

# Cheshire East Council

## Cabinet

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<b>Date of Meeting:</b>	6 February 2018
<b>Report of:</b>	Linda Couchman, Acting Strategic Director of ASC & Health
<b>Subject/Title:</b>	A 'Patient Passport' – Delivering Access to Health and Care Records
<b>Portfolio Holder:</b>	Cllr Liz Wardlaw

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### 1. Report Summary

- 1.1. In the summer of 2016 Eastern Cheshire Clinical Commissioning Group's (ECCG) 'Caring Together' IT Group (of which the Council is a partner) submitted a bid to the NHS England Estates and Technology Transformation Fund (ETTF) for a project entitled "Patient Passport". In December 2017 the CCG was notified that it had been awarded £2,665,025. The award is 100% revenue monies from NHS England and must be spent by the CCG by 31st March 2018.
- 1.2. It has been agreed in principle that Cheshire East Council (CEC) act as a delivery partner and that the fund is transferred to CEC Finance.
- 1.3. This funding will be used to develop an electronic "care passport" on the Live Well portal for Adult Health and Social Care; which will enable local people to unlock their information and advice and have direct control over what data they want to be shared and when. It is envisaged that the project will deliver a prototype, secure personal care information store. This will contain such information as test results, assessments and letters to which the person concerned is alerted by text, email or chosen channel. In addition, there will be a digital personalised care and support diary which will provide a holistic view of the events that support coordinated and sympathetic patient care.
- 1.4. ECCG will write formally to the Council outlining the original bid, the broad areas that it covers, and formally request that CEC act as their delivery partner. CEC will then be in a position to respond, setting out the basis of any agreed involvement. This agreement will be in the form of a formal agreement under Section 75 of the National Health Act 2006.

## 2. Recommendation

### 2.1. That Cabinet:-

- a) Authorises the Executive Director People (in consultation with the Director of Legal Services) to agree the terms of and enter into an agreement under Section 75 of the National Health Act 2006 to document delivery partner arrangements with the Eastern Cheshire Clinical Commissioning Group including the receipt of £2.665m Estates and Technology Transformation Fund monies.
- b) Recommend to Council the approval of a Supplementary Revenue Estimate of £2.665m for 2018/19, fully funded from the Estates and Technology Transformation Fund monies.
- c) Note that thereafter officers will take all necessary actions to deliver the electronic care passport scheme.

## 3. Reasons for Recommendation

- 3.1 The ETTF bid was produced by the Council and ECCG as part of the CCG's Caring Together IT work-stream and submitted in June 2016. The bid was drafted taking into account the NHS Policy document "The Power of Information" (2012). The introduction to this states:

*'This strategy sets a ten-year framework for transforming information for health and care. It aims to harness information and new technologies to achieve higher quality care and improve outcomes for patients and serviceusers. Underpinned by the Health and Social Care Act 2012, it covers public health, healthcare and social care in adult and children's services in England.*

*As citizens, patients and users of care services, this strategy sets out how a new approach to information and IT across health and care can lead to more joined up, safer, better care for us. The strategy spans information for patients, service users, carers, clinicians and other care professionals, managers, commissioners, councillors, researchers, and many others. Information and transparency can drive up standards, leading to safer, more integrated care and more effective prevention of ill health.'*

- 3.2 NHS England's Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20). It is part of the 'General Practice Five Year Forward View' commitment for more modernised buildings and better use of technology to help improve general practices services for patients. The ETTF funding comes out of the £1bn Primary Care Infrastructure Fund which as well as providing a funding boost for estates and technology has invested in other areas of general practice such as workforce.

