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

**18th January 2021, 11am-1pm**

**Actions**

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| --- | --- | --- | --- | --- |
| **Action Date** | **Who** | **Action** | **Progress** | **Completion Date** |
| **16-11-20** | **Marc Farr** | Invite Nick Plummer and Nigel Lowther to business planning deep dive. | **Paused because of delay to business planning cycle** |  |
| **16-11-20** | **Simon Bailey** | Come up with a regional approach to recording standards and data quality. |  |  |
| **16-11-20** | **Marc Farr** | Send details of Open Data session on Ethnicity and Covid in December. | Completed |  |
| **16-11-20** | **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.
 | Completed |  |
| **16-11-20** | **Valerie Elderkin** | Work out a Maternity Funding Model. | Ongoing. |  |
| **08-01-21** | **Marc Farr** | Recognise the LMS' Dashboard Steering Group as a sub group of the SHCAB. | Completed |  |
| **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 |  |
| **13-01-21** | **Peter Gough** | Confirm that the EMPI as proposed by Graphnet is suitable for our plans at Kernel - for SHCAB. | Ongoing |  |
| **18-01-21** | **Marc Farr/Emily Lloyd** | Find out and chase up the people that the Kernel Funding letter was sent out to. | Slides created for Morfydd to take to CEOs |  |
| **18-01-21** | **Marc Farr/Emily Lloyd** | Confirm funding agreement from each SHCAB member. | Hold until Morfydd presentation |  |
| **18-01-21** | **Marc Farr** | Change the TOR to include both Maternity (Digital Maternity Steering group) and IG working group.  |  |  |
| **18-01-21** | **Marc Farr** | To get this IG subgroup working well weekly. | Completed |  |
| **18-01-21** | **Abraham George** | Pick up the linked Police data project and apply to NIHR. | Action |  |
| **18-01-21** | **Morfydd Williams** | Arrange meeting with JJ to go through investment strategy for Kernel. | Completed |  |
| **18-01-21** | **Marc Farr** | Develop a deck for MW to take to CEOs on the business case for Kernel. | Completed |  |
| **18-01-21** | **Helen O’Neill** | Helen to liaise with Marcus Green to explain our IG approach. | Completed |  |
| **18-01-21** | **Abraham George** | Invite Marcus Green to weekly IG meetings. | Completed |  |
| **18-01-21** | **Marc Farr** | To contact Sam Page, Morfydd's PA to join nest LMC meeting re SHCAB. | Completed |  |
| **18-01-21** | **Marc Farr/Morfydd Williams/Rachel Jones**  | Have a call to discuss Kernel business case. | Action |  |
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**Minutes**

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| **Minute no** | **Notes** | **Action Owner** |
| **1** | **11.00 – Chair Opening Remarks** **MF -** Put a letter out last time to fund future development for kernel has gone out. EL/MF Action – who that went out to and chase up – get a list of them. Confirm funding agreement for each SCHAB member.Formally Acknowledge Maternity as a sub group of SHCAB.We have an IG working group at EK, would like to have that formally reported into the SHCAB the same as kernel. We don’t have LMC representation anymore. Looking to get a link in with the GP community again, MF will talk to others to see if this can be arranged. Liz Ford at the University of Sussex is currently doing a project which is centred around how to engage with patients and citizens about the use of linked data sets. Liz is invited to speak at the next SHCAB. If there are any useful speakers anyone is aware of, let MF know for future SHCABs.MF and RE have been creating some links with local Universities – Kent University and Canterbury Christchurch University. They have been discussing placement to PHD opportunities. At EKHUFT they’ve recently put together a graduate program at a band 4 level, with a fixed term of two years. If there are any other organisations interested in this program, RE has some good contacts. Get in touch if you want to be involved.Currently starting a project at EK which primarily explorative to look at the variation in processes and outcome. The main profiles we are currently looking at are age, sex, ethnicity and deprivation in relation to hospital/covid data, to see if there are any discrepancies in how we treat our patients. Previously, MF and Imperial College undertook an analysis with national data which saw a variation in outcome according to social class. We’re currently looking at Covid-19 data but in the future, we will also focus on DNAs, Waiting times and some outcome measures such as Mortality. It would be helpful to increase the covid-19 denominator, if other trusts are interested and want to contribute data we would be keen to link up with you eg. JJ, JMR, SB. Would be good to link in with Public Health too.We did a lot of work last year standing up an elective recovery plan, which then got halted by the second covid wave. Business planning is different this year due to covid, it may roll into quarter one and planning will possibly be from April rather than up to April. There’s a lot of collaboration surrounding some regional modelling. SB and MF will pick up offline a data quality approach for the region, it’s all set out in the analytical strategy that was produced a year or so ago, but we want to start to make some progress this year on recording consistencies. Recently had a call on the clinical coding of covid and it has found to have been recorded slightly differently, so a priority is to brush up on coding conventions.Thinking about potentially bringing carehome data into plans around the kernel. Some will be private providers. Considering the IG into how we bring this care data in.**AG –** Happy to explore the carehome data, however it’s a challenging area of work to integrate. The only data we currently have access to is the adult social care clients that KCC knows, which only represents 1/3 of the total carehome population. **MF** – It’s an aspiration we will have to look into in more detail for now. | **MF** |
