



Learning Network

Care Provider Alliance and NHS England

Creating the clearest picture: Data sharing across ICSs

Learning Summit Report

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Context

The Care Provider Alliance (CPA) and NHS England (NHSE) are supporting effective partnership working between the adult social care provider sector and integrated care systems (ICSs).

To support this, they have established a virtual Learning Network which will host a series of learning summits.

This session, held on 22 March 2023, explored how information can be shared and analysed to create the clearest picture of local issues.

Integrated Care Systems require reliable data and analytics to effectively remodel and integrate health and care on behalf of local citizens.

All the partners - from the NHS, local authority, social care, and community services - will have different information systems and competing perspectives on priorities, making it challenging to agree a version of the truth on which to make informed decisions.

This session was co-chaired by Ian Turner, RNHA and Ming Tang, NHS England, speakers included: Rachel Power, Patients Association; Mark Sutton, CQC; and Deb Gent and Natalie Heaven, Lancashire and South Cumbria Health and Care Partnership.

Key learning

- Digital and data transformation is one of the best tools we have for joining up care around people and supporting partners to work more efficiently together.
- It needs to be grounded in what people want, which is: full access to their records; to understand what is being done with their data; control over their information; reassurance about the technical quality of the data handling and data protection arrangements.
- Genuine partnership – including risk sharing across the whole system – is essential to effective data sharing.
- CQC plans to reduce the data collection burden by gathering more information regularly through digital systems (e.g. through authorised access to data). This in turn can free up time to have discussions with providers about improvements and recognition of achievements.
- ICS Digital Transformation teams can support care providers through their digital journey by taking a staged approach. This includes ensuring providers have digital skills and knowledge; technical infrastructure; data protection and cyber security arrangements; and digital shared care records.
- Adult social care providers should take full advantage of the funded support currently available from the [Digital Transformation Fund](#) and the [Better Security, Better Care programme](#). Consideration also needs to be given to the care providers who are least likely to go digital as well as non-regulated support services.

Chairs' reflections

Ian Turner, Executive Chair, Registered Nursing Home Association

- We need to take into account the make-up of the ASC provider sector when considering data and digital transformation. Only 2% of social care providers have over 250 staff and on average there are just three managers who carry out a wide range of duties – meaning they have little capacity to manage change.
- Although care providers bring detailed insight into their communities, many are hyper local small organisations that lack the resources to invest in the digital transformation and share their insight effectively, for example, only 40% of care providers have Digital Social Care Records.
- There is currently a strong focus on introducing digital social care records, but care providers are using different systems than local authorities and the NHS. The push is to ensure social care and the NHS are working towards similar data

standards to enable future interoperability and easy, safe data sharing across the whole system which ultimately improves individuals' care. For example, the [PRSBs About Me Standard](#) and the [Alzheimer's Society's This is Me](#) tool can be used to collate and share information about a person's preferences with every organisation involved in their care.

- The new [Cyber Security Strategy for Health and Social Care](#) recognises that local authorities, the NHS and care providers are all at different starting points, but everyone needs to move towards more integrated ways of working.

People who use services, patients and carers' perspectives

Rachel Power, Patients Association

The Patients Association is an independent patient charity campaigning for improvements in health and social care for patients.

- Use accessible language when communicating with patients and people using care services in relation to data sharing.
- Effective partnership, including shared decision making about the use of data, will have better outcomes for people. It will be more motivational for staff, and it will be a safer system.
- The Patients Association report on General Practice Data Trusts showed that most people do not like the idea of companies making money from the use of their health data. Many people lacked trust in organisations, including the NHS, to keep their data secure, record their data accurately, and only use the data for ethical purposes.
- People want: full access to their records; to understand what is being done with their data; control over their information; reassurance about the technical quality of the data handling and data protection arrangements.
- The NHS could consider running an information campaign that shows people how and why they use data, how data is saved and used safely, and how it is actually used to improve health and care outcomes.
- Initially, increasing awareness might cause people to withdraw consent to access and share their data. That can be turned around by working with people to help them to understand the benefits of data sharing.