- 3.3 ECCG has indicated that there is flexibility on the nature of the implementation which may diverge from the details in the bid in terms of scope of delivery, system selection, and procurement timescales. There is no specific reporting requirement by NHS England. Benefits will apply to health rather than Social Care.
- 3.4 The main components of the bid opportunity are:
- a) Citizen access to records held about them (for example, Cheshire Care Record).
  - b) Citizen access to a document repository which the person can then elect to share with a care professional of their choice. This could contain records about them (for example letter from clinic to GP), or produced by them (e.g. results of home-based monitoring).
  - c) Citizen appointments diary relating to any care setting (for example, GP appointments, outpatient appointments).
  - d) Alignment with the Council's drive towards a more digitally enabled interface with our residents
- 3.5 Because of the delay in the decision about the funding being made available, ECCG would be unable to implement the project themselves before the end of March and thus would lose the funding. The CCG have confirmed that transferring the funds before the 31<sup>st</sup> March 2018 will satisfy the "must be spent" criteria imposed by the funding body, NHSE. Therefore, by forming a partnership with the council as a delivery partner, the money can be transferred to CEC and then carried forward with expenditure occurring during 2018 – 2019.
- 3.6 CEC is positioned to act as delivery partner for the following reasons:
- a) The Live Well platform is a potential gateway to patient passport facilities. It is recognised by health as a citizen-first, self-help resource co-produced by citizen groups and has further development phases planned with ongoing consultation and co-production (for example online self assessments).
  - b) It is proposed that this funding is used to develop an electronic "care passport" on the Live Well portal for Adult Health and Social Care; which will enable local people to unlock their information and advice and have direct control over what data they want to be shared and when. It is envisaged that the project will deliver a prototype secure personal care information store which will contain such information as test results, assessments and letters to which the person concerned is alerted by text, email or chosen channel. In addition, it will incorporate a digital personalised care and support diary which will provide an holistic view of the events that support coordinated and sympathetic patient care.

- c) This is largely a project which will use existing health and council resources to produce a proposal for an electronic patient passport solution specification, which will then be subject to a formal tender process to engage a delivery partner (contractor). The key output will be a prototyped electronic information store and care diary with a view to live implementation of the solution; subject to information governance approval.
  - d) Cheshire East Council has the experience, skills, and resource to tackle the information governance and communication elements of a project of this scope and complexity.
  - e) The Adults, Childrens and Public Health Digital Programme and its vision, has suitable governance and compatible development initiatives to support a wider collaborative effort, ultimately to the benefit of the citizen as this will provide more joined up and accessible health and care data. This is chaired by the Director of Public Health who will act as Senior Responsible Officer for the delivery of the project.
  - f) The Council is proactively developing its digital relationship with residents.
- 3.7 The People Digital Board will take responsibility for the governance and delivery of the project. This is chaired by the Director of Public Health who will act as Senior Responsible Officer. A project delivery group will be established.
- 3.8 The proposed Patient passport would have benefits across a wider Cheshire geography, and as the Cheshire Care Record is already used on a whole Cheshire footprint, the potential to extend the partnership to South Cheshire CCG and West Cheshire CCG will be explored. In addition Chester University and the Innovation Agency have an interest in developing an application to facilitate the public's access to their health and care record so connecting with these organisations will also be a priority to ensure best use is made of the funding and we avoid a duplication of effort.

#### **4. Other Options Considered**

- 4.1. The option to not progress this arrangement would almost certainly lead to the loss of the £2.6million from the Eastern Cheshire Health and care economy and the opportunity to introduce a patient passport would be lost.

#### **5. Background**

- 5.1. The drafting of the bid to the ETTF began in the summer of 2016 when the Fund was first announced and bids were invited. It was through ECCG's Caring Together IT Group (which the Council is a member of) that the bid was developed.

- 5.2. There was a significant delay in the announcement from NHS England regarding successful bids and ECCG only received confirmation of the award of the money in December 2017 – but with a requirement to have spent it by the end of March 2018.

## **6. Wards Affected and Local Ward Members**

- 6.1. All

## **7. Implications of Recommendation**

### **7.1. Policy Implications**

- 7.1.1. Progressing the Patient Passport would build upon the successful implementation of the Cheshire Care Record (CCR). The CCR allows for more effective sharing of information about a patient or social services client between health and care professionals, with data from separate record systems being shared through the Care Record's digital interface. The Patient Passport would provide residents with electronic access to their health and care information, but also facilitate the co-ordination of appointments and management of letters, reports, and other medical or social care documentation received by an individual. This aligns with the Council's drive to move towards a more digitally enabled relationship with our residents.

