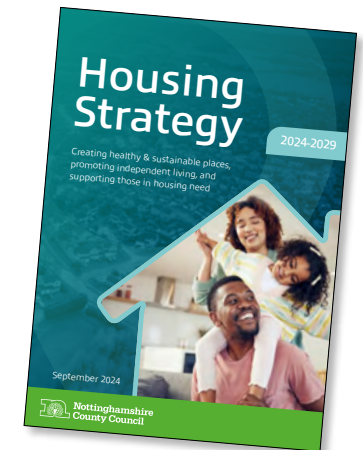


Accommodation strategy

We have prepared a [Housing Strategy](#) to set out our commitment to supported housing and independent living across the County.

In Adult Social Care we are developing our Supported Living Needs Assessment and Framework and our Extra Care Needs Analysis.

We are working with our partners across the Council to ensure one corporate relationship with external developers and agree an approach to assets and capital investment.



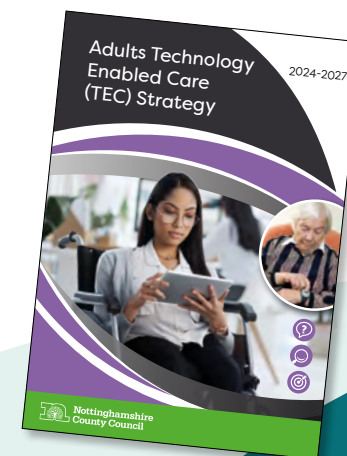
Technology Enabled Care (TEC) Strategy

Over 5076 people are currently (November 2025) being supported by [TEC equipment](#) provided by Nottinghamshire County Council. This includes equipment connected to a telecare monitoring centre, equipment connected to pagers to alert carers, equipment used to help people self-manage their care needs, and activity monitoring systems to assess how people are managing their independence at home.

By adopting a 'TEC First' Approach we are using TEC creatively to meet social care needs to maintain or improve a person's outcomes.

The Council is keen to maximise benefits from the analogue to digital upgrade of the UK telephone network and digital technologies. It presents opportunities for combining in-person care delivery and on-line 'checking' calls where these are more appropriate. It also presents opportunities for enhanced use of data to generate practical insights.

Nottinghamshire County Council will actively support providers to work with people who use their service to identify how TEC can be best implemented to maximise service flexibility and accessibility to enable person centred approaches.



Day Opportunities Strategy

Our [day opportunities strategy](#) sets out our vision for reducing the barriers and inequalities people can face to participating in community life and activities.

We aim to help reduce these inequalities by supporting adults to live as independently as they can, build resilience and skills, enjoy good standards of health and wellbeing and have access to mainstream services and activities within their local communities. Day opportunities can help people to have a fulfilling life, enable development of new skills, gain employment, pursue interests, make friends, gain relationships and peer support, and make a positive contribution to the community.

The Council recognises that people value day opportunities. This strategy aims to provide a clear vision and intentions for future commissioning to support the development of day opportunities in Nottinghamshire enabling an increase in people's access to their local communities and services, ensuring there is enough accessible provision for those that need it, where they need it with the appropriate support.

There are a number of options people utilise for day support including building based day services, commissioning a Personal Assistant (PA) using a direct payment, accessing Shared Lives for daytime support or supported employment and volunteering opportunities. People also access a variety of community activities such as lunch clubs and activity-based clubs and services.



Co-production

Co-production means members of the public with relevant lived experience having meaningful influence over services that matter to them, this can be at a strategic, local or individual level.

At a strategic level this could mean people being part of a project board, supporting commissioning processes or helping write strategies.

At a local level this may mean people working alongside staff teams, helping to design leaflets, letters or surveys or helping to recruit staff or evaluate progress towards a team goal.

At an individual level this means people shaping their own care and support so that it works well for them and their families.

In Adult Social Care we are committed to involving the public in developing, delivering and reviewing our services. We work alongside the Our Voice strategic co-production group who oversee and steer our approach.

Our Voice created HEARD values for the department and would like all providers in Nottinghamshire to embrace these. We are working hard to ensure our staff understand what co-production is and isn't and would like providers to ensure their workforce also understand this and are meaningfully involving the people they support in shaping their services. You can find out more about our approach to co-production on our [webpage](#).

HONESTY AND TRUST

People take time to build relationships. Information is shared to help understanding and any barriers to making progress are discussed in an open and transparent way.

EQUALITY

Staff share power with people, by involving them from the start. This allows everyone to learn together about what works and what doesn't.

ACCESSIBILITY

Staff use different, more accessible ways to communicate and think about what needs to change to involve people better.

RESPECT

Each person's input is respected and valued. There are clear policies on expenses and remuneration and people understand how their contribution is being used.

DIVERSITY

Diversity: People are brought together from a range of different experiences, skills, and perspectives to work together to find solutions to problems.

Equality, diversity and inclusion

In Nottinghamshire we recognise the need to ensure we have an inclusive society and fair access to support to reduce health inequalities within our population.

