

Exploring the potential of a minimum dataset for home care

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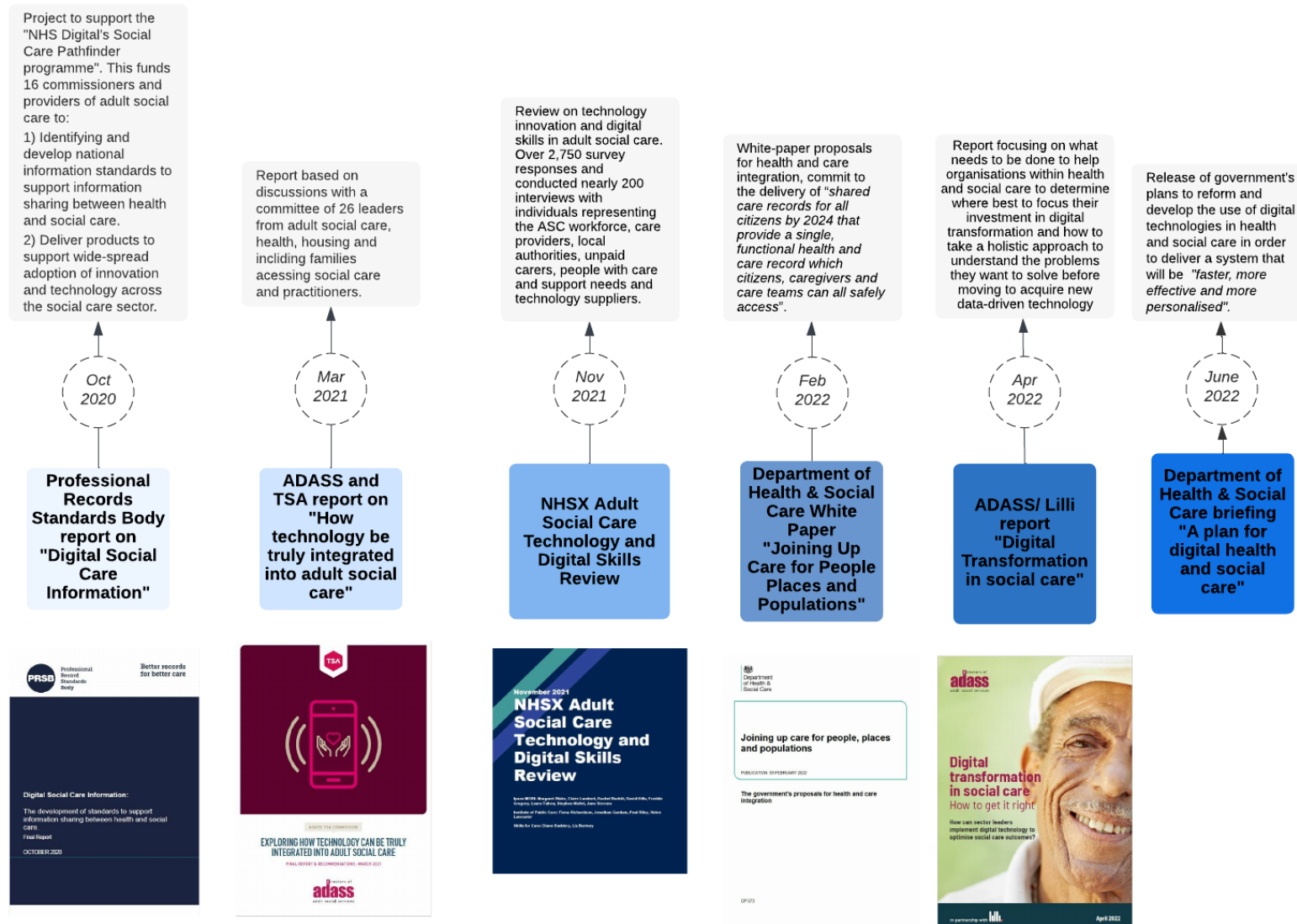
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From Newcastle. **For the world.**

The drive for “digital social care”



Great Expectations



“Digital technologies have tremendous potential to improve social care. They can extend the services on offer, giving people greater independence and control over their care and are proven to help support wellbeing.”

“They can free up the time care workers now spend on administration tasks for more face-to-face care. And they can help care providers to operate more efficiently, so they can do more to look after those they support and their employees.”



Source: NHSX Adult Social Care Technology and Digital Skills Review (November 2021) , IPSOS Mori/ Institute for Public Care

What is “Digital Social Care”?

Lots of people talking about lots of different things...

- Digital applications to help cost support plans
- Digital care advisors
- Digital learning hubs for social care
- Digital prescribing for falls prevention
- Respite care home technology
- Digital support to manage conditions at home
- Software/ platforms to facilitate the work of contact centre staff
- Virtual reality in care home settings
- Digital applications to support person centred care

And last, **but not least.... connected health and social care records**

Shared care records– why so challenging?



