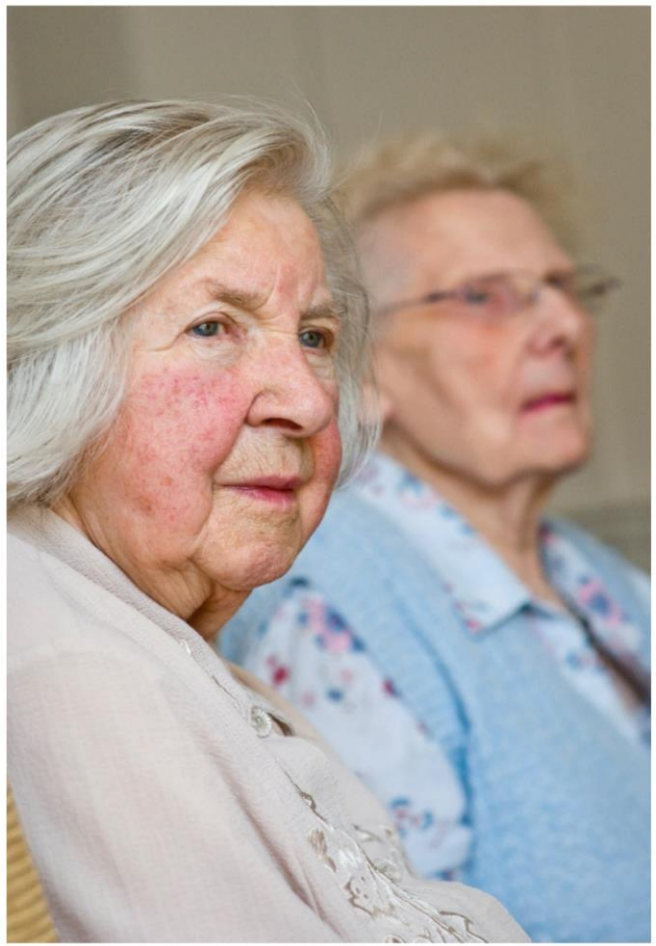


Adult Social Care Trade Association meeting

Wednesday 26 October 2022, 10-12:00

Agenda

No.	Agenda item	Lead	Time
1.	Welcome and Introductions (5 minutes)	Mary Cridge, CQC Director of Adult Social Care	10.00
2.	State of Care (15 minutes)	Mary Cridge, CQC Director of Adult Social Care	10:05
3.	Operational update (15 minutes)	Alison Murray, CQC Head of Inspection, Adult Social Care	10:20
4.	Digital Social Care Records and Data (45 minutes)	David Gledhill, CQC Principal Analyst – Analytic Content – ASC Chris Drysdale, CQC Regulatory Policy Manager - ASC and Andrew Chiu, NHS Transformation Directorate	10:35
	Short break (10 minutes)		11:20
5.	An update on Vivaldi (15 minutes)	Professor Shallcross, UCL, Zoe Fry, The Outstanding Society and Charlotte Lezard, Care England	11:30
6.	AOB (15 minutes)	All	11:45
7.	Close -	All	12:00

State of Care

Mary Cridge, Director of Adult Social Care

Care Quality Commission

The state of health care and adult social care in England 2021/22

@CareQualityComm
#StateOfCare

State of Care

The health and care system is gridlocked and unable to operate effectively

"What this means is that people are stuck – stuck in hospital because there isn't the social care support in place for them to leave, stuck in emergency departments waiting for a hospital bed to get the treatment they need, and stuck waiting for ambulances that don't arrive because those same ambulances are stuck outside hospitals waiting to transfer patients."

