

# Creating the Clearest Picture

## Data Sharing Across Integrated Care Systems

22 March 2023

### Learning Network: Adult Social Care Providers & Integrated Care Systems



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# Creating the Clearest Picture: Data Sharing Across ICSs

## 2.00 Chairs' Introduction

**Ming Tang**, Chief Data and Analytics Officer, NHSE

**Ian Turner**, Executive Chairman, Registered Nursing Home Association

## 2.20 Patient and people using services' perspectives

**Rachel Power**, Chief Executive, Patients Association

## 2.30 Local approaches: Lancashire and South Cumbria ICB

**Deb Gent**, Policy, Information and Commissioning Senior Manager

**Natalie Heaven**, Registered Care Manager and Subject Matter Expert

## 2.50 Regulation and data sharing

**Mark Sutton**, Chief Digital Officer, CQC

## 3.00 Q&A

## 3.20 Chairs' closing remarks and next steps

## 3.30 End



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# Chairs' Introduction

**Ming Tang**, Chief Data and Analytics Officer, NHSE

**Ian Turner**, Executive Chairman, Registered Nursing Home Association



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# **Rachel Power**

## **Chief Executive Officer**

### **Patients Association**

**Creating the clearest picture:  
Data sharing across Integrated Care Systems**

# The Patients Association

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

One of the oldest and most distinctive health and care charities in the UK.

We want to ensure that everybody can access and benefit from the health and care they need to live well, by ensuring that services are designed and delivered through equal partnership with patients.

# How the Patients Association is approaching embedding patient partnership

- Membership
- Projects
- Helpline
- Policy consultations
- Engagement with organisations
- Social media
- Lived experience advisory panel, Patient Voices Matter

# Characteristics of patient partnership as defined by patients

1. Patients are treated as equals, with their views recognised as equally valid and having an equal say in decisions
2. Services and systems make sure patients are fully informed, in a way that patients can access and understand, and patients use as much information as they wish to
3. Shared decision making and patient partnership approaches are used as a matter of routine
4. Inequalities are recognised, and appropriate approaches adopted for different patient groups and communities, identifying, and meeting their specific needs
5. Patient input is actively sought, genuinely valued, and meaningfully acted on
6. Services join up around patients: they work with patients to identify their needs, and respond to them in a way that make things as easy as possible for the patient.

# General Practice Data Trust (GPDT) Pilot Study: Report on Patient Focus Groups

- Held focus groups online with groups of patients from different backgrounds.
- Asked them how they felt about:
  - sharing their health data generally,
  - and specifically questions about GDPR.



## What do patients tell us they want?

- Full access to their medical records
- Information and transparency
- What is done with their data
- Want control over their data
- Assurance about the technical quality of data handling
- Strong data protection
- Restrict use by private/profit making companies

## Recommendations:

1. Partners must accept that patient's trust has been significantly undermined by its previous mishandling of patient data, proceeding with caution and humility.
2. Partners must consider how to secure broad-based consent for any future data sharing initiative.
3. The NHS should engage in a more extensive public awareness and information campaign in relation to the permissible uses of and processes for the sharing of health data.

## Recommendations:

4. Partners must recognise that more public awareness may well prompt patients to withdraw consent for sharing, and they should modify schemes as necessary to account for this.
5. Future Data Trusts, or any other new model of governance for data sharing, should develop ways to maximise patients' individual insight and control in respect of their data, for example enabling them to see each use of their data, and to withhold permission for particular categories of use.

## For more information

- Visit our website

[www.patients-association.org.uk](http://www.patients-association.org.uk)

- Email us

[Mailbox@Patients-Association.org.uk](mailto:Mailbox@Patients-Association.org.uk)

