

CAMBRIDGESHIRE CARE CARD PILOT

To: **Adults Committee**

Date: **26 May 2015**

From: **Adrian Loades, Executive Director, Children, Families and Adults**

Electoral division(s): **All**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **Following a request from Councillor Bourke, a briefing on the Cambridgeshire Bus Care Card project was presented to Adult Spokes at their meeting in November 2014. At this meeting, Spokes requested that a report should be presented to the Adults Committee at the end of the project to inform Members about the pilot, which used spare capacity on the chip in the concessionary bus pass card to hold personal information to support integration between health and social care.**

Recommendation: **That Committee Members note and comment on the outcome of the Cambridgeshire Care Card pilot.**

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1.0 BACKGROUND

- 1.1 An opportunity was identified to use space on the chip in the Concessionary Bus Pass as a personal data carrier that could be accessed by a reader issued to specific partner organisations. This would support the individual and encourage greater self-determination for Bus Pass holders in matters of social and primary care, allowing timely access to personal information and contacts that would support information sharing and integrated working between social care and NHS organisations. Funding for the project was identified from the Health Innovation and Education Cluster (HIEC) to the total sum of £150,000 with the County Council (CCC) as project owner and General Information Systems Ltd (GIS) as the technical partner.
- 1.2 The project was expected to end in September 2014, but due to some delays in the earlier part of the project and uncertainty about some stakeholders involvement, agreement was gained from the HIEC for it to be extended to March 2015. The project was developed in two phases: Phase One to explore the concept, assumptions and partnership and Phase Two to move to practical application and evaluation.
- 1.3 The technical partners on behalf of the project commissioned an independent evaluation of the project from Anglia Ruskin University. This evaluation was designed to contribute to the final project report, focusing on feedback from stakeholders, lessons learnt and recommendations for future development of the concept. In addition, the County Council facilitated a meeting of Council officers who had supported the implementation of the pilot to capture their reflections.

2.0 MAIN ISSUES

2.1 The Final Report

- 2.1.1 The work in Phase One of the project demonstrated that the chip on the bus card could be used to hold personal information and as the project moved on to Phase Two it was confirmed that the people signing up for the pilot would decide on the personal information that they wanted to place on the card. This was important because the bus pass holders needed to be in control of what they shared. An Information Governance Agreement was developed between CCC and GIS to support the sharing of contact information for bus pass holders who registered for the pilot.
- 2.1.2 A website for the project and a user portal were developed by GIS and readers and posters were placed Huntingdonshire Library. GIS identified "Scouts" who would visit the library to engage bus pass holders in the pilot and assist them to register through the website.
- 2.1.3 Although there had been initial interest in the concept from a number of statutory partners including GPs, the Ambulance Service and the Fire Service a number of factors meant that only the A&E department in Hinchingbrooke Hospital actually had any readers.

- 2.1.4 The timing of the pilot coincided with work across Primary Care to move to SystmOne, an IT system shared with community and acute health organisations. GPs were focused on managing this change which provides the potential for sharing part of the patient record across the NHS organisations. Even though the timing of the pilot was extended beyond the role out of SystmOne there was still no interest in trialling the readers in GP surgeries. The supplier of the IT system used by the Ambulance Service did not allow any changes to the system, which would have been required if the readers were to be linked to the system. Additionally, the Ambulance Service was focusing on improving response times and no additional activity was being considered at the time. The Fire Service encountered difficulties around information governance and ownership that meant that the possibility of them adding information to the card was not followed through.
- 2.1.5 The potential to use space on the card for people to register time credits was explored with Spice who operate the time credit scheme locally. Spice already had an established approach with the businesses that accept the credits and did not see any advantage in joining the pilot.
- 2.1.6 The pilot was therefore more limited than had been expected with readers only in the library to facilitate registration and in the A&E department at Hinchingbrooke. As a result, it has been difficult to determine tangible benefit to the health and social care system from the small, short term pilot.

