

<i>Leading from the front</i>	
1.	The government should establish a shared vision of what role housing with care plays and what it ought to achieve for those it serves in a 21 st century care system. This should also recognise the important contribution it makes to the housing market and the wider economy.
2.	The Government should also promote a shared evidence-based vision for what we know residents, relatives and staff want from care homes and what we know works. Unless we are all agreed about what best practice looks like in care homes, commissioners, providers and inspectors will all look for different things.
3.	The terms 'residential care' should no longer be used in government policy and guidance, and replaced with the sector-wide term 'housing with care' to encapsulate all forms of care delivered in specialist housing settings.
4.	The government should introduce the concept of tenancy in care homes so that people do not pay 'hotel costs', but rent, alongside service charges and care fees.
<i>Working in housing with care</i>	
5.	The care sector should become a living wage sector, with a transparent and fair funding formula developed by national government and local commissioners to make this viable.
6.	Skills for Care should become the national professional organisation to represent housing with care staff and promote excellence in housing with care practice.
7.	A minimum level of training and development should be introduced across housing with care.
8.	Management of housing with care should be recognised as a distinct skill set, vocation and career path, and specialist training, qualifications and pay should be offered accordingly.
9.	Paid internships and apprenticeships should be introduced, sponsored by housing with care providers, for those interested in working in housing with care.
10.	A vocational nursing role that allows nurses to be trained while working in care settings should be developed
<i>Commissioning and assessment</i>	
11.	Consideration of the 'what' should be decoupled from the 'where' in the assessment and subsequent local commissioning of care services.
12.	Local commissioners across health and social care should develop commissioning models that are driven by outcomes rather than specify 'how' or indeed 'where' these outcomes are achieved, using personal plans and the aspirations and requirements of those needing support.
13.	Local commissioners should use their market shaping duties, and the advice they give to those making housing with care choices, to encourage existing housing with care providers to deliver a shared vision of good practice, including good practice related to staff pay and conditions.
14.	Local authorities must also encourage the widest possible range of housing options where care can be delivered on site, as well as partnerships between housing with care and other local facilities – such as children's and community centres, health or advice services.
15.	Local authorities should ensure their duty to provide advice and guidance under the Care Act 2014 does not simply provide advice regarding the range of housing options open to a person with a particular support package, but also includes practical and emotional support for people and their families moving to housing with care.
16.	The statutory right to a social care assessment should always include a consideration for technology enabled care services, appropriate to need.
17.	Both health and local care commissioners must do more to ensure those living in housing with care settings have access to primary care and other health services.
<i>Providing housing with care</i>	
18.	Housing with care providers, the government, local commissioners, regulators and the people using their services work together to develop a shared vision for housing with care and do their part to achieve this.

19.	The government should sponsor grants for innovative re-designs, refurbishment and the implementation of enabling technology for care homes seeking to pioneer new approaches; as well as the launch of a design competition and a call for new designs and new ideas in housing with care to stimulate innovation.
<i>Building housing with care</i>	
20.	Local Plans should be coproduced with care commissioners and those responsible for drafting local JSNAs.
21.	Local Plans must include an assessment of the population's future housing with care and retirement housing needs alongside an assessment of need for general accessible (disabled-friendly) housing.
22.	Local planning authorities should reflect a preference in planning permission guidance set out in the Local plans for co-located housing with care facilities, those embedded with the wider community, and innovative and diverse design based on the robust evidence that already exists regarding dementia-friendly design and tech-enabled housing
23.	The Community Infrastructure Levy (CIL) should be reviewed to establish whether housing with care providers are disproportionately disadvantaged by this regime.
24.	The use of incentives should be explored including expedited planning permission; reduced purchase price on land from local authorities, hospital groups, national government or the NHS; and reduced CIL tariffs; in return for providers who are willing to build housing with care which reserves a percentage of space for people whose care services are funded by the local authority or contributes financially to services for people funded by the local authority, and other related conditions linked to good practice in design.
25.	There should be a change in planning use classes to create a dedicated use class covering all housing with care, making it easier for providers to be more flexible and innovate and build multi-use developments.
26.	The relaxed change of use measures introduced in 2013 ¹ to help local authorities convert offices to housing should be extended to enable NHS, MoD and university land banks, and appropriate office buildings, to be converted into housing with care models more easily.
27.	Over the longer term, all housing should be built on an adapted or adaptable model so that the line between mainstream housing and specialist housing is blurred.
<i>Regulation, registration, inspection</i>	
28.	An annual CQC survey of people using all housing with care services should be introduced to run alongside CQC's current surveys of people using acute services, outpatient services and community mental health services.
29.	CQC should also conduct an annual workforce survey to investigate the validity of recent claims that abuse and neglect are widespread in housing with care.
30.	Providers should be required to publish standardised feedback reports from their customers and their families (along the lines of Your Care Rating) on their website, alongside whistleblowing and complaints policies and data relating to complaints (including response times and lessons learned).
31.	Several review sources should be consolidated on the CQC website, making it easier for prospective customers and their families to review their choices from a range of independent sources in one place.
32.	Outcomes-based inspections should be carried out by CQC, and CQC should inspect the quality of care delivered – and its ability to deliver a good quality of life – in all housing with care settings
33.	CQC should not be responsible for inspecting the homes of people living in housing with care settings, including care homes.
34.	To reflect this change, a single category of residential care should be used in CQC registration – called Housing with Care.
35.	Building inspection for communal care settings (e.g. traditional care home models where all space outside of one's bedroom or apartment/'bedsit' is communal) should be increased to match the level seen in other communal establishments, such as hotels.
<i>Funding</i>	
36.	HMT should commission the OBR to conduct a 5 yearly, 20 year projection of demand for care services, considering health status, demography, technology, etc and the financial divers of different models.
37.	Open book accounting and a fair funding formula should be implemented for the care provided in housing with care settings, and the cost of accommodation. This formula must recognise the true cost of care, and that – as staffing costs are the major driver of care costs – must be reviewed annually in line with inflation and changes to the minimum and living wages.
38.	As part of open book accounting, housing with care providers should adopt the tripartite funding system, separating out rental charges, service charges and care fees and making these transparent.

¹ <https://www.gov.uk/government/news/planning-measures-will-make-best-use-of-underused-buildings-for-providing-new-homes>