- Follow us on Twitter

@PatientsAssoc

- Call our helpline

0800 345 7115

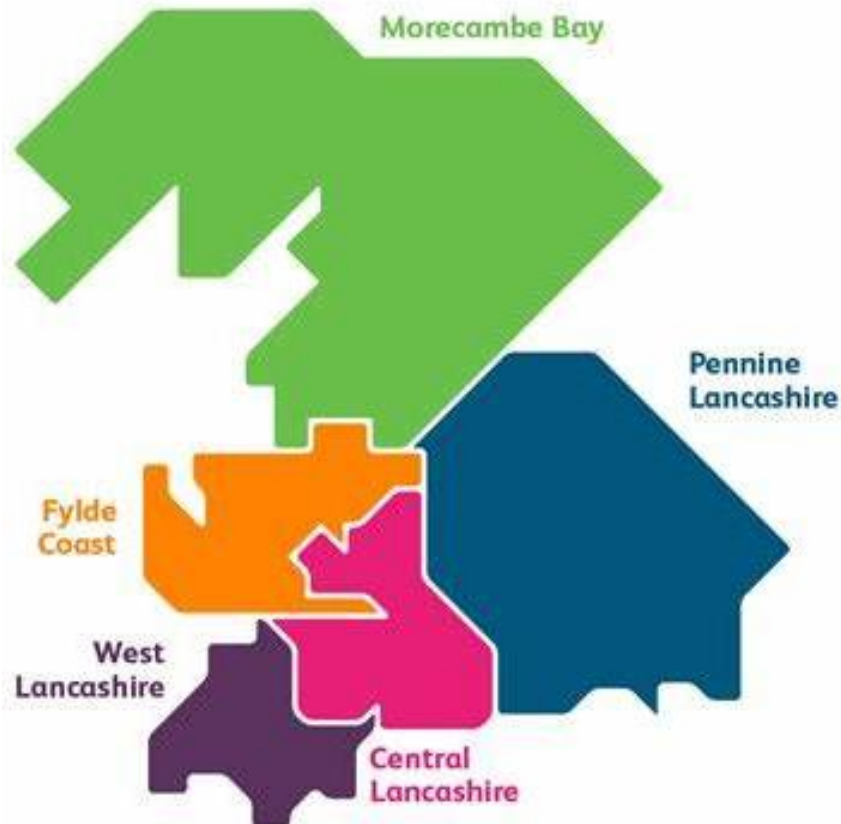
# Data Sharing across Lancashire and South Cumbria

## Digital Social Care Records (DSCR) Initiative

**22<sup>nd</sup> March 2023**

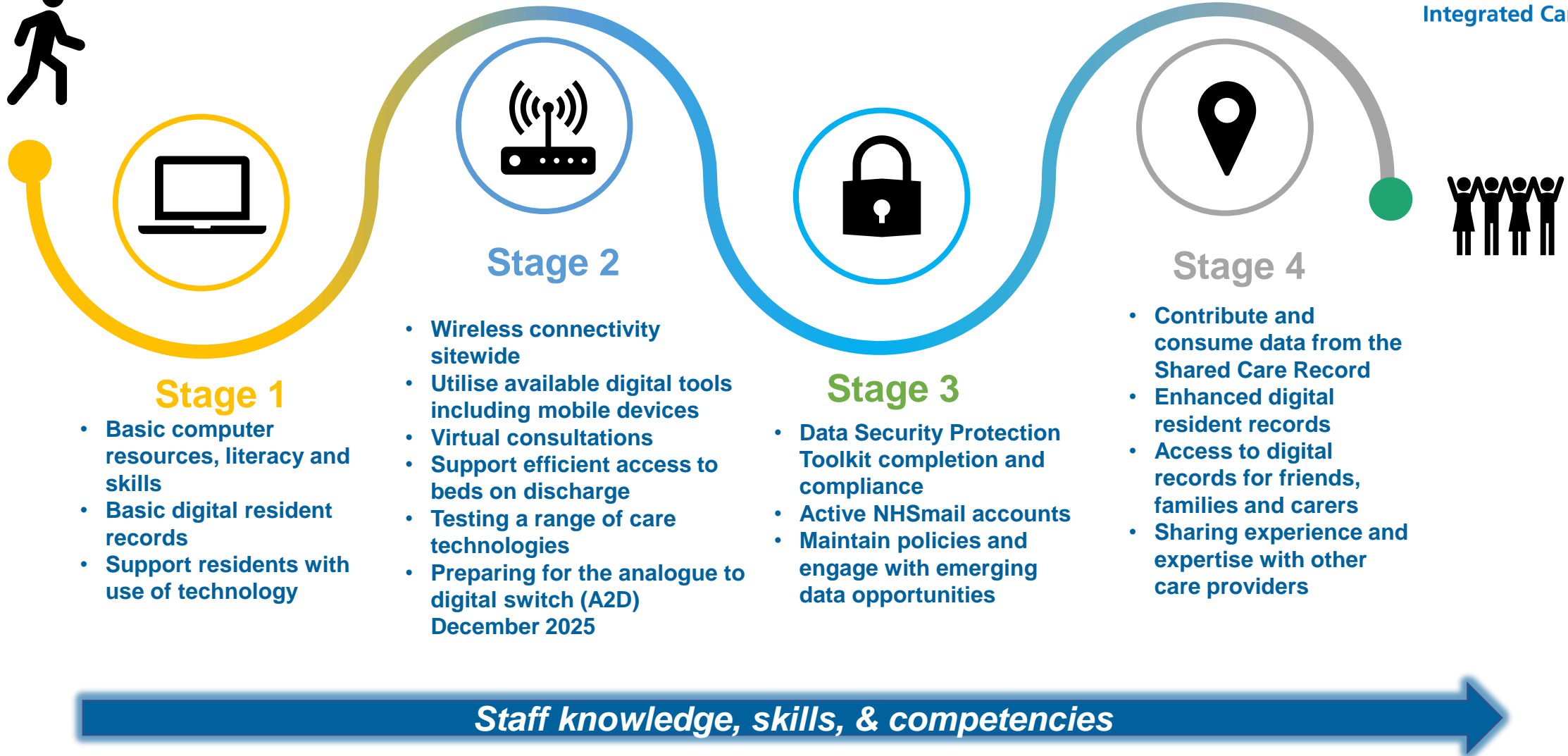
Digital Adoption and Transformation in Regulated Care Team