Depleted workforce: healthcare

- **NHS vacancy rates** – 132,000 vacant posts = 9.7% - highest in the last 5 years
- In all regions, **mental health vacancy rate** is higher than acute (example: London - 16%)
- Fewer **midwives** - numbers fell between April 2021 and April 2022 – largest annual decrease since records began in 2009
- 10% reduction on the ratio of fully qualified **GPs** per 100,000 patients in the last 5 years. 42% of RCGP members say they are likely to quit in the next 5 years

Depleted workforce: adult social care

- **99% of NHS leaders warn of adult social care workforce crisis**
- **165,000 vacancies in adult social care** – services are closing the doors to new residents
- Around **half a million people** may be waiting either for an adult social care assessment, for care or a direct payment to begin, or for a review of their care

The impact of a depleted workforce

I can't get an appointment with my NHS Dentist/GP

I have to go to A&E and I have a long wait ahead

I can't go to work because I need to look after someone

It is taking too long to get through to NHS 111

I am in an ambulance outside the hospital waiting to be admitted

I can't leave hospital as I can't get the right support to do so

Areas of concern

An evolving picture, proactive recording and better data is needed to tackle health inequality

Maternity services

- **2 out of 5 maternity services not good enough** (39% rated Requires Improvement or Inadequate)
- **Black women 4x more likely to die in pregnancy and childbirth** than white women, with higher rates of postpartum re-admission than women of other ethnicities.

Learning disability and autism services

- Care is still not good enough
- 'Out of sight' report made **17 recommendations, only 4 partially met**, 13 not met
- There are still **too many people in hospital**

Health and care staff want to provide good, safe care but are struggling to do so in a gridlocked system

The time is now

- Challenges services now face are due to **historical underinvestment**
- Focus must now be on **long-term planning** and **sustainable** investment
- Local leaders need to **join up** pockets of innovation
- **Better data** to aid coordination and address inequalities
- A real step change is needed to **attract and retain staff;** better pay and training

No quick fixes

*"There are no quick fixes - but there are steps to be taken now on **planning, investment and workforce** that will help stop things getting worse.*

*By working **together** to address the issues that lie behind the gridlock, we put in place the conditions to ensure that next year more people can access good, safe care – delivered by a better supported workforce who have reason to be **optimistic about the future**."*

www.cqc.org.uk

enquiries@cqc.org.uk

@CareQualityComm

#StateOfCare

CareQuality Commission

Get your copy of the report now:

State of Care

Operational update

Alison Murray, Deputy Director of Adult Social Care

Digital Social Care Records and Data update

Andrew Chiu, NHS Transformation
Chris Drysdale, CQC Regulatory Policy Manager
David Gledhill, CQC Principal Analyst

Digitising Social Care

Andrew Chiu. Programme Manager for ASC Data and Reporting
NHS Transformation Directorate
26 October 2022

Digitising Social Care Overview

1. The Challenge

- Only 40% of care providers are fully digitised and approximately 45% of providers do not feel they have space within budgets to invest in digital.
- Digitisation of the sector is increasing at a slow rate – about 3% each year.

2. Benefits of digitisation

- Provides people using services with greater choice and control
- Care tech and digital reduces demand on the NHS
- Reduces demand on other social care services
- Improves quality and safety
- Improves productivity

3. Policy Drivers

- **Social care reform White Paper**
  £150m to drive greater adoption of technology and achieve widespread digitisation across social care
- **Integration White Paper** Joining up care, including digital and data
- **Data Strategy –** Improve social care data in the sector
- **CQC Strategy – Smarter Regulation**
  Reduce duplication and workload for services in collecting and submitting data to CQC / other orgs
- **Digital health and care plan –** vision for a digitally enabled health and care system
- **Health & Care Act & Data Reform Bill**
  SofS new powers to request data from all care providers. May extend to IT suppliers in data bill.