Local approaches

Lancashire and South Cumbria Health and Care Partnership

Deb Gent, Policy, Information and Commissioning Senior Manager and
Natalie Heaven, Subject Matter Expert*

Digital Adoption and Transformation in the Regulated Care Team
Lancashire and South Cumbria Health and Care Partnerships

**Natalie Heaven is also a registered manager for a residential care home who introduced digital care records in the home. She became involved in the wider programme to support other care providers through the journey.*

Introduction

There are major benefits to going digital for people drawing on care and support, care providers, the NHS, local authorities and regulators. It streamlines the process of accessing information, frees up time and capacity, helps with CQC compliance and it is more efficient.

The role of the Digital Adoption and Transformation Team is to take the local CQC-regulated care providers through their digital journey. A major focus is moving care providers from paper to digital social care records and rolling out sensor-based technology within care homes.

The team has supported at least 130 care homes to introduce digital social care records, as well as some domiciliary care agencies. This has been supported by multiple funding sources including the Unified Tech Fund and the Digital Transformation Fund.

Approach

The key stages on the journey are:

- **Stage 1:** Ensuring providers have the skills and knowledge to become digital.
- **Stage 2:** Ensuring they have the infrastructure in place (e.g. access to wireless connectivity).
- **Stage 3:** Ensuring they can work online safely (e.g ensuring they have the Data Security and Protection Toolkit, active NHSmail, and the policies in place).
- **Stage 4:** Ensuring shared care records are in place.

Making sure that staff have the right knowledge, the skills and the competencies to work in the digital world underpins all stages.

The Transformation Team:

- **Communicates regularly and clearly with care providers.** They give them to tools to do that (e.g. access to the [Assured Suppliers List](#), use of the [interactive decision-tree](#) to select the most appropriate functionality and supplier for their needs.)
- **Helps the care provider to make well-informed decisions about long-term implications.** The Digital Transformation Fund covers some funding for the licences, but there are long term resource implications.
- **Supports providers with procurement and set up** including getting quotes, setting up the financial agreements and contracts, support with training, migration and go-live support.
- **Works with the assured suppliers** - including new ones - to ensure care providers fully understand the range, quality and prices of the products available.
- **Supports providers through their journey** to ensure they are on track (e.g. meetings, email updates, , monthly checklist of progress, tailored support etc).
- **Provides multiple opportunities to engage** in the programme, but if a provider is not ready to engage, they move them to a later stage of the programme.

Lessons learned

- **Negotiate and work closely with tech suppliers.** They do not have straightforward costings and will adjust their pricing. Ensure they understand your local market – it will be different from other ICS areas.
- **Don't under-estimate the cost of introducing digital systems.** The team initially thought they could support 20 care homes to go digital with their first £50,000 – in reality it was five homes.
- **Use the decision tree** (also known as [the DSCR assured supplier tool](#)) to support identification of requirements. Don't assume providers or suppliers will know what is required.
- **Be prepared for high levels of digital immaturity**, and initial enthusiasm followed by drop-out.
- **Be prepared to manage dissatisfaction.** Some early digital adopters, who are therefore not entitled to the Transformation Fund, will be unhappy with the restrictions.

Data sharing and regulation

Mark Sutton, Digital Engagement Lead, Care Quality Commission

- The Care Quality Commission strongly supports the move to digital social care record systems. Good quality digital records underpin good care, enabling accurate information to get to the right people at the right time, and they provide management information and insights which paper records cannot give.
- CQC's [State of Care report](#) highlighted that better data and data sharing are critical to system wide issues.
- CQC is sympathetic to the challenges of adopting digital systems such as capacity issues. But now is the right time to do this as there is support available.
- CQC is transforming with the introduction of a single assessment framework. The five key CQC questions will remain, and they will identify what evidence is needed to support each area. They will reduce the data collection burden and speed up the process of reviewing ratings by gathering more information regularly through digital systems.
- CQC will also provide information at a more granular level – helping care providers to benchmark themselves against peers and support collaborative working locally.
- CQC will work with software providers to ensure care providers can exchange information with the new CQC data portal.

