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

**12th July 2021, 11am-1pm**

**Actions**

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| **Action Number** | **Action Date** | **Who** | **Action** | **Progress** |
| **1** | **16-11-20** | **Marc Farr** | Invite Nick Plummer and Nigel Lowther to business planning deep dive. | **Paused because of delay to business planning cycle. Instead plan to invite monthly to BI directors meeting.** |
| **2** | **16-11-20** | **Simon Bailey** | Develop a regional approach to recording standards and data quality. | **Completed** |
| **3** | **16-11-20** | **Valerie Elderkin** | Work out a Maternity Funding Model. | **Completed** |
| **4** | **08-01-21** | **Morfydd Williams** | Raise the issue of linking in care home data to the Kernel and what IG will need to be in place for that. | Ongoing |
| **5** | **13-01-21** | **Peter Gough** | Confirm that the EMPI as proposed by Graphnet is suitable for our plans at Kernel - for SHCAB. | **Completed** |
| **6** | **18-01-21** | **Marc Farr/Emily Lloyd** | Confirm funding agreement from each SHCAB member. | Hold until Morfydd presentation to CEOs. Superseded by SCWCSU/Moorhouse report which will create business plan for Kernel. |
| **7** | **18-01-21** | **Marc Farr** | Change the TOR to include both Maternity (Digital Maternity Steering group) and IG working group.  | **Completed** |
| **8** | **18-01-21** | **Abraham George** | Pick up the linked Police data project and apply to NIHR. | Action |
| **9** | **18-01-21** | **Morfydd Williams** | Arrange meeting with JJ to go through investment strategy for Kernel. | **Completed** |
| **10** | **18-01-21** | **Marc Farr** | Develop a deck for MW to take to CEOs on the business case for Kernel. | As above |
| **11** | **18-01-21** | **Helen O’Neill** | Helen to liaise with Marcus Green to explain our IG approach. | **Completed** |
| **12** | **18-01-21** | **Abraham George** | Invite Marcus Green to weekly IG meetings. | **Completed** |
| **13** | **18-01-21** | **Marc Farr** | To contact Sam Page, Morfydd's PA to join nest LMC meeting re SHCAB. | **Completed** |
| **14** | **18-01-21** | **Marc Farr/Morfydd Williams/Rachel Jones**  | Call to discuss Kernel business case. | As above |
| **15** | **15-03-21** | **Marc Farr/James Jarvis** | Open up a clinical coding working group, to try and align more closely clinical coding across our organisations. | Action – for Emily to add to agenda for future SHCAB. For all other trusts to be canvassed on involvement. |
| **16** | **15-03-21** | **Marc Farr** | Add the coding working group to the TOR | **Completed** |
| **17** | **15-03-21** | **Marc Farr** | Send out official KID governance letter | **Completed** |
| **18** | **15-03-21** | **Marc Farr** | Project creating an AI tool for the early detection of lung cancer, study will go ahead subject to the SHCAB. Ask SHCAB if happy for this to go ahead. | **Completed** |
| **19** | **15-03-21** | **Marc Farr/Chris Farmer** | Develop process to get access to the GP data for care home research. | Action |
| **20** | **15-03-21** | **Marc Farr/James Jarvis** | Improve collaborative clinical coding using KFRS and accidental fire admissions as an initial starting point. | Action – pick up in Clinical Coding Cell |
| **21** | **17-05-21** | **Marc Farr** | Liaise with Pete around including a variable for a strategic relationship. | Action |
| **22** | **17-05-21** | **Abraham George** | Share the NHS Futures research on vaccines uptake by Inequalities. | Action |
| **23** | **12-07-21** | **Chris Farmer** | Bring initial report on CIPHA for next SHCAB | Action |
| **24** | **12-07-21** | **Catherine Dampney** | A description of when to use GN BI and when to use Kernel  | Action |
| **25** | **12-07-21** | **James Jarvis** | Bring back results from IQVIA study | Action |
| **26** | **12-07-21** | **Marc Farr** | Explain what’s available from KMCR  | Action |