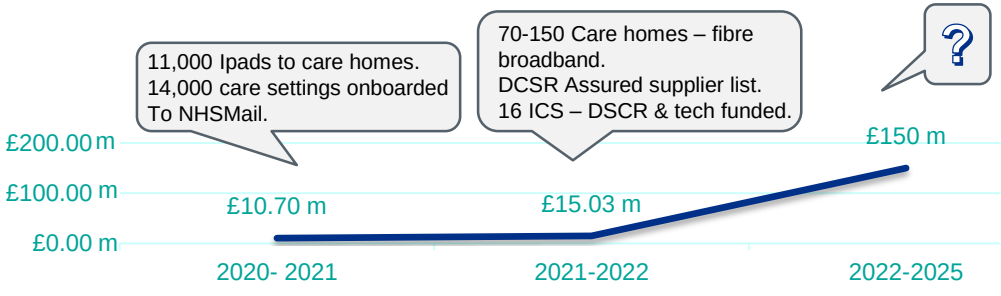
4. Programme Targets

80% of adult social care providers regulated by CQC will have adopted a digital social care record system by **March 2024** that can interoperate with a shared care record.

20% of residents in care homes across England will have adopted falls prevention technology, such as acoustic monitoring, by **March 2024**, to reduce risk of injury and hospital admissions.

Testing other types of care tech, driven by the benefits case and local need.

5. Government investment



6. Digitising Care Programme delivery model

Evidence Building & Benefits | Implementation Support | Market Management | Standards and Regulation | Skills and Networks

1. Develop evidence base and communicate the benefits of digitisation to the social care sector.
2. Providing funding and implementation support to care providers and the system.
3. Provide a buyer catalogue with an assured list of products and suppliers and maintain a dynamic purchasing system.
4. Develop standards for data, information sharing, interoperability. Support regulatory development of data and care tech.
5. Supporting the sector with skills and levelling up of digital maturity.

Supporting CQC smarter regulation

Smarter regulation

"We will be smarter in how we regulate. We'll keep pace with changes in health and care, providing up-to-date, high-quality information and ratings for the public, providers and all our partners.

We'll regulate in a more dynamic and flexible way so that we can adapt to the future changes that we can anticipate – as well as those we can't. Smarter use of data means we'll target our resources where we can have the greatest impact, focusing on risk and where care is poor, to ensure we're an effective, proportionate and efficient regulator."

What we are doing

- Developing a Social Care Terminology Standard and data dictionary so we all use the same language across the system to improve data sharing and interoperability
- Developing minimum data sets for digital social care records at an operational level (direct care) and at a reporting level (provider data and information)
- Jointly working with DHSC, CQC and the sector on developing a provider level data collection and improving data sharing
- Developing Role Based Access standard for digital social care records to support off-site inspector access to digital records.

Supporting greater digital interaction and data sharing between providers and other stakeholders to improve and sustain care quality.

Connect with us

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company/transform_nhs

Supporting Information

- Accessing the Digital Transformation Fund guidance: https://www.digitalsocialcare.co.uk/funding-opportunities/adult-social-care-digital-transformation-fund/
- DSCR Assured Supplier List: https://www.digitalsocialcare.co.uk/social-care-technology/digital-social-care-records-dynamic-purchasing-system/
- DSCR Decision making tool for care providers: https://www.digitalsocialcare.co.uk/dscr-assured-supplier-tool
- DSCR Core Capabilities and Standards: Supplier Assurance Process page: https://www.digitalsocialcare.co.uk/social-care-technology/digital-social-care-records-dynamic-purchasing-system/core-capabilities-and-standards-supplier-assurance-process/
- The Digital Social Care Data Catalogue alpha: https://data.digitalsocialcare.co.uk/browser/search

Supporting digitisation in Adult Social Care

Chris Drysdale

26 October 2022

21

Supporting digitisation of ASC

- CQC are committed to supporting the digitisation of ASC
- We are supportive of the work of NHS Transformation Directorate (NHSTD) to enable and accelerate uptake of digital records.
- Our focus at present is on:
  - what the sector needs to understand **our** expectations around digital systems as the regulator
  - How we can articulate this in a way that **aligns** with other sector guidance, not duplicating it.
  - how good digital systems are recognised through our new single assessment framework and approach
  - Promotion of Data Security and Protection Tool kit for safe systems

22

How will CQC support digitisation?

