



Date: Tuesday 29th March 2022 -2:00 pm to 3:30 pm

Location: Virtual

Attendees: CASPA Board:

Robin Batchelor (RB), Jonathan Papworth (JP), Nuno Almeida (NA), Taffy Gatawa (TG), Robin Wells (RW), Fiona Hale (FH)

DSC:

Adam Hunt (AH)

Apologies:

Daniel Casson (DC), Claire Sutton (CS), Vic Rayner (VR), Katie Thorn (KT)

Subject: CASPA & DSC Meeting - 29.03.2022

Minutes

As only AH was in attendance, it was decided best use of time to give a quick run through of the agenda to get AH up to date.

Notes in red.

1. DSC objectives

- Promotion of the website
- Working on final piece of guidance on investing confidently in tech, utilising the North Star principles and how to bring people along with you

2. Refining focus for these recurring meetings throughout 2022

a. CASPA's objectives for 2022

- *RB provided an overview of CASPA's objectives, clarifying the aim to promote digital adoption of social care tech building on the work of the last few years' of success:*

i. **Widen CASPA's remit**

This year CASPA will start utilising working groups to move parallel work-streams forward in situ, extending beyond digital care records into areas such as remote monitoring and workforce management.

ii. **Shape Social Care Data**

Dual purposes of datasets, individual care data and operational high level data. CASPA is more focussed on making sure that care data



sharing is going to support those receiving care as a primary concern, with government higher level data as a secondary benefit to ensure it does not cloud the primary objective.

iii. Social Care Records

Translating that primary purposes of data-sharing into tangible results. Working with DSC on DPS will be key to this.

iv. Showcase advantages of membership

Improving CASPAs strength as a trade association through a significant and engaged membership base is of benefit of digital adoption overall as it gives a single, strong voice representing the sector and supporting digitalisation of social care with good intelligence/engagement with the supplier sector.

3. How can DSC & CASPA acknowledge each other a bit more?

a. CASPA notice they are not on DSC's list of partners

- *RB requested that DSC list CASPA as a partner.*
- *RW highlighted that as many software suppliers as possible are made aware of CASPA so their voice can be represented*

4. Capacity Tracker and DSCR MDS Strawman

- Daniel Casson to provide Capacity Tracker update
- Invite DSC to a call with Andrew Chui (action from previous meeting)
 - Andrew Chui is joining CASPA call on Monday 4th April at 1pm - DSC to join?
 - Or is a separate meeting required?
- Intent is that DSC will be party to this initiative, and also CQC ideally
- From April 2022 there is expected to be mandatory data collection

- *AH does not have any further information on Capacity Tracker.*
- *To be discussed at the next meeting.*

5. Supporting CASPA in developing relationships with the LGA

- Has an alternative contact to Ed Willis (has he been replaced) been found?
- How can we get engagement with LGA/ADASS onto the DSC meeting?

- *AH feedback that data sharing needs to minimise impact on the provider through duplicative data entry.*
- *CASPA agreed, but the problem is the breadth of the stakeholders involved in defining what data is required and for what purposes.*
 - *NA highlighted that LAs are a particular pinch-point in this and there needs to be some clarification of this.*



- *There needs to be a central steering on what is “minimum” - what data do we want to gather to deliver best care outcomes?*
- *Wherever possible DSC should be supporting the message that this should be a strict minimum set to commit to.*
- *If CASPA could work with the LAs to do this, we could help shape their thinking to keep the dataset minimum.*

6. North Star

- a. Next step is to create a plan to contact all the parties previously identified
 - b. VR made an introduction re. TAPPI principles but no luck engaging
- *AH used North Star principles for the guidance he was creating for tech adoption.*
 - *Clear that the document is pitched at the right audience that could be picked up and understood quickly and embed them into work.*
 - *RB asked how we could endorse it with more parties.*
 - *Part of AH’s work will be on how to promote the guidance already available through DSC of which North Star is one key element.*
 - *CASPA members should be abiding by the North Star standards.*
 - *DSC plans for promoting its work are in early stages. At this point, AH knows they will be getting out on the road for events. Which events is TBC.*

7. Opening up GP Connect access

- a. Role-based access is ideal, but better to get Registered Managers first and then come back to role-based access.
 - b. Action from last meeting - CS to email Emma Lenden and KT to raise direct
 - i. It’s live. PCS have already got the first registered manager within 90 minutes of NHS letting him know
 - ii. KT to provide any further updates
 - c. Announcement in January (Alison Taylor - lead) and applied to all CQC registered care providers who have DSPT standard met
- *CASPA is very close to getting GP Connect launched.*
 - *This was a good example of DSC and CASPA working together to push for a positive outcome, taking both sides of the argument in alignment - DSC representing providers/CASPA representing suppliers.*
 - *Demonstrated that we can secure outcomes working together but could have streamlined how we work.*
 - *Despite CASPA’s clearly stated objectives, CASPA is naturally treated with more suspicion than DSC given they are seen to represent commercial interests but when DSC voice supports, it overcomes the barriers CASPA has so working together where objectives are aligned adds impetus.*
 - *RW: many in health care do not have knowledge of social care, let alone social care suppliers, they therefore take their experience from working with NHS suppliers. Social care suppliers have a very different approach and priorities.*



DSC should be ensuring that the Department recognises this and does not take this prejudice and unfairly provide it to social care.

- *Agreed that CASPA and DSC should align comms where possible.*

8. DSPT Promotion

- a. Further update/discussion points since December?

Not discussed

9. Review latest list of interoperability projects:

- a. (Action from last meeting against CASPA) - Create a list of all ICS together with the digital contacts, and state of engagement.

Not discussed

7. Decide a date for next meeting

- *Given the difficulty in getting the meeting in the diary, it was agreed that we would plan the next 3 meetings in advance*

AOB

- i. SNOMED-CT for social care contract has been sent out on a closed bid to at least two organisations.
 - a. PRSB/DSC were unfortunately unsuccessful with their collaborative bid. SOCITM were the successful organisation. Hopeful that we may be able to be involved in some way.

Not discussed

END OF MEETING