The Public Sector Equality Duty, set out in the Equality Act 2010, requires public authorities to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

Protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race (includes ethnic or national origins, colour or nationality)
- religion or belief (this includes lack of belief)
- sex
- sexual orientation.

Nottinghamshire is a large County with a diverse population including many different cultures and backgrounds and a range of prosperity and deprivation. The County contains both rural and urban populations many of which are ex-mining communities.

We want to work with providers who recognise our diverse population and deliver services that are inclusive, meeting needs in ways that are person centred. We recognise that a one-size fits all approach will not deliver the varied support that is needed and providers are encouraged to review their approach to service delivery to meet these aims.



Principles of working with us

In line with our vision and direction of travel there are a number of key principles and values we expect to see from our provider market.

You should be able to answer **YES** to the following statements:

- We want to support people to be as independent as they can be
- At the heart of all our services is a strength-based approach which places individuals at the heart of services, promoting their independence and wellbeing
- Our services are consistently high quality and we strive for continuous improvement
- We are connected to our local communities, linking with community and voluntary sector partners and making use of local community assets where appropriate so that we can provide the services and support that people tell us they need, in the places they want to access them.
- We support an approach focused on early intervention and prevention, enabling people to maintain or regain independence for as long as possible.
- We adhere and commit to the principles of [Adult Safeguarding](#), particularly Making Safeguarding Personal
- We adhere to and commit to the principles of the [Mental Capacity Act 2005](#)
- All our services are delivered with respect and dignity
- We respect and value the key role of family carers
- We embrace positive risk taking and skills development to support independence
- We are eager to break new ground and innovate
- We embrace digital opportunities and new technology



Nottinghamshire demographics

Population:

- 826,257 people living in Nottinghamshire (2021). This figure is predicted to rise to 886,428 by 2029 (see table below).
- 20% of the population lives in the rural areas mostly small towns and villages
- Life expectancy at birth: 83 years for women, 80 years for men.
- People are living longer but with greater levels of ill health and disability
- The number of older people who live alone will increase, with the proportion of 85+ who need care and support also increasing.

Age group	2021	2029
0-15	145,831	151,992
16-17	17,534	21,656
18-64	486,662	504,047
65-74	93,365	104,604
75-84	60,395	75,765
85+	22,470	28,364
All ages	826,257	886,428



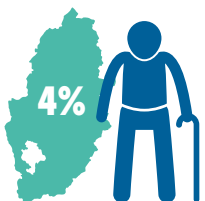
Key trends in Nottinghamshire:

- Estimated 85,218 unpaid carers, with 25,125 providing over 50 hours of care each week (38.5% of carers are aged over 65).
- Growing population of people with a diagnosis of autism and people with behaviour that challenges.
- Small Black and Minority Ethnic Community who live throughout the county and need culturally sensitive services.
- Two thirds of the adult population is overweight or obese.
- People with more complex needs are being supported in the community rather than in hospitals.

District variation:

- Much lower life expectancy in Bassetlaw, Ashfield and Mansfield than Rushcliffe.
- Bassetlaw, Ashfield, and Mansfield have some of the highest levels of deprivation in the country, whereas Rushcliffe has very low levels of deprivation.
- Deprived areas have poorer health and wellbeing outcomes.

Current Market Overview



Just under **4%** of the population of older people in Nottinghamshire receive support from NCC.



Adult Social Care offer applies equally to people who pay for their own care (self-funders) as well as those whose care costs are met by the Council.