Support through our Single Assessment Framework

We are exploring how we can support digitisation in ASC through our new single assessment framework.

- Designed to evolve and keep pace with changes in health & social care sectors.
- Pitched at good, sitting above the threshold of meeting our regulations. Recognising good practice and focusing on how that links to good outcomes for people using services.
- How do we link in good practice?
- We are already beginning to think about how what ‘good looks like’ might naturally shift over time as adoption of digital systems accelerate and expectations increase.
- A core of our new approach is more digital interaction with providers. Remote assessments and our provider portal.

23

Provider Information Return

David Gledhill

26 October 2022

24

Sharing data to support digitisation

- **The Provider Information Return (PIR) has asked about Digital Social Care records (DSCR) since January 2022.**

- This has been shared with NHS Transformation to understand the uptake of DSCR throughout England
- We want to minimise data burden on providers and to support digitisation through the sharing of data.
- We are proposing to share the DSCR status of providers with local authorities and Integrated Care Systems and Boards
- This should allow the targeting of funding to support digitisation to potentially hard to reach providers, as well as empowering local systems to support providers on digitisation

25

Short break

An update on Vivaldi

Professor Shallcross, UCL and Zoe Fry, The Outstanding Society and Charlotte Lezard, Care England

UCL

THE OUTSTANDING SOCIETY

CARE ENGLAND

Representing independent care providers

The VIVALDI Care Home Study

Find out more.

What is the VIVALDI study?

Government funded programme of research to inform the pandemic response in care homes in England

- Started May 2020, ends March 2023
- c.300 care homes taking part combining data from > 50,000 residents and staff with serial blood sampling to monitor immunity against COVID-19
- Delivered in partnership with providers, led by UCL
- High-quality research on rapid timescales informing policy

Policy impact of the VIVALDI Study

- Should limited COVID testing capacity focus on residents or staff?

Vivaldi showed staff were more likely to infect residents than vice versa

- Funding staff sickness pay through the Infection control fund

Vivaldi showed the care homes that did not pay full sick pay were more likely to have infections in staff and residents

- Reducing movement of care home staff across sites

Vivaldi showed that care homes where staff frequently worked across sites were more likely to have infections in staff