# Lancashire and South Cumbria



- The Lancashire and South Cumbria Integrated Care Board covers an area of 7,002 square kilometres in the northwest of England
- The population is nearly 1.8 million
- There are 230 GP practices, four acute trusts, one community and mental health trust, one ambulance trust and four local authorities
- There are also:
  - 443 residential homes
  - 142 nursing homes
  - 302 domiciliary care agencies
- We have a large regulated care market with 87,000 people working in health and social care across the region

# Digital maturity roadmap for Adult Regulated Care\*



## Stage 1

- Basic computer resources, literacy and skills
- Basic digital resident records
- Support residents with use of technology

## Stage 2

- Wireless connectivity sitewide
- Utilise available digital tools including mobile devices
- Virtual consultations
- Support efficient access to beds on discharge
- Testing a range of care technologies
- Preparing for the analogue to digital switch (A2D) December 2025

## Stage 3

- Data Security Protection Toolkit completion and compliance
- Active NHSmail accounts
- Maintain policies and engage with emerging data opportunities

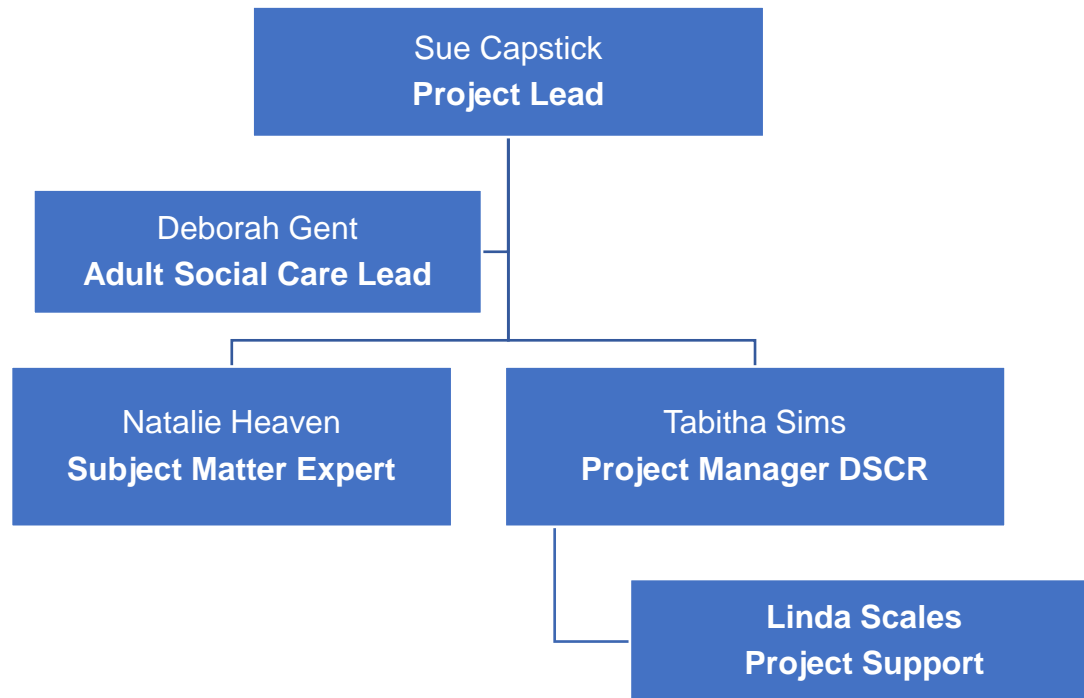
## Stage 4

- Contribute and consume data from the Shared Care Record
- Enhanced digital resident records
- Access to digital records for friends, families and carers
- Sharing experience and expertise with other care providers

**Staff knowledge, skills, & competencies**

\* Adapted from a digital maturity ladder created by Humber Coast and Vale ICS

# The Digital Adoption in Regulated Care Team



- Our small team consists of care technology leads from the ICB Digital Team, Lancashire County Council and a local care home.
- Together we are driving:
  - Proxy access
  - Secure mail
  - Data Security Protection Toolkit
  - The digital capability of the workforce
  - DSCR implementation
  - Sensor based falls technology implementation
- We have support from our regional Digitising Social Care Lead



# DSCR Programme overview

- In June 2020 we submitted our first application for funding to support our regulated care providers to move from paper to electronic care records
- Since then we have had 2 more successful funding applications

Phase	Award date	Funding source	Number of providers supported to implement a DSCR	Amount awarded	Progress
1	July 2021	DiSC Programme	5	£50k	Complete
2	November 2021	Unified Tech Fund	40	£457k	Complete