### **7.2. Legal Implications**

- 7.2.1. Pursuant to Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the "Regulations"), NHS bodies and local authorities can enter into partnership arrangements for the exercise of specified functions. The regulations define the nature of the partnership arrangements.
- 7.2.2. They provide for the establishment of a fund made up of contributions from the partners out of which payments may be made towards expenditure incurred in the exercise of their functions; for the exercise by NHS bodies of local authority functions and for the exercise by local authorities of NHS functions; and require the partners to set out the terms of the arrangements in writing. A written agreement can therefore clearly outline the roles and responsibilities of each party.
- 7.2.3. The specific objectives for implementing Section 75 Agreements are:
- 7.2.3.1. To facilitate a co-ordinated network of health and social care services, allowing flexibility to fill any gaps in provision;
  - 7.2.3.2. To ensure the best use of resources by reducing duplication (across organisations) and achieving greater economies of scale; and

- 7.2.3.3. To enable service providers to be more responsive to the needs and views of users, without distortion by separate funding streams for different service inputs.
- 7.2.4. The Council will be working in partnership with Health colleagues to produce a proposal for an electronic patient passport solution. Following production of a specification the Council intends to appoint a contractor via a competitive process to develop a prototype electronic information store and care diary. The Service (and ICT) must engage with legal and procurement officers to ensure that the competitive procurement is carried out in accordance with EU regulations and the Council's own contract procedure rules (and that appropriate authority is obtained in accordance the proposed contract value/s). Consideration will also need to be given to information governance, data sharing, patient consent and compliance with data protection and information law and legal advice should be obtained as the project develops.
- 7.2.5. The funding has been provided via a grant from NHSE and it is imperative that the Service ensures it is familiar with the terms of that funding. The s75 agreement should also include terms which ensure compliance by the parties with the NHSE funding terms (and safeguard the Council in the event of clawback and/or abortive costs).

### **7.3. Financial Implications**

- 7.3.1. Three main financial issues need to be addressed as part of the Council agreeing to act as delivery partner. Firstly, the funding condition that the money can be transferred to the council and carried forward to the new financial year to be spent in a realistic timeframe allowing for appropriate governance procedures, procurement rules etc. all to be delivered. The CCG have confirmed the funding condition allows this to take place. Secondly, the benefits outlined in the bid need to be assigned to partners. The CCG have confirmed that they will responsible for delivery of 100% of the benefits anticipated by delivery of the bid. Finally, commitment is needed to meeting any ongoing revenue costs (e.g. licenses) that result from the delivery of the bid. The CCG have confirmed they will meet all of these costs. All of issues will form part of the S75 agreement.
- 7.3.2. The Council is therefore asked to approve a Supplementary Estimate of £2.665m for 2018/19, fully funded from external monies received before the start of the 2018/19 financial year.

### **7.4. Equality Implications**

- 7.4.1. It is acknowledged that for some people, a digital solution is not appropriate because they are unable to use or afford computers, tablets or mobile phones. This will be taken into account as the project develops. There is separately a piece of work under way to identify the most

effective means of increasing digital inclusion and supporting those who cannot currently make use of technology to do so in the future.

## **7.5. Rural Community Implications**

- 7.5.1. None specifically, but it could be that the co-ordination of appointment information through the Patient Passport might help reduce wasted journeys for cancelled appointments or missed appointments, which in more rural areas have greater impacts because of travel distances and access to transport.

## **7.6. Human Resources Implications**

- 7.6.1. Some of the funding will be used to put in place project management resource to ensure that the Patient passport is delivered within budget and timescale.

## **7.7. Health and Wellbeing Implications**

- 7.7.1. These are set out in the bid document and are copied below:
- 7.7.2. *This scheme articulates an ambition for using technology and information so that people who want to manage their own care can do so whilst via access to joined up information and systems, clinicians and care professionals are freed to focus on their practice rather than administration.*
- 7.7.3. *Getting in the way is that people who need care and support, their family, their friends and their carers, need to arrange their lives within the constraints set by the health and care system. These constraints are derived from traditional operations where a scarce resource (general practitioner, practice nurse, specialist care services) is located within a facility (practice, hospital, independent living centre) whose services are organised to get the most out of the most valuable asset. By thinking about what we can do now, as a health and care system, that we couldn't do before, we can think about directing the attention and concentration of trained clinicians and care professionals where this will be of most value, whilst reclaiming time and resources giving improved access to effective personalised care.*
- 7.7.4. *We are also proposing reclaiming time and attention of our public – patients and other local people who use care and support services. An example is test results. Rather than calling during a two hour window, we propose that people have secure access to their own care information and are alerted if new information becomes available. This is giving people the choice to choose how and when they hear information, meaning that primary care can spend more time caring for those who need that extra support. This is stepping back from a paternalistic relationship between health and care organisations and the public to a*



*peer to peer relationship that recognises the agency and capacity of local people who want to own their own wellbeing and support.*