- Monitoring how well vaccines work in residents and staff and need for boosters

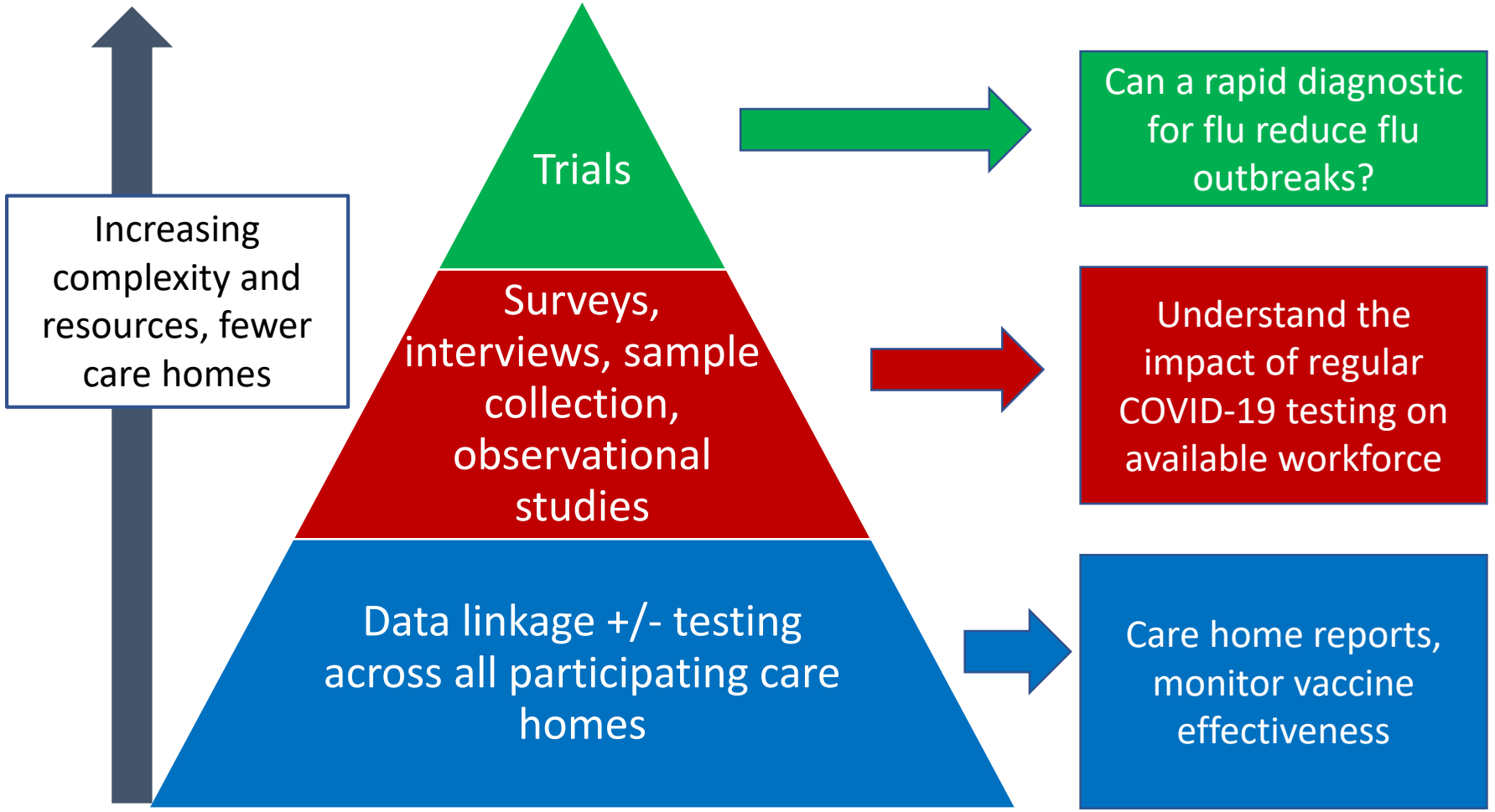
Vivaldi has been the main source of data on vaccine effectiveness in care homes

The opportunity:

To challenge the view that infections and outbreaks are an inevitable part of being in a care home by creating a programme of research and surveillance on infection which:

- Is coproduced with the care home stakeholders
- Strongly informs policy and public health decision-making
- Raises awareness of this issue (funding)
- Capitalises on lessons learned from the pandemic and Vivaldi

Data sharing and linkage enabling QI, surveillance & research on infection



Can a rapid diagnostic for flu reduce flu outbreaks?

Understand the impact of regular COVID-19 testing on available workforce

Care home reports, monitor vaccine effectiveness

Data infrastructure makes it easier for care homes to take part in trials

Research studies can be 'layered' on top of data infrastructure to deliver studies addressing the priorities of care home stakeholders

Infection dashboards help providers to prioritise QI activities and inform investment in IPC. New metrics are co-developed to capture the broader impact of infection in care homes

- Working Group & Stakeholders Oct – Dec 2022
- People with lived experience / users / relatives engagement
- Onboarding of Care Homes
- Application for Funding

UCL

CARE ENGLAND
Representing independent care providers

THE OUTSTANDING SOCIETY

Stakeholder

vivaldi@careengland.org.uk

Care Home

AOB

Thank you for attending

Next meeting *please note this new date*

Wednesday 7 December 10 – 12.