3	June 2022	Digital Transformation Fund	85	£661k	Ongoing

# Outcomes

Individuals in receipt of care	<ul style="list-style-type: none"> <li>• More person-centred care due to timely access to better quality information by multiple care staff;</li> <li>• Better informed care decisions;</li> <li>• Ensuring information about a person's care needs and preferences is known to every family involved in their care.</li> </ul>
Adult social care providers	<ul style="list-style-type: none"> <li>• An increase in the care home's capacity to manage digital records as accurate and reliable evidence;</li> <li>• Improved buy-in to, and use of, digital by care home staff</li> <li>• Reduced risks and incidents due to improved routine monitoring through embedded flags and alerts in the platform;</li> <li>• Greater uptake of other technologies where DSCRs can act as a platform through which to integrate them;</li> <li>• Increased staff satisfaction/morale due to timely access to better quality information because this would enable staff to spend less time on administrative tasks and more time on caring;</li> <li>• Greater staff retention through improved staff satisfaction/morale;</li> <li>• Greater use of remote monitoring/care solutions through the DSCR platforms;</li> <li>• Increased automation of routine tasks.</li> </ul>
The NHS	<ul style="list-style-type: none"> <li>• Faster assessment/admission procedures;</li> <li>• Increased identification of health needs/risks and thus increased deployment of targeted interventions;</li> <li>• Reduced delays in transfers out of hospital due to greater facilitation of shared care records and joint working;</li> <li>• Reduced errors during transfers out of hospital to care homes;</li> <li>• Faster response from GPs for any health care needs;</li> <li>• Reduced admissions and readmissions from care homes due to timely access to better quality information.</li> </ul>
Local authorities and regulators	<ul style="list-style-type: none"> <li>• The care home's ability to measure progress toward accountability will be enhanced;</li> <li>• Faster assessment/admission procedures;</li> <li>• Easier management of capacity/demand/contracts;</li> <li>• Improved governance and oversight of the care home market due to access to better quality aggregated information;</li> <li>• Improved Care Quality Commission (CQC) compliance;</li> <li>• Reduced time spent by regulators through access to better quality aggregated information.</li> </ul>