**Minutes**

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| **Minute no** | **Notes** | **Action Owner** |
| **1** | **11.00 – Chair Opening Remarks** - We can continue to share training courses but in the future work out how we represent different areas.- Kent has issues in mental health, teenage pregnancy, obesity – need to work out how we prioritise those. Prioritise the analysis we are doing as a group.- In September we will start work with OBH and NHSE, takes the population and puts people into categories, this will update every 12 months. We are starting up some of the governance around getting that going.- Now have a good TOR for a regional data quality group.  | **MF** |
| 2 | **11.10 – Research** **AG –** * University of Kent team have been working to build a public health research system with the local government. Been making some funding applications for more exploratory analysis.
* Been a funding call for health research collaborative, local councils are being invited to collab with each other to submit a bid to build a research portfolio around education, employment and housing. Funding opportunity is around 5 million over a number of years, application will start later this year, keen interest to apply on behalf of Kent and Medway. Will give further updates next SHCAB meeting.
* Unlocking Data research study (uni of Kent collab under KSSR program). Focus group discussions are being built up, invites have been sent to participants. Needs to be complete by September.
* Ongoing conversation around the benefits of linking council data of wider determinants, conversations have been going on with Swale BC and Maidstone BC about linking their data. Hopefully the IG will be sorted soon. The idea is to generate a linked dataset to identify vulnerable groups based on council data and acute activity. We could generate a list of patients/residents in each locality so that it could be shared within the respective ICP. Relaxation for the use of data for covid purposes runs out in September, so this project needs to be complete before then.
* KID – Have updated the governance for KID, got around 60-70% of practices signed up. KID can be used for historical research – already have 4 projects which are hopefully being started soon. A couple are with the health economics unit to improve population health. Another project is around the strength in places bid which unfortunately we weren’t successful.
* New collaborative called JRC (joint research collaborative). Edyta will give an update in the next meeting on the strategy. Strategy is around how we are trying to collaborate with interesting mutual research themes, to align those research themes around strategic priorities from the care system. Strategy will be developed/completed in the next few weeks.
* Discussion going at EKHUFT around AI work. Specifically, in public health there are conversations around using covid surveillance data to develop a more advanced approach to cluster identification. Could start to do some contact tracing to identify how clusters will evolve in the future. Currently sorting out the IG paper work and trying to get the support from our organisation.
* Public health intervention response studies - both Kent and Medway submitted funding application focusing specifically on people with learning disabilities. They said our application ticked all the necessary boxes to go to the next stage for review. Update in next SHCAB meeting.
* IG group meets up every 2 weeks to look at new data access requests. Need to demonstrate evidence to the public that how this data is being used.
* Modelling and surveillance group for covid (weekly) has been going on for almost a year, been utilising services of partnership to crunch the data to see how the pandemic is going to change over time. Lockdown released on 19th July, expectations around the 3rd wave will probably need to be revised.
* Training apprenticeship – been a delay in terms of taking the commissioning off the local training program.

**CF –** * Strength in places bid was unfortunately unsuccessful, two of the key partners from the data part (EMIS and UMED) are still keen to collaborate which is still something we are actively pursuing. Part of the bid was to fund research and research administration particularly around the maintenance of the database access committee for East Kent, still meeting but plan is to bring it in line with the kernel. As part of the KSSR collaboration we have managed to access some funding to get a research administrator to help with that work over the next year. Likely to be some extra funding to support data analysts who would be looking at curating data for research processes.
* CIPHA - University has agreed to find people to evaluate its use in terms of research. There are a number of projects that we will apply to the CIPHA database to see if it meets our needs.
* Our Kernel dataset is coming together, its unlikely CIPHA will replace that as it doesn’t include the granular data we want to look at but for health and social care data it might be helpful in terms of population segmentation. Will have a report ready for next SHCAB.
* Unlocking data project - first partnership meeting on Thursday. Steve Childs will look at non-standard dataset linkage.