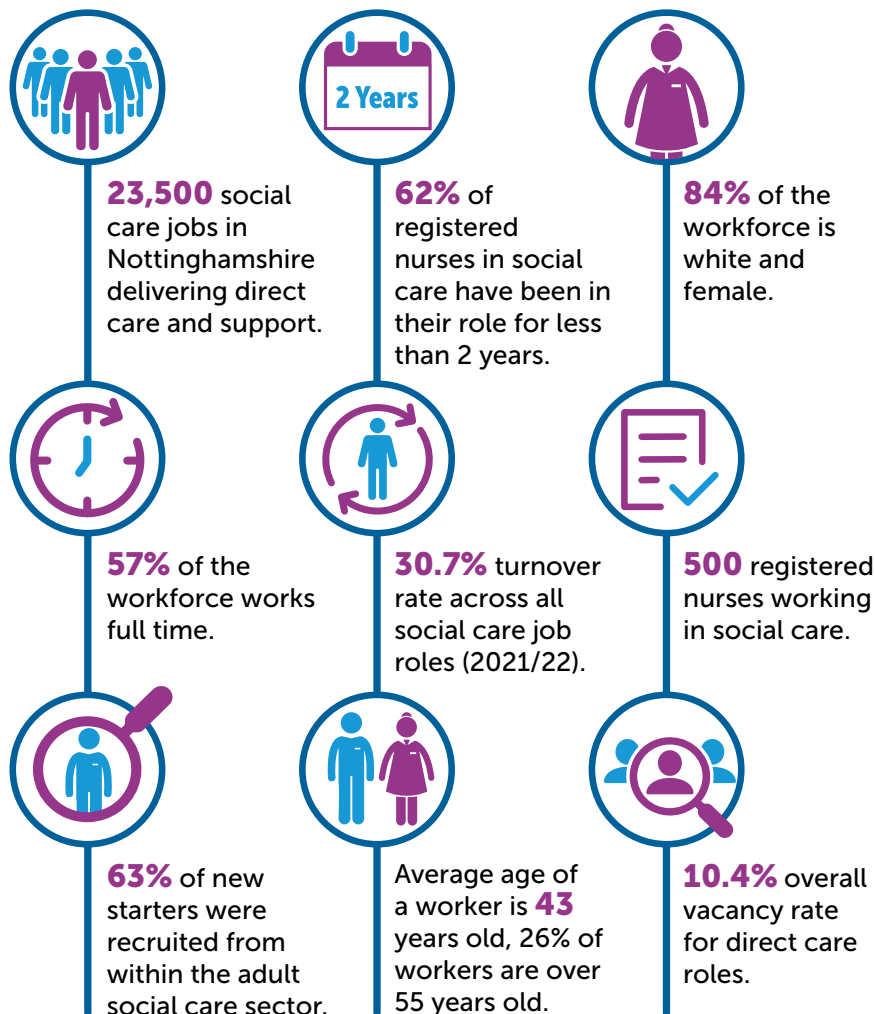


Market shaping activities consider the wider care market, encouraging the provision of high quality, cost-effective services for self-funders and people using a direct payment.

Breakdown of key services	How many people approx. in receipt of care funded by NCC (as at 1 April 2026)	Annual Expenditure (2024/25)
Direct payments	2,344	£64,500,000
Homebased care	2,372	£39,000,000
Housing with care (Extra Care)	181	£5,000,000
Day support	1,352	£7,500,000
Shared Lives	53	£2,000,000
Supported living	1,270	£63,000,000
Residential care 65+	1,565	£61,000,000
Nursing care 65+	755	£36,000,000
Residential care 18-64	553	£80,000,000
Nursing care 18-64	108	£21,000,000



Nottinghamshire workforce



Messages for providers:

- Recruit people with values, qualifications, skills, knowledge and attitudes to fit your organisation
- Attract younger people and a more diverse workforce including people with learning disabilities and people with health and social care needs
- Consider what you can offer in terms of your financial, non-financial benefits and your wellbeing offer to attract and retain staff in the sector
- Incentivise and retain experienced staff with a focus on career development and ongoing training
- People are living longer with more complex conditions and expect more personalised support, choice and control.
- Older people's services must ensure staff are specifically trained in dementia.
- Services to provide basic mental health awareness and wider diversity training to staff. Providers must also ensure staff complete Learning Disability and Autism training appropriate to their role.

How NCC supports the market

NCC's Strategic Commissioning and Quality Market Management Teams:

- Engage with the market for specific upcoming tenders or soft market testing to inform tender development
- Facilitate provider forums, electronic newsletters and emails
- Help providers develop strong relationships with other providers
- Advise providers that are considering developing new services on need and how they can access the market
- Offer advice and guidance to new micro providers
- Offer accredited training to become a Personal Assistant
- Highlight external funding opportunities, changes in legal requirements, training, and advertising services on [Notts Help Yourself](#)
- Work with Nottingham City Council, District Councils and Health to integrate commissioning and reduce bureaucracy
- Provide training and support opportunities to meet our strategic aims
- We advertise contract opportunities through the Central Government's repository 'Contracts Finder'. It provides contract information for current and future opportunities, awarded contracts, pre-procurement engagement with the market
- We currently run tender processes through [ProContract](#), where organisations apply for contract opportunities, ensuring that these opportunities and tender documents are available for free to interested organisations.

Messages to providers:

- Think about how you can meet gaps in service
- Ensure that you understand how to tender for any work (E.G, framework agreement)
- Register on ProContract to enable alerts to future tender opportunities
- Advertise your services on Notts Help Yourself
- Attend provider and stakeholder meetings and forums with NCC and ICBs to find out about developments in the market
- Speak to NCC before developing a new service, especially if you require planning approval, CQC registration, or you are hoping to attract Council funded business

Brokerage

NCC launched brokerage in the Autumn of 2024 to support our social work teams when arranging care and support for people.

Brokers work with individuals and social care practitioners to develop care arrangements that meet the needs and preferences of individuals. They are knowledgeable about the local care market and available capacity. This allows social care practitioners to focus on assessments and reviews, ensuring timely and appropriate care.

Brokerage is a new service to NCC and is in the mature stages of development. It is the process by which all placements (within scope) will be made with providers.



September 2024
Pilot Residential and Nursing Care Brokerage.
Now fully "live"

October 2024
Pilot Direct Payments Brokerage.
Now fully "live"

Residential and Nursing Services for Working Age Adults via Dynamic Purchasing System (DPS)

Homebased Care and Support, Enablement for Working Age Adults (CSE).