# Governance

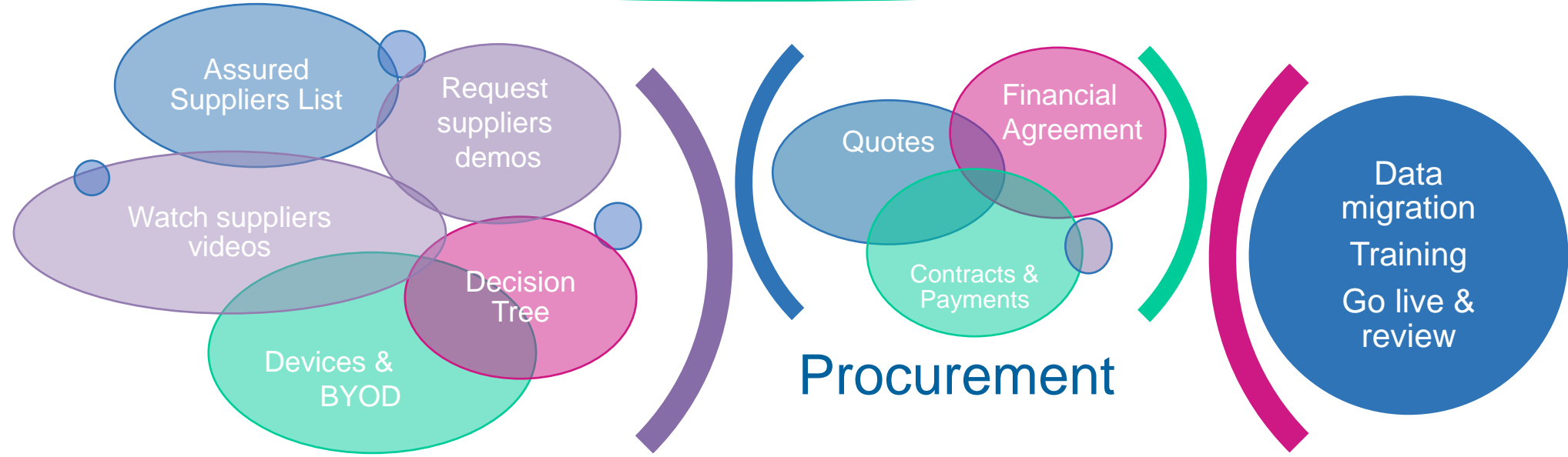
- We have an established DSCR Steering Group, which meets monthly
- The Steering Group consists of:
  - The Lancashire County Council Director of Adult Social Services (DASS)
  - 2 Senior Health Leads
  - 4 Local Authority Leads
  - The Digitising Social Care Team
- The Steering Group reports into the Adult Social Care and Health Partnership Board, every 3 months
- We work with the Local Government Association, Northwest ADASS, the Care Provider Associations and the individuals receiving care, to ensure we deliver the project objectives



# Process of moving from paper to a digital ECR

## Communication

Conversations – Staff – Residents & Families – Local Forums & Networks – Identifying Champions