**MF -** * A lot of data in KMCR, happy to sign off access to this. RH would be interested in getting access.
* Going to discuss making the plans for the KERNEL sustainable.
* Starting to do work around AI which is relatively premature, using discharge data and also NLP on diagnostic reports, we will share the findings with everyone.

**CF –** * Last week we appointed a research associate at the University of Kent for the drugs and impact on lifespan project.
 | **CF/AG** |
| **3** | **11.30 – Kernel: Data Linkage****JJ –** * Decided to focus on tactical and to use SUS data.
* Continuing to work on maternity datasets to create a maternity dashboard with CCG and what the Kernel may want for benchmark reporting.
* MTW are now trying to warehouse workforce data, doing it so other trusts can replicate the data.
* Unlocking data – trying to link district council data with health data.
* PMI and GP data on pause until we decide the approach and the funding.
* Having exploratory conversations how we might approach working with the CCG in the future.

**PG –** * Doing work around making sure documentation is in place.
* Getting more contracts in place, most of the trusts are signed up now.
* Need a process for the IG to be signed off with the IG group are currently working on.
* AQ have a connection to the Kid but no data, need IG permission for this.
* Need to agree the process for linking data.

**MF –** * Had some historical funding from HSLI, let us know if that’s enough funding and if we need more.

**PG –** * Hardware we got is fine for now/the next 3 or 4 years, although we should be planning on what’s next for the future.

**MF –*** Now we have KID/KERNEL, probably worth having applications update in the future when we’re up and going.
 | **JJ** |
| **4** | **11.50 – Kernel: Information Governance****HON –** * KID – the revised governance documents were given to the trusts involved 4 weeks ago. Did it to future proof it as much as we can.
* As of this morning we had over 100 GP signatures for agreements.
* Updated agreement includes policy and operating procedure.
* More detailed plans are being looked at for patient/public engagement.
* There’s a website that is being developed with information around projects DPIA arrangements etc.
 | **HON** |
| **5** | **12.10 – Regional Analytics Review****CF** – Do you see the modelling happening in Kent? **CD** – Yes definitely. Need to work out how we present this to the business case. We need to make it a trusted research environment as well as a secondary analytics platform.**RH** – Time is of the essence for plans to come up with investment strategies. **CD** – There is a tactical solution to support a transfer from MEDI over and gives sufficient time to build in a strategic solution into the strategy around the Kernel. **RH** – Wider communication of solutions, even if the strategies are not confirmed.**MF** – * Working with academics and researchers – should make more noise about the day to day working of the KERNEL. Where is the opportunity for weekly cancer reporting, how many 52-week waiters have we got? Activity performance monitoring etc. Biggest aspiration is the economy of scale day to day research.
* Where do we start with AI? Would be good to get your advice as to when to start this.
* How do we keep our strategy agile, so it doesn’t fall in line with national strategy?

**CD** – * Key to stay agile is to keep the framework strong, around governance, investment as they are strengthened it will enable you to be more agile. That discussion should hopefully be playing out over the next 6-12 months. Sourcing elements from the centre shouldn’t mean your constrained, just select what is appropriate for you.

 **DG** – Who’s responsibility is it to adjust local strategy to align with national and what are the processes to do so. Long term is to build up the more advanced capability. Short term is about recruitment contracts.**JJ** – Supportive of this. Key to implement this is engagement and funding. **CD** – Hoping business cases come out of this. Got backing from chief executives to keep the pace behind this, want to reduce reinvestment cases. | **CD/DM** |
| **6** | **12.25 – IQVIA Introduction****MF –** Interested in seeing IQVIA study with MTW data. | **SM/JC/PA** |
| **7** | **12.50 – AOB** | **MF** |