Ming Tang, Chief Data and Analytics Officer, NHS England

- ICSs provide a unique opportunity for health and care partners to move beyond service silos and take a life course approach.
- Patients and people using care should be actively involved in how their data is stored, shared and analysed.
- Data can support service redesign, reduce the admin burden for frontline staff and inform inspection and CQC insights.
- Population health is one of our core strategic aims for ICSs; to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health (things like housing, employment, education).

- Population Health Management (PHM) is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future. PHM uses historical and current data to understand what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time.
- ICSs need to collaborate and share data in order to identify and target need, realign services to deliver more with less, to reduce health inequalities (e.g. to identify and reach out to communities that do not come forward for support).
- NHS England wants to augment and support what is happening at a local level. For example, by supporting with data sharing contracts, policy developments, sharing national data locally, and linking and working with local authorities and local systems.

Themes from Q&A

Engaging the VCSE sector

VCSE organisations can and should be engaged in ICSs. ICSs can help VCSE organisations with advice and information on introducing technology, even though the Digital Transformation Fund is currently only available to CQC regulated care services.

The digital offers that are in development will need to be appropriate to unregulated care in future such as day care and housing.

National data opt-out

The national data opt-out gives everyone the ability to stop health and adult social care organisations from sharing their confidential patient information for reasons other than providing their individual care and treatment. The national data opt-out only applies where the data processing relies upon Regulation 5 of the Control of Patient Information Regulations 2002.

Individuals can view or change their national data opt-out choice at any time by using the online service at www.nhs.uk/your-nhs-data-matters or by calling 0300 303 5678 (Monday to Friday, 9am to 5pm)

All health and social care organisations in England must be compliant with this policy from 31 July 2022.

Find guidance on the [National Data Opt-Out for social care providers on the Digital Social Care website](#).

Information governance frameworks across NHS and social care

NHS information governance arrangements are well established including SIROS, Data Protection Officers and Caldecott Guardians. These arrangements are less well established within social care providers – especially small organisations - and can lead to some misunderstandings.

Digital Social Care is exploring how to enable small care providers to have access to a Caldecott Guardian.

Guidance and support

Digital Social Care provides online guidance and a helpdesk on a wide range of topics including GDPR, Data Security and Protection Toolkit, Digital Transformation Fund information (including information about assured suppliers and how to select them). Digital Social Care also provides access to a range of template policies and procedures. Visit www.digitalsocialcare.co.uk.

[Better Security, Better Care](#) supports care providers to check and improve their data protection and cyber security arrangements with the DSPT. The programme includes tailored support from 28 local support partners across England as well as a national helpdesk and range of guidance and resources.

See also the CPA/NHSE Learning Network resource pack: [Resource pack with links and background information on data sharing](#)

CQC access to data to support inspection

Some software systems already enable care providers to grant CQC inspectors restricted access to some of their data systems. In the future, this could enable a steady stream of data from care providers to CQC inspectors, enabling them to have conversations about care records without the need for a visit.

CQC will remain focused on outcomes of care – rather than on what tech systems care providers are using. Inspectors will be sympathetic to the challenges of introducing new digital systems, especially with small care providers.

Investment and sustainability

Digital technology brings efficiency savings across the whole system. We need to justify the use of funding by showing savings in multiple areas. For example, proxy access to medication records is more efficient for care homes as they can see results and medication orders quickly, and is better for the GP surgery as it reduces the need to contact them).

Providers are accessing support and funding through the ICSs and the [Digital Transformation Fund](#) to move from paper to electronic care records. There is funding to get 80% of care providers using digital social care records by March 2024, but

what does this mean for the other providers, plus there is the non-regulated VCSE sector. Consideration is needed about how best to support non-regulated VCSE providers' adoption of digital systems, especially as they are likely to be the smallest organisations with the greatest need of support.

Next steps

- **Next summit:** [Workforce planning across Integrated Care Systems: emerging practice – 6 June 2023. 3-4.30pm](#)
- **Contact us:** info@careprovideralliance.org.uk
- **Visit:** <https://careprovideralliance.org.uk/integrated-care-learning-network>

Useful links

[Recording, slides and report from Learning Summits](#)

[Resource pack with links and background information on data sharing](#)

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