

## **Health and Adult Social Care and Communities Overview and Scrutiny Committee**

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**Date of Meeting:** 08 November 2018

**Report Title:** Personal Care Record (formerly Patient Passport)

**Senior Officer:** Mark Palethorpe, Acting Executive Director for People

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### **1. Report Summary**

- 1.1. This report was requested by the committee to provide an update on the Patient Passport (now referred to as Personal Care Record which is a project being delivered in collaboration by Cheshire East Council (the Council) and Eastern Cheshire CCG (the CCG).
- 1.2. In December 2017 the CCG was notified that it had been awarded £2,665,025 following a joint bid with the Council to the NHS England Estates and Technology Transformation Fund (ETTF) for a project entitled "Patient Passport" (Personal Care Record).
- 1.3. This funding is being used to develop an electronic personal care record 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. Full Council in February 2018 authorised our role as Delivery Partner for the project. Our role is underpinned by a legal agreement setting out roles and responsibilities of ourselves and the CCG. Finances are strictly managed in adherence with the agreement through the operation of the

Board. This includes ensuring the financial interests of the council are suitably protected.

## **2. Recommendations**

- 2.1. To note the plans for the Personal Care Record.
- 2.2. Advise and feedback on this developing work.

## **3. Reason for Recommendations**

- 3.1. The Personal Care Record is a means to improve the way that health and social care can be provided for residents. It also supports the Council's work on creating Connected Communities as the record will support people to manage their own health and wellbeing.

## **4. Other Options Considered**

- 4.1. <Set out alternative options considered and provide sufficient information and explanation as to why those options are not recommended. There will be occasions when there is no realistic alternative to the course of action proposed. If this is a non-executive matter, please state that this section is not applicable.>

## **5. Background**

- 5.1. 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:

*'It aims to harness information and new technologies to achieve higher quality care and improve outcomes for patients and service users. 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.*

- 5.2. 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 better use of technology to help improve general practices services for patients.

5.3. The main components of the bid opportunity are:

- 5.3.1. Citizen access to records held about them (for example, Cheshire Care Record).
- 5.3.2. Citizen access to a document repository which the person can then choose 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).
- 5.3.3. Citizen appointments diary relating to any care setting (for example, GP appointments, outpatient appointments).
- 5.3.4. Alignment with the Council's drive towards a more digitally enabled interface with our residents.

5.4. CEC is acting as delivery partner for the following reasons:

- 5.4.1. 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).
- 5.4.2. It is proposed that this funding is used to develop an electronic personal care record 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 a holistic view of the events that support coordinated and sympathetic patient care.
- 5.4.3. 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.

5.4.4. The Adults, Children's 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 programme is managed through the People Digital Board and this is chaired by the Director of Public Health.

5.4.5. The Council is proactively developing its digital relationship with residents.

5.5. The People Digital Board will therefore take responsibility for the governance and delivery of the project. This is chaired by the Director of Public Health who is the Senior Responsible Officer. A project delivery group has been established.

5.6. The proposed Personal Care Record will potentially 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.

### **Developing Workstreams**

#### Live Well

- 5.7. Signposted and rated app suggestions based on iOS and Android compatibility. When a user views information relating to a health condition, app suggestions will be provided in addition to related local services. Delivered as part of Personal Care Record
- 5.8. Online self assessments is now at technical go live stage for user acceptance testing (care needs, carer needs, online financial assessment).

#### Patient Care

- 5.9. Data feeds and clinical cohorts are being identified with discussion taking place with licenced organisations (including GPs, Hospitals, Mental Health, Community Services). As an example, at Leighton hospital, the plan is to allow cancer services clinical team to communication with low-risk Patients via the patient care record. This avoids the need for traditional annual consultations and gives patients direct immediate access to test results (when appropriate). Rather than waiting for the annual consultation, patients can contact the clinical team about any concerns, and clinicians

can contact patients as required. The patient care record also includes app suggestions.

5.10. The purpose of the Patient Care Record is to:

- 5.10.1. Create value for patients, service users and residents (and meeting their expectations in a digital world).
- 5.10.2. Create value in the processes that execute a vision of customer experiences.
- 5.10.3. Co-produce: working with those providing and using services ensuring improved experiences and outcomes.
- 5.10.4. Promote solutions for self help, citizen independence, prevention and early intervention opportunities.
- 5.10.5. Support business change to deliver sustainable solutions with beneficial outcomes.
- 5.10.6. Ensure compliance with general data protection regulations.
- 5.10.7. Support digital inclusion and accessibility to information and services.
- 5.10.8. Communicate - ensuring the public are fully engaged.
- 5.10.9. Ensure each person has control over what information is shared and whom they share with, using granular consent controls.
- 5.10.10. Ensure delegation – rights of access and control of the personal care record can be delegated to others by the owner of that record.
- 5.10.11. Ensure that it is free to use – There is no cost for an individual to access their personal care record.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. 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.

6.1.2. 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.

6.1.3. The specific objectives for implementing Section 75 Agreements are:

6.1.3.1. To facilitate a co-ordinated network of health and social care services, allowing flexibility to fill any gaps in provision;

6.1.3.2. To ensure the best use of resources by reducing duplication (across organisations) and achieving greater economies of scale; and

6.1.3.3. 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.

6.1.4. The Council will be working in partnership with Health colleagues to produce a proposal for a personal care record solution. The Service (and ICT) will 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.

6.1.5. 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 also includes 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).

## **6.2. Finance Implications**

As stated, 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.

## **6.3. Policy Implications**

Progressing the Personal Care Record builds upon the successful implementation of the Cheshire Care Record (CCR). The Personal Care Record will 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.

#### **6.4. Equality Implications**

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.

#### **6.5. Human Resources Implications**

None.

#### **6.6. Risk Management Implications**

6.6.1. There is significant work to be done to turn the concept of Personal Care Record 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:

6.6.2. Test: the proposed solution can meet at least one of the three fundamental concepts of a Personal Care Record.

6.6.3. Test: the solution can be replicated across care settings or care economies.

6.6.4. 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.

6.6.5. Test: a suitable technology can be found that offers core functionality of benefit to Citizens and will deliver in at least two care settings.

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

6.6.7. 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.

#### **6.7. Rural Communities Implications**

None specifically, but it could be that the co-ordination of appointment information through the Personal Care Record 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.

#### **6.8. Implications for Children & Young People**

The Personal Care Record 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.

#### **6.9. Public Health Implications**

6.9.1 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. The intention is to use this

### **7. Ward Members Affected**

7.1. All

### **8. Consultation & Engagement**

8.1. To be developed as the project progresses. The project is also using the learning from the development of the Council's Live Well portal.

### **9. Access to Information**

9.1. "The Power of Information' (2012)



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## **10. Contact Information**

- 10.1. Any questions relating to this report should be directed to the following officer:

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