Research

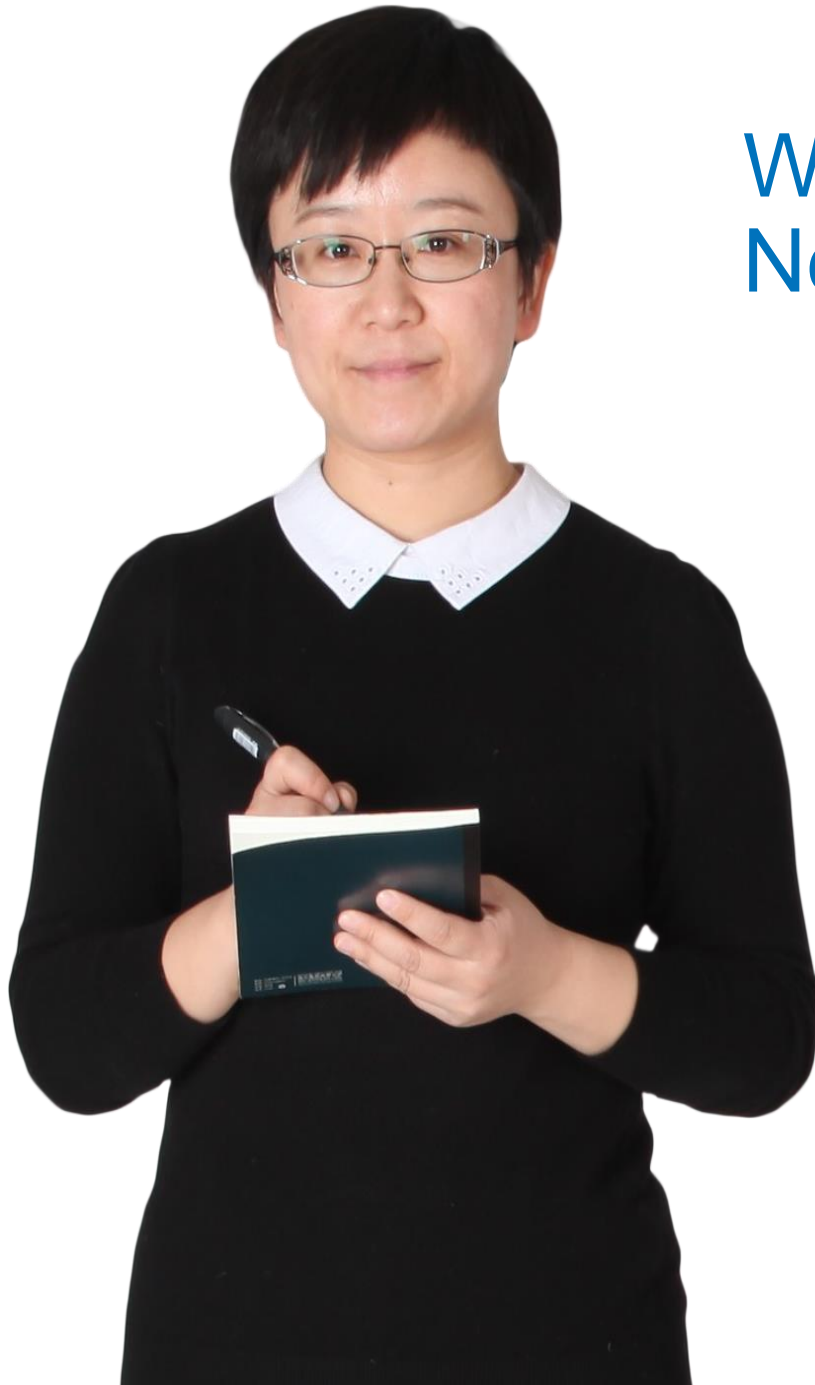
Procurement

Implementation

# Working with Assured Suppliers

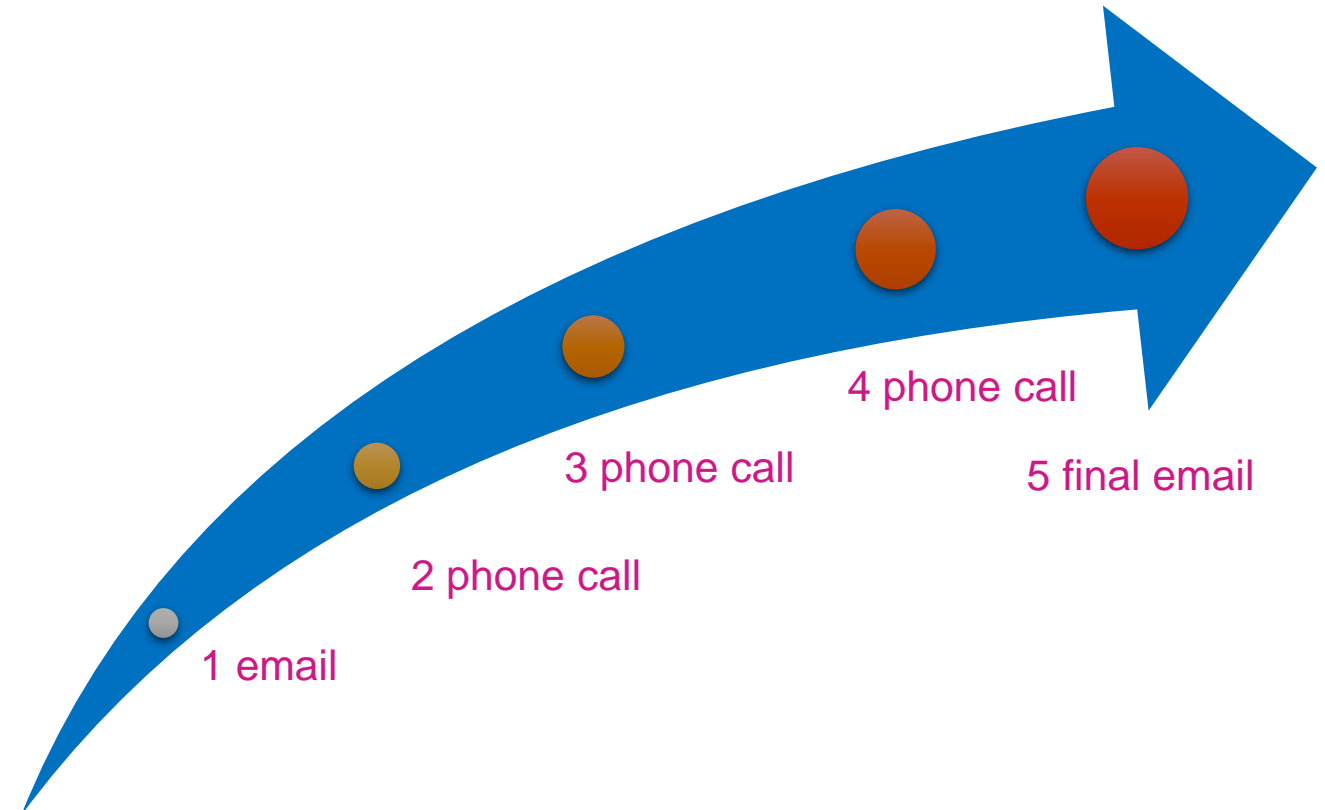
## Negotiating best prices

- Give opportunity for providers to focus on quality of products
- Met with each supplier to outline our local programme, expectations and use of the national assured provider list
- Asked for basic package best price costs, training and implementation costs, locked in for future years. Developed a costs calculator
- Worked with Suppliers to support Open Days, Webinars, Demos
- Fielded requests for names of homes in programme and wider ICB footprint
- Provide monthly supplier updates and process guidance



# Keeping providers on track through a 5 stage process

- In their application forms, providers agree to regular contact and participation in sharing learning and experiences
- Providers are offered regular contact opportunities through MS Teams meetings, email updates, one to ones and monthly checklist drop
- Missing three contact opportunities in a row will trigger an email asking how things are with follow up phone calls if no response
- Repeated non-contact will progress the provider to being advised they are now withdrawn from the programme – stage 5
- Throughout the process local authority leads are informed to encourage contact and engagement
- Engagement process has been approved by the Steering Group





# Community of Learning

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- Regular meetings
- Progress checklist
- Lateral communication and supporting one another
- Forum knowledge transfer and use of Subject Matter Experts
- Supplier focused Communities of Practice

# What a difference.....

Providers have said:

- “Our new online care system has helped us to spend more time with residents, thanks to instant recording of care notes, our staff now have time to have fun with our residents, which in turn helps retain a fantastic staff team at a time when it is very much needed.”
- “Weight values flagging yellow prompted care staff to refer to our dietician. This joined up approach to care giving across the team is now enabling timely interventions from appropriate team members to occur, where previously things may have been missed”.