- **152 Local Authorities** responsible for organising and support care for those unable to fund it themselves (and sometimes for self-funding individuals who require assistance to do so) for an average populations of 250,000 people.
- *Until July 2022, 211 **Clinical Commissioning Groups** - entities responsible for planning and contracting primary care services and most hospital services representing populations of between 100,000 and 300,000 inhabitants. As of July 2022, these have been merged into 42 **Integrated Care Systems** covering populations of around 500,000 to 3 million people.*

Home care context

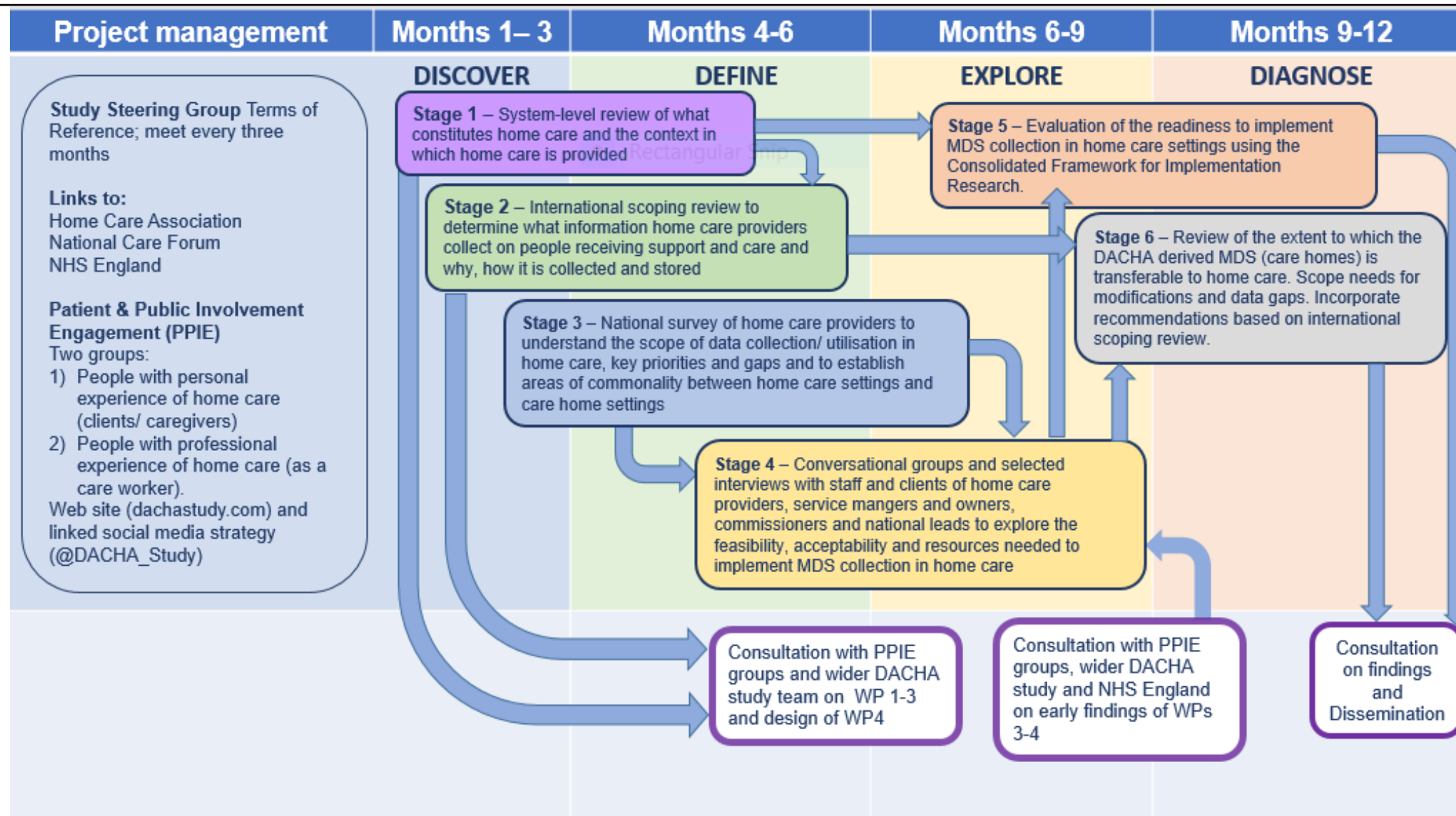
- Each local authority has responsibility for supplying home care, usually indirectly through tendering and contracting-out to independent home care providers.
- 8,891 registered home care providers in England
- Major post COVID-19/ post Brexit/ cost of living workforce crisis.
- Access to and use of technology lower among care workers than other groups in the social care workforce. Gaps in basic digital skills.¹
- Absence of funding for investment in digital technologies/ unclear “business case”.

¹NHSX Adult Social Care Technology and Digital Skills Review (November 2021) , IPSOS Mori/ Institute for Public Care

What is a Minimum Dataset?

