

# Provider Data Assurance

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# We have a 10-year vision for adult social care, including provider data



**Transparent and accessible by all who need it**



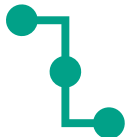
**Used intelligently to support high-quality commissioning and delivery of services by providers**



**Support system assurance and the management of risks at local, national and provider level**



**Proportionate and not overly burdensome**



**Alignment with other data collection projects (e.g. DSCR, CLD...)**

# To put data collection on a more long-term footing, we are taking a twin track approach

## Making the system work for everyone

To ensure the system works, including for providers, we need to incentivise high levels of compliance: To achieve this, we intend to:

- Reduce the scope and frequency of data collection
- Make the data transparent and accessible to all who need it (including providers), supporting high quality commissioning and services
- Work with our partners, including providers, ensure the sector know what we are mandating and how they can share their data

## Statutory data collection

The Health and Care Act contains new statutory powers that enable the Secretary of State to:

1. Require the sharing of particular types of data
2. Issue financial penalties to providers that do not comply with the above, or provide false or misleading data

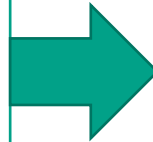
***We are seeking your feedback on our enforcement mechanism***



# Maintaining high levels of data sharing will be critical to ensuring high quality care

During CV-19, provider data sharing was critical...

- **For providers**, aimed to increase data sharing, facilitating, e.g.–
  - Flagging a need for a visit from a Covid vaccination team. Vaccination Teams also used data to arrange visits directly
  - Highlighting issues accessing flu vaccinations
  - Flagging PPE shortages
  - Receive targeted support from Regional Teams, using data from the workforce RAG status
  - Visualising and benchmarking own data
- Increased **data** sharing was also **critical to** the success of DHSC **funding bids**, including the ICTF and workforce capacity fund
- **Pre-pandemic DHSC data** was **over a year old**, at **LA level** and **only covered people using their LA** to access services



Over the coming years, ongoing data sharing will remain critically important –

- **For providers**, increased data sharing is aimed to facilitate:
  - A streamlined data collection process, captured once, used multiple times.
  - Sharing data back to providers once submitted to LAs/national gov
  - Improved benchmarking data, visualisations and the ability for an individual location to compare its data to similar services, the LA, region and national picture
  - Provide an early warning system if a new business continuity event emerges
  - Demand planning, for example unmet need in locality and future needs
  - Regular and granular workforce information to aid planning of services
- **Increased data sharing will provide a critical underpinning to the case for additional support, and future Spending Review bid**



## We have taken steps to reduce the scope and frequency of DHSC data collection

- The collection has reduced by around 30% from the end of March 2022 to early May
- Overall, the collection peaked at around 90 data items early 2021 but has reduced to its current size of circa 55 items, not all of which need completing depending on previous answers
- Most significantly, we have requested data are now provided weekly or in some areas monthly, instead of daily [UPDATE: all mandated data are monthly not weekly]
- Further reductions and improvements are already planned following further feedback from users [UPDATE: we aim for 3 mth notice period for future changes]. The Capacity Tracker Data Advisory Group – which has met fortnightly since the start of the pandemic, and which includes provider and local authority reps – will continue to advise on all data changes.

## We are in the process of determining – through discussion with providers and others – what data will be mandated and collected in the long term

- As well as regularly engaging with the fortnightly Capacity Tracker Data Advisory Group, we are running a series of workshops with providers, local authorities/commissioners and CCGs/ICSs around long-term provider data collection.
- The first round of workshops is helping us establish what data is currently collected, used and shared across the sector. This will be supplemented by an online survey to capture additional views.
- We will use this information to identify specific data themes and discuss these in a second round of workshops at a national and regional level. We will then put together a first draft of a minimum dataset (MDS) which will include data variables and definitions, who will collect (e.g. CQC, LAs, DHSC) each variable and how they will be used/shared.
- A final round of workshops will involve engagement on the MDS. We will then work towards initial implementation in 2023/24 with a phased approach over the following 1-2 years leading to a full BAU provider data collection.

If you would like to join these discussions, please email [providerdata@dhsc.gov.uk](mailto:providerdata@dhsc.gov.uk)



**To enable high quality care across the system, from the summer we will be using our new powers to mandate completion of the Capacity Tracker 22/23**

- Care home vacancies
- Workforce and resourcing
- PPE availability
- Visiting availability
- Testing and outbreaks (including discharge testing from acute settings)
- Vaccination (including seasonal)
- Development, e.g. packages of care for home care providers

**List of items superseded, please see CT bulletin dated 20/06/22 for mandated items from 31st July**

***As part of the due course, we will publishing guidance on the data collection that will be mandated***

**To complement our engagement on what data DHSC will be collecting, we would welcome your feedback on our proposed enforcement mechanism**

The Health and Care Act received Royal Assent in April. It includes:

- A provision to mandate data collections which will go live from July 2022, and
- A provision to make enforcement regulations which will go live from November 2022.

***We would like to discuss this and provide an opportunity for feedback on how we make this work for all parties***



# We have considered the circumstances in which financial penalties might be more or less likely; and how the fine will be calculated

## When

- DHSC will consider issuing fines where:
  - Providers have failed to share their data over multiple collection windows/periods
  - DHSC has offered to support the provider to share their data, but providers still do not share their data
  - Providers have had an opportunity to appeal to an independent tribunal
- DHSC does not envisage issuing fines where:
  - Providers have been unable to share the data, despite making adequate attempts
  - Providers have a reasonable excuse for not sharing the data
  - Providers have, following engagement, shared the required data

***Do you think these are the right principles?***

## How

- Fines should be calibrated such that they are fair, but represent a genuine deterrent
- The formula for calculating fines should be transparent and easy to understand

***Do you think these are the right principles?***

***If these are the right principles, then it suggests a scaled approach will be most appropriate***



**We intend to emphasise support and engagement, with financial penalties issued as a last resort, e.g. where providers have not made adequate attempts to comply**

Stage 1 – provider is notified we have not received the required data. Offer of support from delivery partner

Stage 2 – no response or continued issues, Provider contacted by delivery partner to understand the issue and offer support

Stage 3 – persistent failure with no reasonable excuse. Notice of intent issued flagging legal obligation and warning that the possibility of penalty notice should this continue

Stage 4 – continued significant issues. Penalty notice issued, including fine if providers still do not share the required data

## We could construct the fine in different ways

For discussion

We could take a **scaled fine approach** which would allow for fines which are proportionate to the type and size of provider, possibly hooked to a proportion of CQC fees.

Or

We could take a **fixed fine approach** which would allow for more clarity about the level of the fine that might be issued, but this would not take account of the provider type or size.



1. Review feedback and respond to your questions
2. Reflect feedback in advice to Ministers on how to support and encourage providers to share their data
3. Further workshops on long-term data collection, and approach to enforcement