

Written evidence submitted by Care Providers Alliance (DHS0019)

The Care Provider Alliance (CPA) is the collective, national voice of adult social care providers in England. We bring together the ten national associations which represent private, voluntary and community sector providers. We speak for the whole of the adult social care sector including care homes, home care services, Shared Lives schemes and retirement communities. We represent providers of support to adults with physical, sensory or learning disabilities, people with mental ill-health, and older people.

CPA members cover almost 10,000 organisations, employ over 600,000 staff, and support an estimated 1 million people.

Our role is to:

- coordinate responses across all care providers
- inform and influence policymakers
- provide leadership to the sector
- work in partnership to improve care
- build awareness of the care provider sector

Our unparalleled reach into the care sector enables us to collect, collate and communicate insights about new developments, innovations and market trends, and their impact on care providers and the people they support. Working with our network of CPA members, we develop and share practical advice and guidance for care managers, owners and staff.

We are providing evidence to this call as a number of our members were invited to do so, and we felt it appropriate to provide a single, shared response.

Policy Area : The care of patients and service users

Commitment 1

“Our aim is that, by 2024, 75% of adults will have registered for the NHS App with 68% (over 30 million people) having done so by March 2023.”

Commitment 2

“By increasing digital connection and providing more personalised care, we can support people to monitor and better manage their long-term health conditions in their own homes, enabling them to live well and

independently for longer.”

Commitment 3

“Roll out integrated health and care records to all people, providing a functionally single health and care record that people, their carers and care teams can all safely access, enabled by a combination of nationally held summary data and links to locally held records, including shared care records.”

Was the commitment met overall? or is the commitment on track to be met?

- Much of the rollout of digital solutions within adult social care (ASC) has focused on care homes rather than homecare so it is unclear whether this has positively met the challenge of supporting people to remain in their homes longer.
- The roll out of integrated health and care records to all people is highly dependent on several other factors; DSPT completion for example is a pre-requisite for access to an integrated care record or any other shared access system. Only around 53% of care providers have their DSPT publication up to date and this has been achieved via the Better Security, Better Care programme working directly with ASC providers to support and encourage publications..
- The effective roll out also relies on there being adequate choice of suppliers via the assured supplier list and there are relatively few suppliers currently accredited on this list. GP Connect systems are only integrated in those supplier systems who join the assured supplier list, currently a minority.

Was the commitment effectively funded (or resourced)?

- Feedback from ASC providers is that funding has been slow to become available and difficult to access.
- The current available funding for ASC is delivered into the sector via ICS however many ASC providers deliver services which do not match these footprints and they must be given flexibility in the technologies they choose to adopt and be able to access appropriate funding which meets their organisational needs.
- ASC providers are facing unparalleled financial pressures – energy prices, cost of living, staff retention – which are limiting the programme of digital transformation. Without solving these underlying issues, the scope for digitisation will be severely limited.
- The £150 m fund will struggle to meet all the commitments outlined by NHS-TD (digital maturity, infrastructure, digital skills and cyber-security)

Did the commitment achieve a positive impact for patients and service users?

Was it an appropriate commitment?

- Over the past five years Digital Social Care have created guidance for social care relevant for social care providers and made this available in a single, trusted, place, the Digital Social Care website. Topics range from GDPR, through completing the Data Security and Protection Toolkit to the implementation guidance on a range of digital applications such as NHS mail, Proxy medication ordering as well as access to funding for digital implementations.
- Cybersecurity is not mentioned in the discussion of increasing digital access and the current plans lack detail. The recent Advanced attack highlighted the serious gaps within cybersecurity which disproportionately impact ASC who have a much less mature cyber-security framework across the sector.
- There is sector led work being done to improve cybersecurity and align it with health through the Better Security, Better Care programme. The completion rate of the Data Security and

Protection Toolkit (DSPT) is nearing 50% of registered social care organisations, almost 4x the publication rate in 2021 as a result of the programme.

- NHS mail is in daily use in many social care providers but the system itself does not fit the needs of most care providers.
- Online medication ordering is increasing rapidly for those in Care Homes.
- Access to the Summary Care Record is increasing slowly in social care providers.
- Remote monitoring of service users is rapidly becoming available but frequently fails to be integrated into care provider systems.
- GP Connect systems are only integrated in those supplier systems who join the assured supplier list, currently a minority.