Prevention Services
Scoping is in progress

Care Support and Enablement



Quality

The Council commissions supported living and community networks under our Care, Support, and Enablement (CSE) Framework.

Support is designed to meet the needs of an individual, or group of individuals in supported living settings or on an outreach basis.

A key aim of CSE is to promote independence and ensure the support received by individuals is tailored to meet their needs, designed in a strengths-based way.

64 care organisations currently work with the Council to deliver CSE support.



Price

CSE maximum rates 26/27:

Standard: £24.00 ph	Enhanced: £26.36 ph
Sleep-in: £13.83 ph	Community Networks: £24.51 ph



Sufficiency

Around 1270 people receive CSE support each week, with approximately 1036 people residing in a supported living setting, and 234 people receiving community outreach support.

There is a CSE provider Framework in place to September 2029, with extension terms to Sep 2031.

Messages to the market

Community Networks

Expansion of Community Networks as a more innovative and strengths-based approach to supporting people to develop independence skills wellbeing, and build community connections.

Complex needs

We require more supported living accommodation for individuals with complex support needs, enabling timely discharges from hospital settings into bespoke accommodation.

CSE Framework only

Direct contract opportunities are limited to providers that have been selected for our CSE Framework (2025-2031). The framework may reopen to enable new providers to apply to join, but this will be based on our strategic need.

TEC

We want to expand the use of TEC to enhance independence, improve outcomes, and reduce restriction.



Supported Accommodation



Quality

The Care Act 2014 emphasises the role of housing to enable effective care and support, and we recognise the crucial role that housing has in meeting people's care needs and supporting independence.

We work with a range of partners including developers, support providers, and Registered Housing Providers (RPs) to develop a range of options for people including self-contained, core and cluster, and shared accommodation.

Care and support is commissioned through the Care, Support and Enablement (CSE) Framework for all accommodation the County Council supports.



Price

There is no capital available from the Council to support the development of supported accommodation.

There may be instances where the Council enters into an agreement for rental void loss, however this will be agreed formally via a procurement process where required.



Sufficiency

There is a growing need for additional supported accommodation across all areas of the county, including for individuals transitioning from residential care or inpatient settings and young people preparing for adulthood.

The highest levels of demand are currently observed in Mansfield, Ashfield, Rushcliffe, Gedling, and Broxtowe.

The Council aims to develop more supported accommodation for individuals with complex support needs who require robust and resilient living environments.

Messages to the market

- We require more supported living accommodation to meet identified future needs.
- We are designing an RP Framework to set out how we will work with Registered Housing Providers to support the growth and access of new supported accommodation.
- We intend to work with partners to ensure environments meet identified strategic need, recognising the varied needs of people we support.
- We want environments to enhance the use of TEC to maximise independence.
- Please read this MPS in conjunction with the Adult Social Care Housing Plan and 18-64 needs assessment.



Working Age Residential Care



Quality

All new care home individual placements are made via the Dynamic Purchasing System (DPS). The DPS is a web-based portal introduced by the Council in August 2016 and will be replaced by the Council by August 2026.

Quality is audited and managed by the Quality and Market Management Team (QMMT). Providers are regulated by the Care Quality Commission (CQC).



Price

Individual fee levels are needs-based and agreed via competitive tender on the DPS.

National and regional benchmarking analysis suggests the Council does not always achieve value for money within external residential care provision. Future approaches are being considered to maximise financial investment and the outcomes for people.



Sufficiency

There are 133 CQC registered homes in Nottinghamshire offering placements to adults aged under 65. Most homes used by the Council support people with a learning disability (60%), mental health (21%) or physical disability (13%).

There is a greater supply of residential beds than demand. Nottinghamshire County Council currently commission 41% of available beds in the county for younger adults.

Messages to the market

New commissioning approach

A new commissioning approach to replace the DPS will be introduced by August 2026.

Reduced reliance

We wish to see a reduced reliance on residential care and anticipate a reduction in both the number of people being supported and the number of care homes in Nottinghamshire in the medium term.

Nursing

We do not need more homes for people with lower or moderate needs, however there may be opportunities within nursing or highly specialist provision.

Direct support

We want to work innovatively with providers to reduce the reliance on restrictive 1:1 support, considering technology, a positive attitude to risk enablement, and changing staffing models.

Supported living

We want to meet with care home providers operating in Nottinghamshire who may consider, where appropriate, registering as supported living.



Day Opportunities



Quality

The Council introduced a new Day Opportunity strategy 22-27 which sets out a vision for an inclusive society where mainstream leisure and employment support is accessible to people who access care and support.

Our ambition is a continued move towards more personalised approaches within Day Opportunities which bring people and places together, through a range of methods, to support people to live the lives they want.