- “In my previous role I had used a digital system and had taken for granted the ease of accessing and sharing information. I knew it was essential if we wanted to strive for outstanding care to be able to see assessments, care plans and care notes side by side. By removing the barrier of paperwork, this has immediately switched on the lights, and we have improved resident care plans and targeted intervention. We now have a much greater insight which enables a more pro-active approach to care”.



# Pitfalls, Hints & Tips

- Negotiate, negotiate, negotiate!
- Naivety around actual costs
- Assumed prior knowledge - on the part of *everyone*
- Decision tree - perpetual germination
- Digital immaturity of Providers
- Buy in or lack thereof
- Guidance for both providers AND suppliers
- Sour grapes from existing users
- Assumption that providers would just receive a cheque
- Process, process, process!



**Lancashire and  
South Cumbria**  
Integrated Care Board

Proud to be part of



**Lancashire and  
South Cumbria**  
Health and Care Partnership

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Web [lancashireandsouthcumbria.icb.nhs.uk](http://lancashireandsouthcumbria.icb.nhs.uk) | Facebook [@LSCICB](https://www.facebook.com/LSCICB) | Twitter [@LSCICB](https://twitter.com/LSCICB)

L&SC Digital Adoption and Transformation Team [healthierlsc.digitalregcare@nhs.net](mailto:healthierlsc.digitalregcare@nhs.net)

# Data sharing and regulation

**Mark Sutton**

Chief Digital Officer, Care Quality Commission



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# Q&A session



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# Chairs' Summary

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# Next steps

- Recording, slides and useful links will be shared with you tomorrow and published on the Care Provider Alliance website [www.careprovideralliance.org.uk](http://www.careprovideralliance.org.uk)
- Tell us what you think – please share your feedback: feedback form will be emailed to you immediately after this session
- Full report to follow shortly



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