

Data Provision Notice

Intermediate Care Aggregate Data Collection

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Background

The Health and Social Care Act 2012 (the Act) gives NHS England statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose

This aggregate Covid-19 Community Daily Discharge SitRep will continue temporarily. It will evolve into an Intermediate Care data collection which will provide better insight to support national, regional and Integrated Care Board (ICB) oversight of service delivery (in accordance with the Urgent and Emergency Care Recovery Plan), at which point the aggregate SitRep will be discontinued.

A parallel community beds audit will run on a bi-annual basis.

These changes ensure the data collected are current and aligned with guidance published in the Intermediate Care framework.

The Community Daily Discharge SitRep will continue until provider systems have the capability to submit to the Health Care Operational Data Flow technical requirements, at which point their requirement to submit to the Community Daily Discharge SitRep will cease.

The Better Care Fund Planning Requirements 2023-25 set out the requirements for complete demand and capacity returns for intermediate care.

The data will be used for the following purposes:

- National policy and operational oversight
- Regional operational oversight
- ICB level oversight of demand and capacity
- Provider level as required.

Benefits

The data collected will allow close monitoring of discharge performance.

Data provides insight for providers, systems and national organisations into any barriers which are preventing timely discharge of patients and identify if focussed assistance is required.

Legal basis for collection, analysis, publication and dissemination

Collection and analysis

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. The Community Services Data Set Directions 2020 and accompanying requirements specification are published on the NHS England website. The Community Services Data Set (Amendment) Directions 2024 were given to amend the Community Services Data Set Directions 2020 to require an additional requirements specification to be complied with in relation to the form and manner, in which the Community Services Data Set Directions Information System is established and operated.

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012. In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

Publication

In accordance with section 260(1) of the 2012 Act, NHS England has a legal duty to publish all information it collects by complying with a request unless it falls within section 260(2) of the 2012 Act. Statistics relating to the Intermediate Care Collections are published here:

<https://www.england.nhs.uk/statistics/statistical-work-areas/intermediate-care/>, small numbers such as those relating to hospices are suppressed.

Dissemination

Data is available via the Tableau app to submitters, ICBs, regions and national teams at appropriate levels of access. All data is aggregate and contains zero patient-level information (neither anonymised nor pseudonymised). Access to Tableau involves registration and authorisation processes.

A weekly discharge report is produced for senior members of the organisation including Regional Directors and UEC/Discharge leads.

Under section 261 of the Act, NHS England may disseminate the information it obtains by complying with the Direction to an organisation that has a legal basis for receiving the information.

These data items will not be available via Data Access Request Service (DARS) as it is published and publicly available.

Persons consulted

There is an obligation on the part of NHS England to consult with (as set out in section 258 of the Health and Social Care Act 2012):

Following receipt of a request to establish a system to collect the intermediate care aggregate data collection, NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- The Department of Health and Social Care
- NHS England Subject Matter Experts
- Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB) has been established as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed, and priorities assigned.

Scope of the collection

In scope – providers.

The submission templates should be populated by all organisations providing NHS and/or jointly commissioned non-specialist community bedded services for the purposes of rehabilitation, reablement and recovery, including those funded through the BCF. This includes all NHS and jointly commissioned community beds that could be provided by. These could include:

- community trusts
- community interest companies (CIC) and other providers of rehabilitation, reablement and recovery services within community-based beds
- acute trusts that also provide community services (reporting only their community hospital beds in this data collection)
- mental health trusts that also provide community services (reporting only their community hospital beds in this data collection)
- care homes where rehabilitation, reablement and recovery services are provided In scope – types of beds.

The scope of these data collections include all NHS, jointly commissioned and BCF funded beds used for intermediate care purposes. The following list of bed types is not exhaustive, noting that local terminology for intermediate care beds may vary:

- Intermediate care
- Pathway 2 (P2)
- Transition
- Step-down

- Step-up
- Discharge to Assess (D2A)
- Rehabilitation
- Community beds for short-term services such as stroke, neuro rehabilitation and spinal recovery where they are not part of specialist funded rehabilitation.

Rehabilitation, reablement and recovery beds provided through specialised commissioning services should be excluded.

The bi-annual Community Bed Audit will run in parallel collecting data on community bed numbers, average length of stay, how they are identified/used and commissioned, and whether they are currently captured in the Intermediate Care Data aggregate data collection. It aims to establish bed capacity at a specific snapshot point in time. For consistency, we will ask that submitters aim to provide data that is as close as possible to a selected time and date.

Form of the collection

The Excel submission template contains data items broken down by day relating to Criteria to Reside, Rehabilitation, Reablement and Recovery Stage, No Criteria To Reside and Discharge Pathway

Questions required weekly relate to the length of stay of 14 days or over and 21 days or over.

The detailed data items are published as an appendix to this DPN – in the format of a nonworking version of the Excel submission template.

Weekly reports must be signed off by a duty director, or other senior manager, appointed to this role by the provider's chief executive.

Patient level and confidential data is not included in the collection.

Supporting information on completing the template is included in the technical specification, along with a Q&A publication and templates available for download on the Intermediate Care Future NHS platform.

Manner of the collection

The Intermediate Care data collection (previously known as the Community Daily Discharge SitRep) requires submitters and providers to download an Excel template upload to Strategic Data Collection Service (SDCS).

Period of the collection

This will be an ongoing weekly collection which will open on a Monday and close on a Tuesday.

Data Quality

Data quality validations are built into the Excel submission template to ensure data received are standardised and clean at the point of submission.

Burden of the collection

Assessed costs

The associated burden of the data collection is:

Burden on providers	£3,479,972	Year 1 costs (including set up costs)
Burden on providers	£1,887,055	Year 2 and ongoing annual costs

NHS England has a statutory duty under section 253(2) of the Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has: Amended an existing data collection that submitters are familiar with and surveyed existing submitters to assess the impact of collecting the revised specification.

In addition, in support of its obligation under 265(3) of the Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.