2.2 Benefits Identified

- 2.2.1 The benefits identified through the pilot were:
- Citizens can make choices and take more personal responsibility for what happens to them in times of crisis.
 - The technology has the potential to support a number of different applications including the building of community resilience.
 - The technology meant that information could be held and shared digitally by people who did not use of access computers and the internet.
 - The use of “Scouts” encouraged volunteering and offers support to more vulnerable people.

2.3 Potential Future Benefits

- 2.3.1 There are examples of unitary authorities using the SmartCard chip technology to provide a citizen card that can be used for a range of council services e.g. leisure services and also holds the bus pass information for those people who are eligible for this concession. This takes a different approach to this pilot because it does not target a particular age group, but uses the technology on a single card for the convenience of all citizens.
- 2.3.2 There is a benefit for older people carrying key information with them in a secure way that can be accessed in a crisis but this would require some form

of infrastructure to support relevant organisations to play their part.

- 2.3.3 GIS anticipate that within a year there will be a mobile phone App that will be able to read the chip in a SmartCard. This will open up the potential for people to download the App and select which organisations (from a list of registered organisations) they would want to allow access to the information that they place on the SmartCard.
- 2.3.4 The website developed by GIS has the potential to develop into a site that supports older people in taking responsibility for their health and wellbeing.

2.4 Lessons Learnt

2.4.1 Key learning from the pilot included:

- The constraints imposed by IT systems and infrastructure should not be underestimated.
- Even where these can be overcome, it is necessary to clarify what assurances are required as early as possible to avoid delays in loading drivers onto IT systems.
- Expectations of partner organisations around Information Governance need to be clarified at an early stage to give time for appropriate agreements to be put in place.
- Where the private and public sector are working together it is important to be clear on the expectations and constraints of all partners.
- The response of bus pass holders to the concept, with them controlling the information was positive overall.
- Information governance and ownership continues to be a sensitive issue for organisations even when the citizen is in control.
- The potential impact of changes of project management support on communication between partners.

2.5 Conclusion

- 2.5.1 The Care Card pilot has demonstrated the simplicity of the technology that supports information being held on the chip in the SmartCard and future developments could make the process of storing and sharing information more accessible through mobile phone technology. However, this would still require some level of infrastructure if it was to involve the NHS organisations that this project tried to engage.
- 2.5.2 The initial discussions with older people demonstrated significant enthusiasm for the concept and importantly maintained their control over the information. The use of volunteer “Scouts” to support people to register and upload their information was a successful approach and was a role valued by the “Scouts”.
- 2.5.3 It was disappointing that it was not possible to engage NHS organisations in the pilot. The potential benefits from involvement of the Ambulance Service

in particular would have been interesting to have explored through the pilot.

- 2.5.4 Examples of the wider use of SmartCard technology in unitary authorities demonstrates how it can be used within one organisation and reinforces the challenge undertaken in this project of trying to develop the use of this technology across a number of different organisations.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

- 3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

- 3.2.1 The report above sets out the implications for this priority in paragraphs 2.2, 2.3 and 2.5.3.

3.3 Supporting and protecting vulnerable people

- 3.3.1 There are no significant implications for this priority.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 There are no significant implications within this category.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 The following bullet points set out details of significant implications identified by officers for any similar future projects:
- Expectations of partner organisations around Information Governance need to be clarified at an early stage to give time for appropriate agreements to be put in place.
 - Information governance and ownership continues to be a sensitive issue for organisations even when the citizen is in control.

4.3 Equality and Diversity Implications

- 4.3.1 There are no significant implications for this priority.

4.4 Engagement and Consultation Implications

- 4.4.1 There are no significant implications for this priority.

4.5 Public Health Implications

- 4.5.1 There are no significant implications for this priority.

4.6 Localism and Local Member Involvement

4.6.2 There are no significant implications for this priority

Source Documents	Location
Cambridgeshire Care Card Trial Final Report. (Will be available once it has been cleared by the Health Innovation and Education Cluster)	From Claire Bruin, Service Director, Adult Social Care Email Claire.bruin@cambridgeshire.gov.uk Tel: 01223 715665