**KENT AND MEDWAY SHARED HEALTH AND CARE ANALYTICS BOARD (SHCAB)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who** | **Action** | **Progress** | **Completion Date** |
| **Marc Farr** | Invite Nick Plummer and Nigel Lowther to business planning deep dive. |  |  |
| **Simon Bailey** | Come up with a regional approach to recording standards and data quality. |  |  |
| **Marc Farr** | Send details of Open Data session on Ethnicity and Covid in December. |  |  |
| **James Jarvis** | Send round the Kernel funding letter once Morfydd has signed.* Letter to say discuss with your BI lead/SHCAB rep who has been involved in discussions.
* Medway Council to be put on the list.
* Get SECAMB put on the list for funding.
* Take to Partnership Board.
* Address letter from MF and MW.
 |  |  |
| **Valerie Elderkin** | Work out a Maternity Funding Model. |  |  |

**16th November 2020, 11am-1pm**

**Actions**

**Minutes**

|  |  |  |
| --- | --- | --- |
| **Minute no** | **Notes** | **Action Owner** |
| **1** | 1. **– Chair Opening Remarks**
* Kernel issue – need to say who would own it, historically KID is owned by the council, Morfydd Williams agreed for CCG to be named as the owner. Agreed in principle do the same for KID and it will also be named on IG documents as K&M CCG.
* Kernel can be used tactically and operationally as it will be built every night. Hope to service and ask each other for data and think of it as a replacement for KID and an operational tool. It could be the basis for PCN reporting and ICP analysis.
* Kernel is seeking funding for sources - some of that is central funding or through the CCG. This group will fund the Kernel and get it through initial phases. Plans to bring in cancer, theatre data maternity. Will be hopeful to generate own funding stream – SCHAB membership fee. Letter should be sent.
* KMCAR – MF analytics lead, primary care data flowing into KMCR and dashboards are available, can link to acute data and community, some are done in Graphnet environment, others will publish across into the Kernel. Not all data flow into Graphnet – police data (domestic abuse etc). Need to go to Mark, Morfydd or Andrew to get access to the tool, through SCHAB can keep a list of users. As more data starts to flow will be useful.
* Analytics meeting twice a week, business planning for next year. Work together to share best practice, use one single referral model, elective and non-elective demand, cross-working has gone well. Nick, Nigel etc can join in.
* AI Group EKHUFT – Advanced and Applied analytics. Applied - Forecasting regression simulation eg. predicting beds (breaching 4-hour targets). Advanced – natural language processing and machine learning – fractured rib patient eg. data held against them, send messages to consultants using coding language.
* Opportunities for specialties interested get in touch about AI groups.
* Clinical coding database contains resolutions about coding policies to potentially be extended across Kent and Medway.
* Interested in how to share EKHUFT Teams information.
 |  |
| **2** | 11.15 – Research (Chris/Abraham)CM -* Trying to get funding for the university to curate data and make it available to other academic researchers (Kernel).
* Been putting together a strength in places bid, talking to a consortium made up of a discovery park in Sandwich, Pfizer, Lepa (government measurement scientist group) and the AHSN.
* Seeking funding for data trust (leveraging data, curating it and making it available for research) – about public and patient involvement and engagement, governance, an outward facing research data set.
* Open Data Institute is also involved – in discussions with Imperial around linking with the HDR hub, which uses data from North London/Manchester – they are missing rural and coastal data and complete longitudinal data sets.
* EMIS and UMED looking to support people opting into research programs.
* This project is around accelerated discovery and design. Clinical trials – characteristics of population to make it more effective.
* Total value of bid 60 million pounds, and total available through EMIS and data trust is 5 million pounds. Bid going in next week.
* Highly scored in first round, review panel is the same review panel, downside is Kent got an open data institute bid in previous round for sustainable farming.
* Another project is a Digital skills hub to go into high educational areas to develop careers in digital skills in either pharmaceuticals, AI or Health.

MF - * Recently successful in AI bid (16 mil) to develop an AI centre, teaching clinical to read scans and pathway design – can we use AI to effectively manage RTT pathways.
* Hope to win strength in places bid.

AG - * Working up a bid on looking at the effects of transportation and commuter links in terms of the spread of covid – looking at doing a spatial analysis model using mobile data and testing data. Trying to set up necessary governance to access the data for research purposes. Funding application is being developed by CM and colleagues, hoping to submit in the next month.
* Working with Chief Analyst in KCC developing a health foundation bid call for strengthening social care and analytics. Have put in an expression of interest and are shortlisted for interview in the first week of December. Currently putting together a full application in collaboration with social care research at the University of Kent. Purpose of the bid – developing the capability of good analytics within social care, links into broader vision (KMAP – Kent and Medway Analytics).
* In conversations around collaborating with the HSN on a Kent, Surrey and Sussex wide bid to help foundation again to become an innovation hub – application was submitted last week by the HSN. Acknowledged the Kernel and link data as a key part of the funding application. The innovation is about how to develop and facilitate the adoption of new interventions and innovations rather than the research behind those interventions. Even if new interventions are created, adoption by local institutions takes many months/years. So how do we develop the capability - this is around how we use data, develop workforce etc. Will find out bid in a couple weeks or month.
* Doing a research bid on food insecurity – trying to get funding on how food insecurity and malnourishment leads to childhood obesity, this affects the broader health and wellbeing operation.
* Another project with MCC developing a Public Health research system in the local government – eg. broader issues surrounding education/housing. University of Kent is leading the bid – doing study by carrying out in-depth interviews, surveys and workshops which will be completed by the end of the month. This will be followed by a final report, highlighting the improvement/understanding of the importance of research capability within local government in collaboration with the NHS to improve health and wellbeing in the population.