Price

People who are eligible for social care are assessed by the Council with their needs aligning to one of four matrix rate bands. Services are purchased at a fixed matrix rate per session (session is a half day) for a maximum of fifty weeks per annum.

Should an individual require one-to-one or two-to-one support, the session rate automatically defaults to low needs.



Sufficiency

Around 1350 people access a day opportunity on a weekly basis, accessing one of the Council's 7 internal services or 33 externally delivered Day Opportunities. Providers are required to work in a strengths-based and outcome focused way.

There is a Day Opportunity provider framework in place to September 2027. Providers can apply to join this framework by [following this link](#).

Messages to the market



Employment support

We want to work with providers to build on peoples' strengths to develop skills leading to paid employment.

Community access

Where appropriate, more day opportunities should be provided in the community, rather than be building based.

Evening and weekends

We want to continue to expand the number of opportunities available to people during evenings and weekends.

Complex needs

There are likely future opportunities for providers who can support complex physical and communicative support needs.

Community Networks

We want to grow the number of peer-to-peer networks available for people to access in their local community.

Home Based Care



Quality

Home based care is commissioned through our Framework contract with six area-based hierarchies with a single Lead Provider in each area, supported by up to 25 additional and supplementary providers. A dynamic provider list was established using a dynamic purchasing system.

NCC also commissions a short-term Rapid Response Service to deliver home-based care and support, commissioned from a single provider organisation.

Quality is audited and managed by the Nottinghamshire County Council Quality and Market Management Team (QMMT). Providers are regulated by the Care Quality Commission (CQC).



Price

Price is based on accepted tendered rates, therefore varies across the range of providers and areas of the County. These range from £24.80 to £30.22.



Sufficiency

We have a wide range of different providers across Nottinghamshire with no areas of unmet need.

The level of provision varies across the County, with particular challenges in more rural areas in parts of Bassetlaw, Newark and Rushcliffe, while other areas such as Mansfield and Ashfield are oversupplied. Financial sustainability can also be challenging for smaller providers.

The ability of providers to respond quickly to support hospital discharge is also variable.

Messages to the market

We are looking to redesign our model of home-based care to become more outcome-focused, dynamic, responsive and efficient. We also want to ensure a sustainable workforce, promote the use of TEC and ensure that carers needs are recognised.

Home Based Care is predominantly accessed by people aged over 65. This age group is expected to increase 10% by 2030 and we would anticipate at least a similar growth in the usage of community services as a result.

The current Framework is due to end in 2028 and early market engagement is planned for Spring 2026.



Extra Care



Quality

Currently Extra Care is commissioned as part of the Home-Based Care contract. However, in the future the intention is to commission Extra Care as a separate contract with specific KPIs and outcomes.

Each of the schemes is different, with activities and environment tailored to suit the people living there. Providers are regulated by the Care Quality Commission (CQC) and quality is also managed through the Quality and Market Management Team (QMMT).



Price

The average weekly cost for Extra Care per person is around £400. Residents pay housing costs in addition to an assessed contribution.

The current Extra Care service is delivered on a block contract model, with hours calculated based on the number of people supported and apportioned equally across all individuals. However, we are planning to move to a model of background support hours, with additional individual hours commissioned on top.



Sufficiency

We commission 12 extra care schemes across Nottinghamshire, providing over 200 units of extra care accommodation.

Extra care across the county is at capacity with people waiting and we are looking to develop further schemes. A needs analysis is underway to assess the future demand model for Extra Care across the County.

Messages to the market

We are seeking to develop a new Framework for Extra Care and increase provision across the county. We want a strengths-based, personalised model which enables people to live independently in their communities, with planned and flexible support available 24/7.

We are seeing increasing complexities in the needs of people requiring Extra Care, including age-related conditions, mental health challenges and substance misuse and we want to work with providers who can support this.

Please read this MPS in conjunction with the Adult Social Care Housing Plan and 65+ needs assessment.



Carers

Quality

In Nottinghamshire there are 82,172 unpaid carers, of which 24,499 provide over 50 hours of care per week. We want to develop our support offer for carers, including earlier identification of carers, more personalised support, addressing health inequalities and improving access, particularly for under-represented groups. This includes better support for working carers and young carers, and support for carers when their caring role has ended. Our guiding principle is that we respect and value the key role of unpaid carers.

Price

Carers Hub

Currently this is an annual fixed sum £447,379.

Communication and Engagement

Currently this is an annual fixed sum £117,022.

Sufficiency

Nottinghamshire County Council commission several services to support unpaid carers.

This includes:

The **Carers Hub Service** providing support to carers to improve their health, well being and quality of life. This includes access to information, training, support groups, health and wellbeing support, and support to access education or employment.

The **Engagement and Promotion Service** promotes the interests of all carers (including young carers and parent carers) and encourages carers to participate in co-production, consultation and engagement activities.

Messages to the market

The services we need more of are:

- Wider choice of person-centred respite options to support both carer and cared-for.
- Overnight residential provision which is accessible and flexible especially for more complex needs.
- Services which take a whole family approach and work with partners to support this.