| 2 | **11.15 – Research** **AG** – There is an NIHA (pp) study that CHSS was undertaking to build a public research system in local government, and this was lead Lindsay Forbes at CHSS. This took around 4 months to complete. There were a number of interviews, workshops and surveys with local government staff and councils aswell. Final results indicated that the appropriate evidence-based governance was not always available or accessible, there is currently limited research activity but appetite to do more. The staff said research was of value but the culture, resource and mechanism weren’t available. There are research skills amongst the local government staff but they aren’t ordinarily aware of how to use them and strategic priorities are what the organisations do, do not always align between council and what the academics do. So, a lot of the findings have been put together to then be fed back to NAHR. Can forward the final report to the SHCAB as and when it is ready.Another project between AG and Rachel Kennard which was around the application to the health foundation around strengthening social care analytics. It was shortlisted and were invited for an interview, but unfortunately didn’t get through. The academy linked to the governing support body was Professor Julian Forder from the social services research unit, although we didn’t get through this funding round, Julian was going to see if we can get funding elsewhere, waiting for response. We have been having regular weekly calls with CHSS and other colleagues, seeing if we can develop regular research themes and funding applications. Two areas that were focused on. One was looking at psychological impacts of covid on social care staff that was led by Medway Council public health team. Didn’t get through first funding plea, but looking to resubmit application.The other project which is still ongoing is focusing on the effect of commuter links and transportation and how that effects the spread of covid-19 across Kent. This is led by CF and LF together. Spoken to Eurotunnel about acquiring data and also around the use of mobile phone data aswell. Application is still being worked on, plan to submit is likely within the next month or so.Canterbury Christchurch University approached us regarding a study around researching the use of assisted devices for children with neurological disorders – the study is called Motion. The specific queries were around how we can use data generated through the kernel trials, whether it can be integrated with the linked data set. Funding application we recently submitted called ‘unlocking data to inform public health policy and practice’ which is being led by Liz Ford through KSSR program. This is bringing together the strength and opportunities around the different linked data set across the KSS area eg. Kernel, Kid and the Sid (in Sussex) and various other areas.Health economics unit is a new AI unit in the Midlands and Lancashire CSU. They have approached us to see if they can access the KID for a number of analytical projects which might be of population health management relevance. The first project is around developing a risk profiling predictive tool around heart failure. Currently working on IG authorisation. This will give us long term benefits in terms of the kernel going forward.Application developed by the KSS on behalf of Medway Foundation Trust to submit around becoming an innovation hub. This is to accelerate and spread adoption of new intervention and new technologies.**MF** **–** Interest from the Health Economics unit, comes with funding. We are currently looking at a SHCAB membership fee. The quicker we get to IG arrangements and a linked data set, we can become self-sufficient relatively quickly. **CF –** On the funding model I approached the ARC and the University is happy to contribute and is agreed in principle. The strength in places bid got in on time, will hear about an interview in the next few weeks, it is said to be planned for February/March and then we should get a final decision. Had two further updates through EMs group and have been able to extend the maternity study to another site. Medway and Maidstone should be on board soon. Been approached by Canterbury Christchurch for data to create a simulation for training around a deteriorating patient, across Kent we have a longitudinal dataset around observations.