MF – * Build-up of Kernel is framed not just for research but for operational and practical purposes around population health – segmentation work, cite services etc.
 |  |
| **3** | **11.30 – Kernel**JJ - * Kernel development group – looks at the technical aspects, IG considerations and governance. Developed an on boarding process that will be tested with Dartford.
* Documented a good list of use cases (around 50).

PG –* Building Kent and Medway joint data warehouse, focused on building it for trust. Working with MTW and MFT. Looking to flow East Kent data through and have been engaging with Dartford to get their PAS data in, using a similar model to EK.
* Conversations with Graphnet around getting GP data in – David Pithouse worked on how the IG side of getting GP data and the technical process. No issues from Graphnet, just need to get IG sorted which is ongoing with development group. Nothing PMI side, but have backup with GP data (start point).
* IG for trust data has been signed off. IC24 seem happy, not official sign off.
* Kernel will require more input.

JJ - * MFT PAS data to integrate with METW PAS, progressing well.

PG - * Kernel subscription letter - send with running costs for organisation - using organisations turnover to apportion that cost. Picked 4 acute trusts – Mental Health Trust, CCG, KCC and University.
* Won’t be the only source of funding, will be looking at HMFI opportunities and applying for research.

MF - * Approach - could make it part of CGG contract or top slice through a contract.
* Take to Partnership Board?
* Address letter from MF and MW.

AG* Medway Council to be put on list.

Chat - * Can letter say discuss with your BI lead/SHCAB rep who has been involved in discussions.
* Are SECAMB on list? – could get them on the list for funding.

**Maternity in Kernel (VE)*** Significant piece of policy for Maternity in 2016, which was a call for action to use better data eg. collecting the right information.
* Asking for support from the board to do this most effectively in Kent and Medway.
* Ask is to provide more choice for women and families so that they have continuity of carers. Data shows 16% reduction in stillbirth when women have continuity of care. Need analytics to support that stance.
* National dashboards currently have limited use.
* Maternity would like to use architecture developed by the Kernel, bring Maternity data in, make sure can link with PAS data/scan data and pathology data and give best possible system view. Can then link this together with other services – health visiting, public health etc.
* Would like for this group to prioritise Maternity analytics due to Maternity team funding being reduced next year. Want group to support the plea to input data into Kernel (in terms of IG/funding) and governance structure meetings currently within the CCG and with stakeholders in terms of analytics (attendance of senior representatives from trusts).

MF - * Hopefully get a funding model agreed. Can possibly do some work at risk now if confident that funding will be provided. Are people in principle agreeing? Can talk funding/project plans externally.

CM* Research perspective – currently involved in multinational research project looking at impact of kidney disease on Maternity outcomes.
* Have ethics approval and have extracted data from East Kent.
* Could rapidly get a good quality exemplar research project off the back of this, if the data was linked the person pulling the data together is funded.

MF – * Health foundations triple A funding – could seem like a perfect opportunity for Maternity.
* In short term can bring in MSDS data set.

PG – * Might be easier to use MSDS from Maternity core tables, ignore questionnaire tables.
* Board is happy to link prioritisation of Maternity data – offline working out a funding model.
 |  |
| **4** | * 1. **– Information Governance**

HO -* Planning on finalising a project plan.
 |  |
| **5** | **12.00 – Analytics – Summary from BI Cell**MF -* Showed promise of Kernel link. Need to think through recording standards.

CT –* Whole systems partnership looking at what data can we get, local/national sources. Pulled together a data flow which did not have the right data definitions, worked at making this a better system.
* Further developments – looking at bed occupancy – as infections spread what is the knock-on effect to the system.

DW – PowerPoint – Covid data. * PowerPoint comments:
	+ Make the non-reliable data clear (MF)
	+ Covid/Deprivation links – reason for Thanet having higher covid cases? (MF)
	+ Thanet – more houses of multiple occupation. (DW)
	+ Whenever there is a change of policy, the response in number of cases (takes 2/3 weeks to show in terms of community modelling). (DW)
	+ Thanet was rising primarily due to HCAI, which has now stabilised, although the public trend is still continuing to rise. Don’t think Thanet is peaking yet as capacity and bed numbers are rising. (SB)
	+ Looking at a rate of young people who accumulate long term conditions are influenced by their deprivation profile, which is linked to Covid risk and outcome. (GA)
	+ Peaks and troughs in spread of covid across districts, all will be peaking at different times. In terms of Thanet, deprivation is possibly a factor. Spike in Sevenoaks and Tonbridge a few weeks ago was isolated to returning students. Nothing in particular causing Thanet’s rise in cases. (AG)
 |  |
| **6** | **12.30 – DDAT Workforce Scheme - PowerPoint*** Piloted in 2018. Bringing graduate talent into NHS.
* Graduates need 2 rotations in the 2-year scheme – roles, projects or trusts.
* Will complete technical skill qualification – data analytics apprenticeships, or project management, pastoral support.
* Band 5 – due to benchmark for NHS graduate level.
* They don’t guarantee band 6/7 jobs at the end of the scheme.
* Contact Ferne using the contact details on the final slide.
 |  |