

Recommendations from Care at Home Inquiry

Score	Theme	Recommendation	Detail on What and Why
1st =	Funding and Commissioning	Commissioning practices are currently too rigid to accurately reflect a personalised approach.	<ul style="list-style-type: none"> • Stop commissioning 'time and task' services, that fuel a one size approach; • Time to build relationships needs funding as it leads to greater independence in the long run; Co-design/co-production in all tenders; • Investigate other financial models to bring back cash into the [care] sector; • Incentivise providers to facilitate independence outcomes; • [The current model] Stops small or local providers [and we] need a diverse market; • [Move towards an] Approved provider list, meeting the criteria's [describe elsewhere in these recommendations] instead of a preferred provider closed shop.
1st =	Informed Choices	Care navigation models to be developed and available from 18+.	<ul style="list-style-type: none"> • Information is necessary to enable choices; • Information can be held anywhere (in pubs, community centres and supermarkets); • Believe strongly in [promoting of] a social prescribing model that supports mental, physical and emotional health; • (Social] Prescriptions need [information on] costs attached to it, so that provider services aren't at risk.
2nd =	Valuing Care Staff	Consider creating a professional body for social care workers, similar to the General Medical Council or Nursing Medical Council.	<ul style="list-style-type: none"> • Improve morale, improve recruitment and retention; • Maintain regulations and continual professional development; • Workers more valued and respected.
2nd =	Valuing Care Staff	Improve terms and conditions for the contracts of Social care Workers, and ensure these meeting legal requirements.	<ul style="list-style-type: none"> • Improve recruitment and retention; • Workers feel valued and respected; • providers save money; • Abides by the law!; • Raises status and professionalism of workers.
2nd =	Early intervention and Prevention	[Prioritise] Earlier intervention.	<ul style="list-style-type: none"> • An earlier investment in prevention services will reduce long term costs.

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2nd =	Accommodation	Suitable, safe, reasonable accommodation for all.	<ul style="list-style-type: none"> • To remain independent; • reduces need to move; • More likely to want to remain in home for longer; • [Improves] Safety.
2nd =	Working together	Greater integration of Health, Social care, Housing, Voluntary services and the service uses, to share information and resources, and [improve] care planning.	<ul style="list-style-type: none"> • Information should be managed by the individual rather than the service; • Permission held in a single technological record; • Break down boundaries between services and [reduce] institutional hierarchies; • Move towards one file per person that's owned by them; • make co-production mandatory in the commissioning cycle.
2nd =	Transport	Good public transport remains essential to a good life at home.	<ul style="list-style-type: none"> • Integrated transport system to support [the care] infrastructure; • Improve access; • Reduce cost; • Public transport free at 60 as in London, Scotland and Wales.
3rd =	Valuing Care Staff	Introduce banding structure for care workers based on experience and qualification.	<ul style="list-style-type: none"> • Improve recruitment and retention; • Provides career pathway and opportunities for progression; • Feel more valued and respected.
3rd =	What's important	Individualised approach for everyone that 'incorporates' their personal wishes.	<ul style="list-style-type: none"> • Everyone has different needs and wishes.
3rd =	Technology	Appropriate use of technology to enable people to remain independent, connected and safe	<ul style="list-style-type: none"> • [More use of] Facetime, skype and whatsapp; • Voice controlled assistance(echo/alarm); • Assistive technologies/healthcare technology; • Buddy GPs; • Welfare checks.
4th	Unpaid Support	Recognising and valuing the contribution of unpaid carers.	<ul style="list-style-type: none"> • Improve their support [while at] work and improve support for their own health and wellbeing; • Prevent burnout and crisis intervention; • Reduce carers own use of health and social care services in the future; • Carers save the system £11bn a year. It [the system] will not cope without their support, so they need to be supported.