POLICY AREA: The health of the population

Commitment 1

“Through the Data for Research and Development programme we will invest up to £200 million to transform access to and linkage of NHS health and genomic data sets for data-driven innovation and inclusive clinical trials, whose results will be critical to ensuring public confidence in data access for research and innovation purposes.”

Commitment 2

“NHS Digital will develop and implement a mechanism to de-identify data¹ on collection from GP practices by September 2019”

Not applicable to ASC

POLICY AREA: Cost and efficiency of care

Commitment 1

“We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing).”

Commitment 2

“We will consolidate routes to market and strengthen our commercial levers for adopting standards through a new target operating model for procurement. This will include embedding standards as part of procurement frameworks, supporting NHS procurement teams to prioritise adherence to standards. Consolidation of the number of frameworks will encourage market entry and more choice in some markets, incentivising vendors to follow NHS standards.”

Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?

- Software suppliers in the social care provider sector are, in the main, different from those supplying the NHS or Local Authorities and don't always have the same awareness of the security standards needed to safely integrating systems with NHS and health providers.
- Systems have often been designed for the NHS (either acute providers or primary care) and then adapted for social care providers eg DSPT or SCR, which leads to complex implementations.

Was the commitment effectively funded (or resourced)?

- The ASC Digital Transformation fund (£25 m for 2022/23) is not consistent across ICSs with each system allocating the funding differently and many ASC providers operating across multiple ICS areas.
- The Assured supplier list launched in 2021 but is not widely known about and there are relatively few suppliers currently assured so there is little choice for providers.
- The commissioning and funding process is complex and lengthy since it involves not just the NHS but also Local Authorities, leading to fragmented usage of different systems.

Did the commitment achieve a positive impact for patients and service users?

Was it an appropriate commitment?

- Improving interoperability between health and social care services is central to integration which means this must be built in from the beginning of digital scheme development.
- Establishment of ICBs/ICPs represents an opportunity to facilitate collaboration between NHS and ASC but ASC providers must enjoy meaningful involvement and this is not reflected in current make up of these entities.
- Consistent approach to ASC providers must be adopted by ICSs nationwide, offering flexibility with digital technologies.
- Systems must be developed to allow implementation of digital systems by the thousands of social care providers who are SME's who do not have a high level of technical assistance.

POLICY AREA: Workforce

literacy and the digital workforce

Commitment 1

We will co-create a national digital workforce strategy with the health and care system setting out a framework for bridging the skills gap and making the NHS an attractive place to work.

Commitment 2

We will enable recruitment retention and growth of the digital, data, technology workforce to meet challenging projected health and care demand by 2030 through graduates, apprentices and experienced hires creating posts for an additional 10,500 full-time staff.

Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) **Is the commitment on track to be met?**

- Digital literacy and workforce development need to take account of the size and shape of the social care market. There are some 1.6 M staff employed across the sector, working in as diverse range of services.
- 45% of providers express concern that care staff lack digital skills.
- Registered managers/deputies often lack formal digital skills training.
- High turnover rate reduces the incentive for providers to invest in digital skills and training and means that investment is lost.
- The sector comprises (in round numbers) of some 4,500 Care Homes with nursing, 11,000 Care Homes offering personal care, 9,000 Home Care organisations, and then an estimated 13,000 other organisations providing everything from housing to local lunch clubs. It is noted that only 2% of social care organisation have more than 250 staff, the remainder being small and medium sized organisations.
- Over the past five years Digital Social Care have worked with the CPA to promote the digital skills, knowledge and we have created guidance for social care relevant for social care providers and made this available in a single place, the Digital Social Care website. Topics range from GDPR, through completing the Data Security and Protection Toolkit to the implementation guidance on a range of digital applications such as NHS mail, Proxy medication ordering as well as access to funding for digital implementations.

Was the commitment effectively funded (or resourced)?

- A transparent and consistent funding method is still needed to support the development and implementation of an ASC wide workforce strategy to tackle digital literacy and skills especially those more technical skills which are typically absent from this workforce.

Did the commitment achieve a positive impact for patients and service users?

Was it an appropriate commitment?

- There needs to be support for a national team of social care specialists to maintain advice and guidance relevant for the sector, and develop access to comparable NHS standard resources and management teams given the number of SME providers in the sector.
- Consistent funding of education and training is needed for all staff groups, including digital specialists as technology advances.

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