

## Written evidence submitted by The Care Software Providers Association (ASC0092)

### Response from Care Software Providers' Association (CASPA)

The Care Software Providers Association (CASPA), is an independent, not-for-profit trade association representing the views and interests of UK social care software providers. <https://caspa.care/>.

## 1. The Impact of Adult Social Care Pressures on NHS and Local Authority Service Reforms

### a) Delayed Reforms in NHS and Local Authorities

The persistent pressures on adult social care are delaying critical reforms, including:

- **Interoperability Initiatives:**

The absence of robust data-sharing frameworks between health and social care impedes efficient communication and collaboration. CASPA strongly supports the proposed Social Care Interoperability Platform (SCIP) by NHS England, which has the potential to unlock transformative efficiencies through seamless integration. SCIP's ability to facilitate real-time data sharing will reduce delays in hospital discharges, improve care planning, and minimise administrative burdens on both sectors. It should be noted that Social Care systems are provided at much lower costs than NHS systems, and are recognised by NHSE as being more fit for purpose, more agile and more effective than NHS systems. Interoperability needs to be achieved in conjunction with Social Care systems in order to achieve the best outcomes.

- **Adoption of Digital Care Records:**

The Department of Health and Social Care, alongside NHSX, set a target for 80% of care providers to adopt Digital Social Care Records (DSCRs) by March 2025, supported by the Dynamic Purchasing System (DPS). This initiative has driven significant progress, with over 60% of providers adopting DSCRs as of late 2023. The assured supplier list has simplified procurement, ensuring providers access high-quality, interoperable digital solutions. CASPA recognises this as a successful step forward in digital transformation and an essential foundation for integration.

- **Financial implications:**

The cost of care provision in Social Care for each day of care is significantly less than the cost of equivalent care provision in the NHS. It is delivered more efficiently, and there have been reports from the Joseph Rowntree Trust and others that show it is delivered more effectively. Quite simply, Social Care is more effective at holistic care than the NHS. The Care Providers Alliance has identified that, following the recent increase in Employers NI and the increase in the Living Wage, 35% of Social Care providers are planning to leave the sector. If this happens then the NHS will be inundated with an influx of people with complex needs that will be an enormous burden on the NHS, and cost vastly more to deliver than it would cost to provide sufficient funding for Social Care providers to remain in business. 35% of Social Care providers represent

the percentage funded by Local Authorities. Care England have been highlighting for a number of years that Privately funded Social Care service users subsidise Local Authority funded service users. The connection is very simple and very clear - continued underfunding by Local Authorities will simply result in a massive increase in burden on the NHS, which will be an increase in cost of about seven times what would be needed to deliver this service by Social Care providers.

## **b) Missed Benefits for Patients and the Public**

Inaction on integration denies the public substantial benefits, including:

- **Unlocking Broader Social Care Software Benefits:**  
Beyond DSCRs, there is enormous potential in the adoption of other social care technologies, such as advanced resident monitoring, e-learning, and workforce management solutions. These tools improve efficiency, reduce costs, and create more time for direct care by minimising administrative burdens. NHS England acknowledges the untapped potential of these technologies and is exploring ways to assist with their adoption, even without direct funding support. Their integration will help demystify digitisation, empowering providers to deliver more effective and sustainable care.
- **Faster, Safer Care Decisions:**  
Initiatives like GP Connect, which allows authorised clinical staff to share and view GP practice clinical information in real-time, have been instrumental in improving care coordination. By providing immediate access to patient records, GP Connect has reduced duplication of tests and prevented medication errors, leading to more timely and accurate treatments.
- **Equitable Access to Services:**  
Digital transformation ensures that no individual is left behind due to fragmented systems or geographical disparities in care provision.

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## **2. The Cost of Inaction to Individuals and the Transformative Potential of Reform**

### **a) Cost of Inaction to Individuals**

- **Health Decline:**  
Delays in providing care due to information silos lead to preventable complications, re-hospitalisations, and diminished independence.
- **Widening Inequalities:**  
Socioeconomic and regional disparities in accessing care are exacerbated without interoperable solutions.
- **Overburdened Carers:**  
Families and informal carers face increasing strain when care services cannot adequately support vulnerable individuals.

### **b) Transformative Potential of Reform**

Action on adult social care reform, enabled by initiatives like SCIP, DSCRs, and other technologies, could:

- **Reduce NHS Pressures:**  
Interoperability tools such as SCIP can streamline hospital discharges and facilitate better allocation of care resources. This reduces bed blocking and enables faster transitions from hospital to home or care settings.
- **Unlock Efficiency Gains Through Technology:**  
Workforce management tools, e-learning platforms, and advanced monitoring technologies not only enhance care quality but also empower providers to operate more efficiently, directing time and resources towards frontline care.
- **Improve Outcomes:**  
Access to accurate, real-time patient data empowers care providers to deliver targeted, preventative care, ensuring better health outcomes.

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### 3. Recommendations

1. **Support the Social Care Interoperability Platform (SCIP):**  
SCIP represents a landmark opportunity to integrate health and social care. CASPA urges the Committee to ensure the platform receives full budgetary sign-off and implementation support.
2. **Sustain Momentum on DSCR Adoption:**  
Building on the progress made through the Dynamic Purchasing System and assured supplier list, continued investment is essential to meet the goal of 80% DSCR adoption. Digital records are pivotal in enabling safe, effective, and person-centred care.
3. **Promote Broader Adoption of Social Care Technology:**  
NHS England should continue to advocate for the adoption of quality-assured technologies, such as workforce management and resident monitoring systems, to complement DSCRs and further transform the sector. This will help care providers work more efficiently while focusing on delivering high-quality care.
4. **Invest in Digital Skills and Tools:**  
Digital literacy programmes and expanded access to DSCRs are essential for embedding technology into everyday care practices.
5. **Establish a Sustainable Funding Model:**  
Reform must be underpinned by long-term funding strategies to sustain digital innovation and workforce development in adult social care.

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CASPA remains committed to supporting initiatives that bridge health and social care through digital transformation, ensuring meaningful improvements for individuals, families, and communities.

For further information or to discuss these recommendations, please contact [admin@caspa.care](mailto:admin@caspa.care).

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