**EM –** Similar to SHCAB in terms of research, we have to work more in collaboration in terms of patient pathway, there is a lot of support and knowledge with our local academic partners. Initially established a working group, visited other joint research offices in the country and have recognised we’re unique. In terms of other researchers, we are looking at 10 partners plus. Invited local universities and community, local councils got engaged and we’re now looking at now finalising the strategy. Partners are interested and a lot identified the benefits and what the issues could be. SOP group meet once a month, anyone including clinical/academics informal meeting, provide any project ideas and jointly discuss it in a friendly environment. Provide ideas to benefit the local population, so it’s more about qualitative research. SCHAB links beautifully in terms of data. Planning to add a digital transformation plan to take this forward, as an example we recently received an email about a possibility of obtaining data between people that got vaccinated and admission to hospitals. We can see how the research the SCHAB are doing links well and can provide a lot in terms of governance and advice. **MF** – Previously did some work with Richard Vickery from Kent Police, there is currently a bid out with NIHR with is around the use of police data linked to health data which we should apply for. AG to pick up the data and make sure we apply for it. Patient safety at EK – there was a hypothesis that women from deprived backgrounds have the least continuity of care. This might be a topic to look at and we should consider what data we need and who we would go to for funding.**VE –** The issue previously was obtaining the data.**MF –** We will use the SHCAB to see how to resolve these data access issues. | **CF/AG** |
| **3** | **11.35 – Kernel****JJ –** Got the Kernel set up and hosted. There is a governance meeting every other week, developed a costing model and written out to CEOs to ask for their contribution. We’ve asked the CCG to take ownership of the Kernel as an asset and we have 50 use cases which we have pulled together. Currently looking at trying to bring the GP data into the kernel from graphnet through this group. Looking at how to assemble the PMI based on the GP data initially until we have a funding application for a national PMI. We’ve been developing DPIAs with the IG group. Also working on the delivery of the phase 1 scope. We have struggled to commit because of covid pressures, the work does require testing. Got meeting set up with stakeholders on Thursday, may be putting existing data into the kernel as a short-term tactical solution, for them later replaced with the ones that got through the new data model which we are currently working on. Working with IC24 to bring their data in and this is due to land some time in the next month. Will continue to have conversations with Dartford to bring their data into kernel. Will start to invoice attendees for their subscription for next year. Possibility for access to HSMI money, could be up to ¼ million. Downside is unfortunately it will need to be spent in March which brings its own challenges.**MF –** EK happy to provide formal commitment, if there is a formal mechanism which is needed, let us know, can circulate through the group.**CF –** Framework about trusted research environment status is something we will need to move towards. **MW –** The letter to CEOs - part of what we need to include is around the project plan and development plan. Could describe what that investment plan looks like and benefits it will deliver for each of the providers. Project plan is really important. Conversation is needed around developing a bit of a business case, subscription is a useful way to get some funds. Should write out to CEOs. Need to think about what the investment strategy is. MW to sort meeting with JJ. **MF –** Organise the datasets with JJ. Construct slides with JJ for CEOs.**CF –** Did a lot for the Strength in Places bid for a business plan can ask the consortium if they’re happy to share.  | **JJ** |
| **4** | **11.50 – Information Governance** **HON -** Two documents: Overview IG Plan and DPIA Kernel.Overview IG Plan: It describes the work that needs to happen to get in place the operating framework. We need to establish an IG subgroup – which will have two main functions. The first will be ongoing annual assurance and reviewing any potential new joint controller signatories to that group eg. monitoring ongoing data protection, GDPR compliance. The second function is around the administration to review projects in line with the agreement, there will possibly be a two-stage process – reviewing projects and making sure they’re meeting the purpose of the joint-control agreement and GDPR compliance. Will be a panel to discuss and review applications. We will look at GDPR compliance, making sure data protection principles are met and mitigating any risks. Following on from the panel, we would like to share the outcome of that with the SHCAB. Then we will notify any joint controllers on the views from the SHCAB, which gives them the opportunity to respond before contracts and data processing agreements are put in place. The document will include contractual and funding agreements aswell.Kernel DPIA: Has been drafted at the IG subgroup, and to be approved by all the IG leads across Kent and Medway. DPIA refers to all the governance that needs to be in place for the operating framework in terms of contractual arrangements and data processing. **MF –** The IG working group has delegated authority so when people approach us as a region to use our data, the IG working group will consider that and make a recommendation. This will be a formal group, and will report back to the SHCAB after a decision has been made. **HON** – Will collate any feedback from the IG meeting with the IG Regional leads and circulate it back to the group. | **HON** |
