Written Evidence Submitted by Care England (C190021)

Scientific and Technological Aspects of COVID-19 Pandemic Inquiry: The Science of COVID-19

Introduction

Care England, a registered charity, is the leading representative body for independent care services in England. Our membership includes organisations of varying types and sizes, amongst them single care homes, small local groups, national providers and not-for-profit voluntary organisations and associations. Between them they provide a variety of services for older people and those with long term conditions, learning disabilities or mental health problems.

The COVID-19 pandemic presents social care providers with unbearable human costs, but also, has severe structural implications for many within the sector. Ultimately, during this time of crisis, social care providers should be given the necessary resources to allow them to focus solely upon providing care and support to some of societies' most vulnerable.

COVID-19 represents an unprecedented threat to the future sustainability of the sector and the support it provides to some of societies' most vulnerable, Chief Executive, Professor Martin Green, would be very happy to give oral evidence at future committee meetings.

Data

In order to react to the crisis presented by the COVID-19 pandemic the UK has had to learn to collect, present and analyse data in ways which have been untested. This submission focuses on the data collection systems in social care with specific focus on England.

The Capacity Tracker developed by the NHS's North East Strategic Commissioning Unit (NECSU) was adopted in early March as the data platform for collecting the data needed from care homes. In the past five years various data collection platforms have been developed, but the system has suffered due to a plethora of different systems collecting different data and a poor take up by the care homes and home care sector due to a lack of trust in the central and local authorities collecting the data. The anxiety in the social care sector has been that the data is being collected for performance management purposes rather than for analysis and improvement purposes. This has been a huge hurdle to overcome.

The fact that at the time of this submission, i)data are still being requested by various local authorities and ii) some data collection systems from organisations have been paused during the pandemic, is evidence that there is a lack of agreement on what data to collect, by whom and for what purposes. It is true that the social care sector is a mixed economy of private organisations, charities and publicly owned organisations funded by the public purse as well as individuals paying for care in the community (*community* in this case meaning in their people's own homes, community centres and specialist care and nursing homes). The symbiotic nature of care in the community and care delivered in health buildings and by health professionals has always been realised, but there has been a fear of fully integrating the two areas because of the complications in meshing the different organisational systems. The COVID-19 pandemic has shown how short sighted this strategy has been.

In the early days of the pandemic the only statistics for death were of those people who had died in hospital and had been positively tested for COVID-19. It was known universally and recognised that those data gave only a partial picture of the real situation, however there was no incentive to correct this failing, because it would have meant politically a ramping up of the testing facilities and collating data from various sources to provide meaningful figures. Even as this paper is written, the Capacity Tracker collating data from care and nursing homes has managed to register 90% of the care homes in the UK, yet the take up by local authorities of registration to pull out the necessary figures is about the 50% mark. This means that about 50% of local authorities are relying on their own systems for collecting data. Belatedly there are

moves to try to incorporate the digital systems in place in about 30% of care homes to collect the data, a system which places no burden on data collection by the homes, because they are already collecting the data.

Moreover there has been slew of health data which has been "*paused*" – see https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/- appended on the next page. The question must be asked why these data systems have been paused at such a critical time. One of the potential responses is that they were not providing analysable data in the first place so the reason for collecting these data sets should be questioned in itself. Another response could be that people were concerned that they would be used for control purposes and so their usefulness would be questionable (Goodhart's law). Whatever the reason, the pausing of one of these data sets, the discharges from hospitals, has blocked meaningful analysis of the role that discharge from hospitals has played in the dire situation which has been created in care homes.

COVID-19 and the production of statistics

Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, we are pausing the collection and publication of some of our official statistics. This will apply to the statistics listed below[1], for data due to be submitted between 1 April and 30 June. The dates on which those statistics would have been released are also shown in the table. We will keep the list and dates under review as the situation develops. This decision is informed by the Office for Statistics Regulation's guidance on Changes to statistical outputs during the coronavirus outbreak.

If you have any comments or questions, please contact us.

Title	Designation	Frequency	Dates due to be submitted	Dates due to be published
Critical Care Bed Capacity and Urgent Operations Cancelled	Official Statistics	Monthly	14th April 13th May 10th June	14th May 11th June 9th July
Delayed Transfers of Care	Official Statistics	Monthly	21st April 20th May 17th June	14th May 11th June 9th July
Cancelled elective operations	Official Statistics	Quarterly	30th April	14th May
Audiology	Official Statistics	Monthly	21st April 20th May 17th June	21st May 18th June 16th July
Mixed-Sex Accommodation	Official Statistics	Monthly	9th April 12th May 9th June	14th May 11th June 9th July
Venous Thromboembolism (VTE)	Official Statistics	Quarterly	24th April	4th June
Ambulance Quality Indicators – Clinical Outcomes	National Statistics	Monthly	22nd April 22nd May 22nd June	14th May 11th June 9th July
Dementia Assessment and Referral	Official Statistics	Monthly	28th April 28th May 29th June	3rd June 1st July 5th August
Mental Health Community Teams Activity	Official Statistics	Quarterly	20th April	15th May

https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/ on 12 May 2020

(12 May 2020)