- Minimum information about a person receiving care and support for an agreed purpose that needs to be collected, regularly reviewed/updated, appropriately stored and shared with relevant agencies.
- An accurate and up-to-date data source to make visible health, care, and support **needs** and **changes over time**.
- Information that **meets the needs of a range of stakeholders**, capable of describing outcomes that matter to people receiving services and their families and friends (Burton et al 2022).

Burton, J.K., Wolters, A.T., Towers, A.M., Jones, L., Meyer, J., Gordon, A.L., Irvine L., Hanratty, B., Spilsbury, K., Peryer, G., Rand, S., Killett, A., Akdur, G., Allan, S., Biswas, P., Goodman, C. (2022) Developing a minimum data set for older adult care homes in the UK: exploring the concept and defining early core principles. The Lancet Longevity, 3: e186.

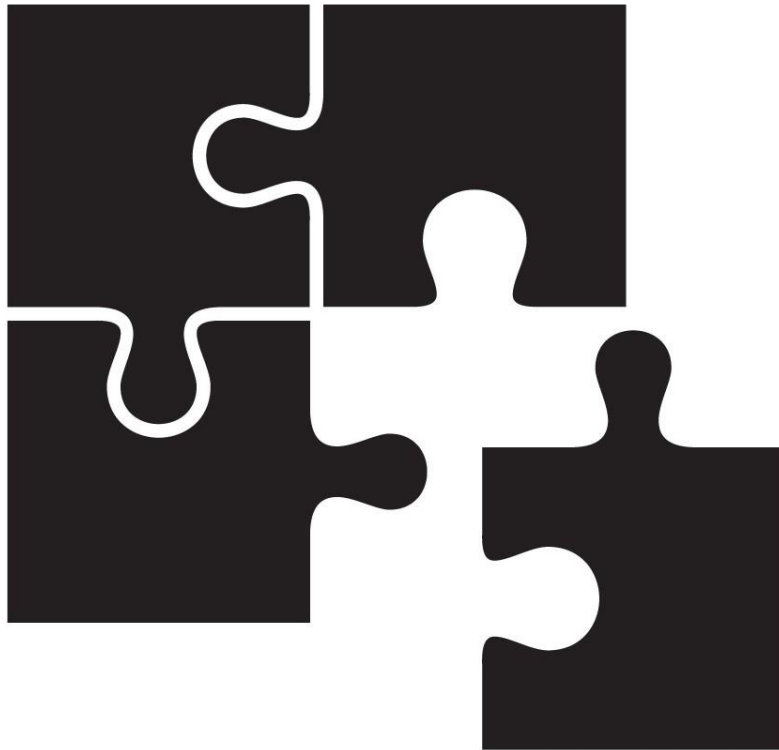


What information is collected in home care? (work in progress)

	<u>What collected?</u>						
<u>When collected?</u>	General	Health status	Social care/ support	Routine health care	Care package and impact of care package	Non-routine health care use	Other
Baseline	Sociodemographic; housing condition and living environment; housing tenure; household information	Health conditions (physical and mental); sensory impairments; cognitive impairments; medications; health behavior information (e.g. smoking); disabilities; independence and ability to self-care; subjective health status; physical activity	Other social care services received including community and voluntary services; participation in social activities	Primary health care services Secondary health care services received	Care needs (categorical); types of care/support to be provided (categorical); hours of support to be provided; risk assessment / hazards in the home; care needs, preferences and desired outcomes (personalised - qualitative)*	N/A	Input from unpaid caregivers
At review/ routine follow-up	Changes in above	Standardized measurement tools to detect mood; frailty, loneliness...	Changes in above	Changes in above	Service user outcomes using any standardized measure/ tool; care needs, preferences and desired outcomes (personalised - qualitative)*	A&E attendances; in-hospital care, intermediate care (if entered at review)	Unpaid carer wellbeing/ outcomes
Continuous/ Real time		General observations on condition (e.g. does not recognize caregiver: in pain).	Communications with caregivers and/or other social care professionals	Communications with caregivers and/or other health care professionals	Care provided; updates to any of above	As above (if available as real time data).	Electronic data from wearables
Ad hoc (according the person's condition, need or any situation that may have occurred)		Adverse incidents (e.g. falls; Standardized measurement tools to assist in continuous monitoring a client's condition (e.g. pain; skin)				A&E attendances; in-hospital care, intermediate care	

*e.g. 'About Me' standard, a co-produced with people with lived experience of social care and incorporated into the Professional Records Standard BodyCore Information Standard v2 (July 2022)

Part of the puzzle



- **DACHA/ DACHA-DOM projects run parallel to major NHSX programme to ensure that every person has the option to control their own care records by 2025.**
 - NHSX commitment to making digital social care records simple and ensuring that they are not dependent upon particular devices, to prevent people who may not have the latest technology from being digitally excluded.
- **Ongoing partnerships with technology companies to develop products that ensure any data collected can be owned by individuals, their families and carers and offered to them through accessible digital platforms.**
 - Work ongoing to revise guidelines for the interpretation and simplification of information governance to deal with data protection concerns.
- **Development of standards for information sharing between health and social care¹.**

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Thank you for listening!