

Sharing market oversight intelligence profiles with the sector

Report to: Board
Date: 24 June 2016
Report by: Rami Okasha, Executive Director of Strategy and Improvement
Report No: B-09-2016
Agenda Item: 13

PURPOSE OF REPORT

To advise members of proposals around the better provision of localised care market information.

RECOMMENDATIONS

That the Board discusses and notes the proposed approach.

Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
	Senior Management			
	Legal Services			
	Corporate and Customer Services Directorate			
	Audit Committee Consultation	M Cairns	One addition to report agreed.	18.5.16
	Partnership Forum Consultation (where appropriate)			
Equality Impact Assessment				
Confirm that Involvement and Equalities Team have been informed			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
EIA Carried Out			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please attach the accompanying EIA and appendix and briefly outline the equality and diversity implications of this policy.				
If no, you are confirming that this report has been classified as an operational report and not a new policy or change to an existing policy (guidance, practice or procedure)			Name: R Okasha Position: Executive Director of Strategy and Improvement	
Authorised by Director	Name: R Okasha		Date: 8 June 2016	

1.0 BACKGROUND

The existence and analysis of high quality data is an important component of designing and improving care services which are evidence-based. As we move towards a more integrated landscape, where integration joint boards assume responsibility for the strategic commissioning of services in their localities, there is significant interest in ensuring there is effective access to a wide range of data sets about care provision. These data sets will come from a range of sources, including local government, Scottish Government, the NHS and the Care Inspectorate.

Currently, the Care Inspectorate uses information and intelligence in two ways: to support regulation, and to support the development of policy. This paper sets out an enhanced role around using intelligence to support the development of policy and decision-making across partnerships by developing periodic market oversight intelligence profiles.

We publish regular and occasional statistical bulletins about the provision and quality of care services across Scotland. For example, annual data around childcare provision is published with detailed breakdowns by local authority area. The Care Inspectorate also permits certain authorised users to access its datastore, where more complex analyses of data can be undertaken by trained, external personnel. The Care Inspectorate has also taken on responsibility for collecting and publishing data on social work spend in local authorities, and will be publishing the first data set soon. Some of the data we collect to inform our scrutiny of strategic services may benefit from wider publication. Clarity will also be needed on the intellectual property rights associated with the sharing of information.

During the course of 2014/15 and 2015/16, the Care Inspectorate has been funded by the Scottish Government to undertake specific improvement interventions in local authority areas where delayed discharge has been particularly high. A key part of this work has been to provide intelligence profiles for the relevant partnerships on provision, quality of care, and emergent issues.

In recent times, there have been calls for the Care Inspectorate to undertake a role around market viability in the care sector. We have been historically resistant to this approach, because we are not sufficiently resourced to be able to interrogate the financial health of extremely complex organisations who are large care providers, often where that provider is based outwith the United Kingdom. The CQC undertakes a market oversight role, and we are continuing to develop links to be able to act on any concerns which they may identify. It is recommended that we seek to formalise this information-sharing approach rather than seek to replicate financial oversight activities in Scotland.

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That said, there is significant scope for the Care Inspectorate to improve the provision of information and intelligence about market oversight and quality trends on a partnership basis. This would have the potential of providing a new, useful source of data for partnerships to use when designing, planning, and commissioning services. It is envisaged that this data would be provided periodically.

2.0 WHAT INTELLIGENCE COULD WE PROVIDE?

The precise information and intelligence that will be provided should be informed by the views of IJBs and local authorities, and the ability of the Care Inspectorate to produce meaningful and high-quality data and intelligence.

It is envisaged that market oversight intelligence profiles would contain quantitative information about registration trends, provision, and quality grades of commissioned and uncommissioned services. In addition, it would contain qualitative information which was of a sufficient quality to be shared around risk, intelligence, and other matters which might impact on the provision of care. Given that it is anticipated that such reports would be produced periodically during the year, appropriate reference would be made to data which is already provided annually, such as social work spend data.

The profiles would not seek to replicate data which is provided to IJBs by the PHI (formerly ISD) division of NHS National Services Scotland. The data would not generally contain sensitive or confidential information, or information which had been obtained from engagement between the Care Inspectorate or other regulators. Given the centrality of such data provision to achieving the statutory objective of the Care Inspectorate to further improvements in the quality of care, it is not envisaged to charge partnerships for the provision or market oversight intelligence profiles.

An example of an intelligence profile produced for the delayed discharge work is attached at Appendix 1. This is provided for illustration only – it is not envisaged that a market oversight intelligence profile would necessarily follow this format or contain the same information.

3.0 DEVELOPING THE PROPOSAL

From discussion within the sector and Scottish Government, there is broad interest in the Care Inspectorate undertaking work of this type. The next stage would be to form a small advisory board by July/August 2016, to advise on the type, regularity and format of data that would be useful for local authority and Integrated Joint Board chief officers/staff. The advisory board should include representatives from SWS, the Office of the Chief Social Work Adviser, the Care Inspectorate Board, Scottish Care, and possibly banks involved in the sector, all working to agreed terms of reference. The group would be

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supported by the relevant head of service responsible for risk and intelligence in the Care Inspectorate.

The proposal should also align to a wider discussion about the relationship between contract monitoring by commissioners and the Care Inspectorate's regulatory role.

4.0 RESOURCE IMPLICATIONS

The Care Inspectorate currently has a significant intelligence and analysis team but additional work of this nature cannot be absorbed without there being an impact on existing work. If additional resources are required, they would have to be obtained through the usual budgeting channels.

There is potentially scope to support elements of this work through enhanced administrative roles and there may be the possibility of external funding being available for this work. The Resources Committee will be advised of any resourcing issues as further information becomes available.

Whilst changes to our ICT systems may improve the interrogation of data, the current ICT system is able to produce the necessary data to make this project work.

5.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

Ensuring that partnerships have access to the best possible data upon which to design, plan and commission services will help both local authorities and IJBs in their responsibility around integrated health and social care, and their work outwith the integrated space. This will play a role in helping to ensure that services are responsive to need, high-quality, and evidence-based.

6.0 CONCLUSION

The Committee is invited to note this paper.

LIST OF APPENDICES

Appendix 1 - Delayed Discharge exemplar

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