*7.7.5. We want to reshape that relationship, using the gifts and opportunities of ubiquitous technologies and tools already used by millions, to unlock true and authentic choice and control. The building blocks are both technical and cultural – as although technology opens the door – we need a reason to walk through it. The building blocks of our scheme are:*

- To articulate, champion and support a positive, pragmatic risk approach to information governance that prioritises supporting and meeting the needs of local people throughout commissioner and provider organisations in Cheshire East including agreed consent and privacy models. This is to take information governance and security out of the too hard box, enabling rapid service redesign based on agreed approaches and frameworks for information governance.*
- Working in partnership with adult social care, we will support the care home market to progress into the digital realm. Through wifi connectivity in care homes, accreditation of provider organisations via the IIG toolkit (for those who meet the necessary criteria) and seamless continuous access for visiting GPs, nurses and social workers, the practice or support base will travel with the professional including the ability to conduct remote consultations.*
- To start with establishing a care passport, this will enable local people to unlock their information and advice. Much like a physical passport allows travel abroad, the care passport will prove somebody is who they say they are and enable them to choose when and how to share their information. We will do this by establishing a trusted and accredited identity registration service in Eastern Cheshire which will in turn make possible an authentication and identity management process – passport and customs. This will enable the sharing of confidential information not just between professionals but also between the patient and clinician or practitioner enabled by a transparent trust relationship.*
- We will continue to engage with local people. This includes patients, people receiving care and support, the people who care for them both as professionals and informally to ensure that our care passport is co-produced and holds no surprises. We will aim to deliver dynamic privacy and information sharing management to take the anxiety out of information sharing. We will work with behavioural experts to better understand the factors behind a community or personal response to sharing*



*information between health and social care and to managing their care and support without paper.*

- We will follow the care passport with a digital personalised care and support diary. This is unlocked by the care passport and can be shared by the person whose diary it is. This care diary for local people is to take real control of what happens when so that appointments and visits do not consume their daily lives and those of their families, carers and friends. The impact on services will be improved attendance at appointments including video calling.*
- To set up a secure personal care information store wherein information such as test results, assessments and letters can be stored to which the person concerned is alerted by text, email or chosen channel. This will reduce administration whilst strengthening information security arrangements. In addition, this has the potential to reduce anxiety in patients and enables a system response, with automated signposting to community support and advice alongside the test result.*
- With our patient representatives, voluntary, community and faith sector organisations as well as others who receive care and support, their families and carers, we will design a rollout model and a pipeline for the secure, robust and prioritised take on of additional digital services. This is to enable the benefits of other digital services – be that online social care assessments, healthy weight advice, mobile health solutions such as diabetes monitoring or video consultations – to be realised at pace and scale.*

## **7.8. Implications for Children and Young People**

- 7.8.1. The Patient Passport will apply to Children and Young People providing access to their own health and care data through their parents / carers and themselves when of an appropriate age.

## **7.9. Overview and Scrutiny Committee Implications**

- 7.9.1. None specifically.

## **7.10. Other Implications (Please Specify)**

- 7.10.1. None specifically

## **8. Risk Management**

- 8.1. There is significant work to be done to turn the concept of the Patient Passport into reality. This will require robust project management and effective and well managed partnership working. To ensure delivery of an

appropriate solution a number of key tests (stipulated by NHS England as part of the ETTF) will be put in place at different stages of the project for example:

- Test: the proposed solution can meet at least one of the three fundamental concepts of a patient passport (item 3.4 in section 3).
- Test: the solution can be replicated across care settings or care economies.
- Test: the solution is something that Citizens want or will find useful in their daily lives that opens up access to care and health that is not currently available.
- Test: a suitable technology can be found that offers core functionality of benefit to Citizens and will deliver in at least two care settings.

There is also a requirement for a communications and information governance strategy to be put in place. Additionally, the scope for delivery is staged ensuring required outputs are realistic and achievable.

- 8.2. Additional risks include that NHS England demand a return of all or part of the funding. This risk would be mitigated at CEC through a robust agreement with ECCG (the recipient of the award) or that there is disagreement with ECCG or one of its partners leading to an inability to deliver the project. This risk would be mitigated by clarifying and recording agreed governance to manage project delivery, resource allocation, and spend.

## 9. Access to Information

- 9.1. Link to 'The Power of Information' (2012)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213689/dh\\_134205.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213689/dh_134205.pdf)

## 10. Contact Information

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