Young Carers



Quality

In Nottinghamshire there are 1735 young carers aged 5 – 17 years within a wider population of 121,345 young people (2021 census).

As set out in our joint [All Age Carers Strategy](#), our priority for young carer support services is to further develop our support offer, including earlier identification of young carers in education and wider community, the provision of more personalised support, addressing inequalities and improving access to support for those young carers who are under-represented.



Price

The funding envelope will be determined prior to tendering for the Service. Currently this is an annual fixed sum £447,379.



Sufficiency

The service provides support to young carers and their families across all districts in Nottinghamshire ensuring that there is equitable access for all.

The provision required includes the following:

- Assessment/identification of need and support planning
- One-to-one support

- Group based support and activities
- Outreach and training to education providers
- Outreach to health and social care providers
- Promotion of the service
- Opportunities for young carers to shape the service
- Young carers to be able to make friends, try new activities and skills and build self-confidence

Messages to the market

We consider the number of young carers in Nottinghamshire cited in the 2021 Census to be lower than expected. As work continues to identify young carers (those caring for adults or another young person) we anticipate these figures will be higher.

Provision needs to be able to meet demand as more young carers are identified earlier and supported. Support includes groups and activities as well as individual needs identification and one-to-one sessions.



Over 65s Residential and Nursing Care



Quality

We commission a Care Homes Framework for adults aged 65 and over.

Care homes are regulated and inspected by the Care Quality Commission (CQC). Quality is also managed through the Quality and Market Management Team (QMMT).



Price

A local fair price for care funding model was developed for older people's care homes. Care homes are categorised into one of five bands (Band 1 – Band 5) with associated fee rates. Band 1 homes are the cheapest and Band 5 homes are the most expensive.

Homes with the Dementia Quality Mark (DQM) also receive enhanced payments for residents that meet the criteria.

Prices for single placements are determined by the Commissioner and there is no guarantee of work under the Framework.



Sufficiency

Nottinghamshire County Council currently commissions 141 independent sector care homes of which 63 also offer nursing care.

Historically, Nottinghamshire has had an over-provision of residential beds, particularly in Mansfield, Ashfield and Gedling. The number of care homes in Nottinghamshire has reduced overall in the last 3 years to better align with market need. The number of Band 4 and 5 homes, as well as services in Rushcliffe, has increased in recent years.

Messages to the market

Nottinghamshire has sufficient supply of care homes, including some areas of over-supply. A key strategic aim is to enable people to be as independent as possible, in the most appropriate, least restrictive settings. This includes the development of alternative provision such as Extra Care. While residential and nursing care will remain an important option for many, we do not anticipate further expansion of this market.



Home Adaptations



Quality

Adaptations are essential to support independent living, enable timely hospital discharges, prevent admissions or long-term care, and ease pressure on carers.

Major Adaptations are funded through the Disabled Facilities Grant (**DFG**), administered by the seven District and Borough Councils. We work closely with them to ensure consistent, fair delivery and identify areas for improvement.

We also operate an Equipment-Based Major Adaptation Framework to procure stairlifts, ceiling track hoists, ramps, vertical lifts, and step lifts.

The Handy Person and Adaptation Service (HPAS)

supports minor adaptations that help people stay safe and independent at home. This includes fitting grab rails, installing key safes, and making small repairs. Between 2022 and 2025, around 7,500 HPAS jobs were completed.



Price

The **DFG** is a means-tested grant with a standard maximum of £30,000, though some district councils offer additional discretionary funding.

HPAS is mostly free for residents, though a few may carry a £15 fee.

We pay traders £25 per hour for standard HPAS jobs and £45 per hour for urgent ones, as well as cost of materials.



Sufficiency

Nottinghamshire has a broad network of providers and traders delivering home adaptations.

Currently, 21% of the population is aged 65 or over, with a projected 41% increase in older people living alone by 2030. As a result, demand for home adaptations is expected to grow significantly. A strong provider market is essential to delivering home adaptations quickly and efficiently.

Messages to the market

- A **tender for the new Handy Person and Adaptation Service (HPAS) Framework** will be published in Autumn 2025. We welcome interest from providers who can deliver responsive, high-quality minor adaptations across Nottinghamshire.
- The **DFG Equipment Framework** commenced in **January 2025**. This is a **closed three-year framework** and is designed to streamline the procurement of essential equipment such as stairlifts, ramps, and hoists.
- We look forward to working with providers who are committed to improving outcomes for people and delivering timely, equitable and quality services.



Nottinghamshire Shared Lives



Quality

Shared Lives is a scheme in which carers share their homes with adults who have support and care needs and provides an alternative to residential care or supported living.

Unlike traditional care settings, Shared Lives carers open their own homes to the people they support. Individuals become part of the family, enjoy everyday life, build relationships and do what matters most to them.

Shared Lives is a unique approach to adult social care which is delivered by trained and approved carers through the Council's Shared Lives Schemes. It is similar to fostering, but for adults who need support to live independently. This could be for a few hours a week, short-term stays, or full-time live-in support to those who need it.