| **5** | **12.10 – Covid-19 Cases****RE –** The idea was to get the Pillar two data electronically and in theory we can improve patient flow via blue or red stream according to their result without having to wait for the PCR test results. Obtaining the data was challenging and had to jump through some IG hoops. Managed to get some Public Health data which was added to EKHUFTs covid lab results. Now identifying 50% of patients who are arriving at our hospital that are covid positive, it was previously 25%. Going forward, we will be looking to see if the HCAI rates go down i.e. a consequence of less people being put into the wrong stream and whether this influences factors such as mortality rates. Would be good to include Medway data.**MW –** What would it take to do this for the other trusts? And if we can do it for the other trusts, would be great to roll it up as a Kent and Medway view. **RE –** Just would be citing the IG and obtaining the data. Can do an aggregated Kent and Medway view.**AG –** Should be helpful for other trusts to get involved. We want to improve infections and hospital deaths. Need to keep pushing to get data from NHS Digital. Have developed a DPIA and a DPA for this, can easily be redrafted for other trusts if they want access to the same data. **SB** **–** Keen on accessing the data and rolling it out at Medway too.  | **RE** |
| **6** | **12.25 – Population Health Management Development Program****RJ –** It is a22-week program. The aim is to get better comms for the health of our population. It’s an action-based learning program which includes finance and contracting. Across the 22-week period there are 7 action learning sets. There are two main core objectives – to change care delivery at neighbourhood and case level and rebuild the systems infrastructure with sustainable capacity so it is maintainable for the future. Four PCNs are funded but we may need up to 6, we’re working with ICPs and system leaders on those. Got to balance effort capacity and capability. **Kristofer Stone** – The linked-data model is centred around the person which we base on the GP register lists. Join all the data together at the patient level using a consistently encrypted NHS number so you can follow patients through the system between care sectors. Use this data model primarily for the PCN analytics and we will deliver a set analysis tailored to each PCN. Descriptive and predictive models will be built for each PCN. Consistently encrypted NHS number. **MF –** If we used a linked data set for this, it would need funding. People in SHCAB should be expected to be invited to some of these action learning sets. There are some logistical issues in how we do this around timing with KMCR. Can have the data to come out of graphnet initially. **AG –** Not sure what dataset we should be using. Need a detailed conversation to work out the requirements and expectations. Linked primary care and secondary care data at the very least will support the program, need to work out which would be the most appropriate.**MF –** Conundrum is currently getting the primary care data and the appropriate IG flowing through graphnet. We will try to get you the data as quick as we can.**RJ –** Program is limited until we obtain the data. Current timeline is to get the approach to this signed off at the March partnership board. Can work with each other to see what is possible to get done in this quarter. **MG –** In terms of the process we had an initial assessment, now we have weekly calls with IG and data analytics to manage through the process to get to the end of readiness. Looking for acute community health and mental health data from local and national sources – the data needs to be linkable, so KID is not viable and Kernel seems like the right place to focus attention. Next steps are around IG and the technical. One area is the flow of general practice data, the data protection officers are in favour of the program, it requires engagement from IG leads. Technical element – how the data will be extracted. If data comes from national sources we will need to look at the NHS digital agreement. Need to look at DPIA – needs to bring in the right people, and agree the data model via kernel. After the DPIA we would need to consider DPAs.**MF –** Have we approved secondary use with GPs previously?**MG –** Would like to piggy back over secondary use from any existing initiatives. Helen to liaise with Marcus to explain our IG approach. **AG –** If we can get the support from national teams (NHS Digital) we can get this done sooner. Invite Marcus to the weekly IG meetings.  | **RJ** |