Price

Our Shared Lives carers work on a self-employed basis and are paid a fee through the Shared Lives Scheme when matched with a person with care and support needs.



Sufficiency

Nottinghamshire County and Nottingham City Councils have an ongoing campaign to recruit more Shared Lives carers so that more people with additional needs who find it harder to live on their own, can live as safely and independently in the community as possible.

Carers offer both long and short-term support and we currently have over 80 households providing Shared Lives opportunities.

Messages to the market

Our carers come from all walks of life and support adults of all ages and backgrounds. Our vision is to have a diverse range of carers to replicate the diversity of our communities.

Care is taken to match each person with the right carer, ensuring a supportive and meaningful connection. No special experience is needed to be a Shared Lives carer as regular training is provided. Breaks are available and carers become part of an active support network. Caring can be flexible to fit around work and family commitments.



Direct Payments



Quality

Direct Payments (DPs) enable people to receive funds to purchase care they have sourced, instead of directly receiving a care provision. DPs can be used to employ a personal assistant (PA), contract with a micro-provider or self-employed personal assistant, or employ a care agency. The Council's preferred way to deliver a DP is with employed PAs.

We will be refreshing our DP Policy in 2025-6 and writing a DP Strategy that will set out the vision for DPs for the next 3 years.

We do not commission or employ any of the providers; their relationship is directly with the DP recipient. This means our role is to focus on developing and monitoring the marketplace to safeguard high quality and value for money care provision.



Price

Self-employed PAs and DP care agency hourly rates funded by a DP, will be benchmarked to the district Homecare Framework rates.

Category of how the DP is used by the individual	2025/26 Average	The uplift in £s	2026/27 maximum rates
Employed PA	£15.22	£0.54	£15.76
Self Employed PAs	Various		£18.91
DP Care Agency	2025/26 DP agency maximum hourly rate		2026/27 DP agency maximum hourly rate
Bassetlaw	£23.91	£1.40	£25.31
Broxtowe	£23.08	£1.72	£24.80
Gedling	£24.24	£0.67	£24.91
Mansfield/Ashfield	£23.82	£1.09	£24.91
Newark and Sherwood	£24.27	£1.31	£25.58
Rushcliffe	£23.28	£2.11	£25.39



Sufficiency

- We wish to increase the number of Direct Payments used to employ PAs.
- We are keen to grow the DP PA market by supporting PAs to develop their skills to enable the care and support of people with more complex care and behavioural support needs.
- We are keen to grow the provision of DPs used by working age adults.

Messages to the market

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- We advertise work opportunities to PAs who are registered and accredited on the PA at Home Network.
 - We have launched a quarterly PA Forum to work closely with PAs to identify and progress market development opportunities.
 - We want to explore the effective use of Individual Service Funds (ISFs) to help people innovate how they access care and support and we want to work with providers, Community Interest Companies and community and voluntary sector organisations which can support.
 - Pre-paid debit cards are our preferred method for DPs and we want to research and consider the opportunity that e-wallets may offer.



Working with people in shaping the future of Direct Payments

We have been working with people to find out how they would like us to develop our Direct Payment (DP) offer. The information below is from three small group deep-dive conversations with 25 people that use direct payments, a feedback questionnaire that 296 people responded to and our 2023 and 2025 Big Conversations with the public. People told us that there are some things that they would ask of providers.

They told us:

- There is a need for more PAs in the market as recruitment and retention can be difficult
- There is a need for more PAs that are trained to complete more advanced and specialist care and support
- They want care providers who can work more flexibly and in supportive personalised ways, that help them feel more in control of their care and support
- They want care providers to offer Individual Service Funds (ISFs) so a more varied range of support packages can be made available
- Services need to be culturally aware and accessible

People also told us that there are many positives from using a direct payment to access their care and support including:

- Increased support and independence
- Personalised support options
- Strong PA relationships and better outcomes
- Flexibility in arranging support
- Empowerment and improved confidence



Upcoming opportunities

We have a number of upcoming tender opportunities. The below are our anticipated dates for tenders to go live and we will be engaging with the provider market prior to each of these.

- Under 65 residential/nursing care – *Spring 2026*
- Day opportunities – *Summer 2026*
- Extra care – *Spring 2026*
- Homebased care – *Summer 2027*
- Housing Provider Framework – *Spring/Summer 2026*
- All tender opportunities will be advertised via [Proactis](#) so please ensure you are registered to receive alerts.



Glossary

Housing With Care: extra care housing and retirement village schemes, where people live independently but 24-hour support is available, if required.

Care Homes: residential and nursing care, including short term care. Residents have their own rooms and share communal activities and facilities. Personal care is provided; nursing care is also provided in nursing care homes.

Tech Enabled Care: assistive technology, aids and equipment and home adaptations.

Home Based Care: practical and personalised support provided in a person's own home, to enable people with care and support needs to live independently.

Prevention: this is about encouraging people to be more proactive about their health and wellbeing and reducing loneliness and isolation. It can increase independence and reduce or delay the need for care and support services.

Early Intervention: intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.

Community networks - building links and sharing skills and experience: peer support, carers, friends and family, informal support, social connections, local organisations and networks.

Care Support and Enablement: own front door, assistive technology, Shared Lives, enablement, supported living, short-term home care, short breaks and respite care.

Strengths-based approaches: focuses on individuals' strengths (including personal strengths and social and community networks).

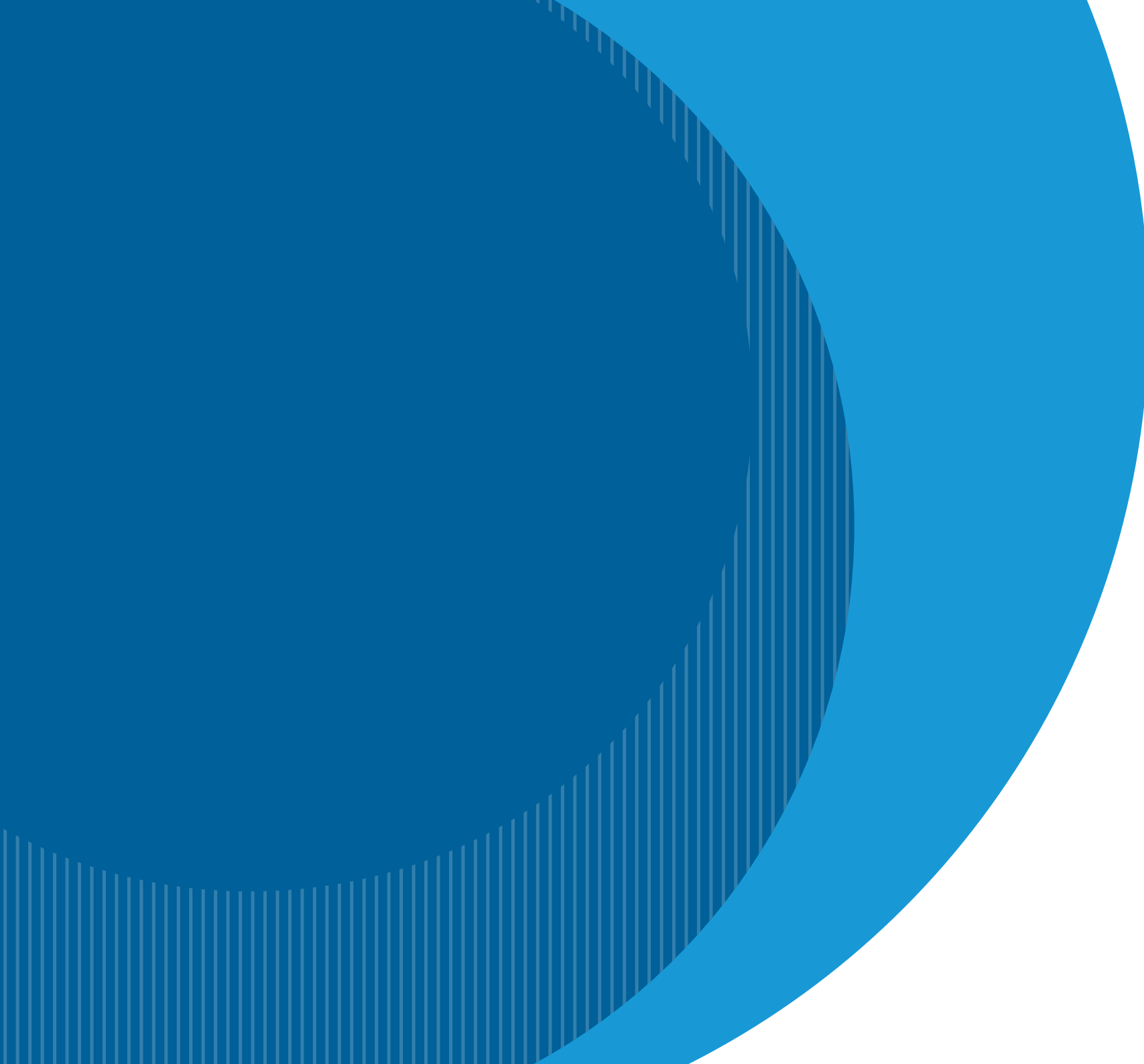
Longer Term Support: community health and social care, home care, extra care, residential care, nursing care.

Specialist Placement: intensive health and social care support for people with complex needs.

Reablement: a brief and targeted home care service designed to improve independence by learning or re-learning skills for daily living.

Acute / complex needs: significant and / or continuing healthcare needs such as multiple health conditions which may require clinical support.

Dementia Quality Mark: awarded to older persons care homes in Nottinghamshire that have evidenced that they provide a high standard of care to people living with dementia.



April 2026

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