

**From:** Claire Bell, Cabinet Member for Adult Social Care and Public Health  
Andrew Scott-Clark, Director of Public Health

**To:** Kent Health and Wellbeing Board  
26 February 2020

**Subject:** Briefing on Analytics for the Kent & Medway ICS

**Classification:** Unrestricted

**Summary:**

This briefing describes a short update on the current position of analytics for the new and emerging Kent & Medway Integrated Care System (ICS). It describes latest position of linked datasets development in our system, the Analytics strategy and work around some of the critical enablers, led by the Kent & Medway Shared Health & Care Analytics Board (SHcAB).

**Recommendation:**

The Kent Health and Wellbeing Board are asked to **COMMENT** on the paper and **ENDORSE** the following recommendations:

- Endorse the Kent and Medway Health and Care Analytics Strategy.
- Work with local partner organisations, where appropriate, in moving towards a consistent approach in the production and use of applied analytics for population health management.
- Relevant member organisations, including KCC, to sign up to Joint Controller arrangements via the SHcAB at their earliest possible convenience.

## 1. Background

1.1 A significant amount of collaborative work has been undertaken by KCC and NHS senior officers in enabling applied analytics for the Kent health economy. It builds on work that has been undertaken over many years to build the Kent Integrated Dataset or KID and its application for population health and other applied analytics supporting the Kent & Medway STP. These developments are related in part to ongoing workstreams led by the Kent & Medway STP Shared Health & Care Analytics Board and input provided, among others by the Kent Public Health Observatory (KPHO).

## 2 OPTUM KID

2.1.1 After a lengthy procurement process, the Kent & Medway CCGs awarded the commissioning support / business intelligence contract to OPTUM in autumn 2017. Among other things the ambition was to look for a better supplier for business analytics using the NHS England Lead Provider Framework

developing a robust commissioning tool for NHS commissioners using one single linked dataset from local and national NHS data sources and suitable dashboard / management information system to interrogate it.

- 2.2 After several years of development, OPTUM KID / Mede-analytics platform is currently accessible and being used by CCGs. While good progress has been made in data linkage across a wide variety of NHS provider and GP datasets for commissioning intelligence purposes, there has been mixed feedback in terms of the quality and delivery of some of its services. Discussions are under way by CCGs to consider the future of OPTUM's role in the Kent & Medway ICS and contract renewal.
- 2.3 Kent Public Health Observatory (KPHO) have been working with the KCC Data Protection team to develop the necessary governance arrangements for access to the OPTUM KID / Mede Analytics platform. This includes obtaining a legal opinion to understand and assess the risks to KCC around data sharing and contractual relationships with OPTUM. Access authorization is likely to be finalised by March 2020.

### **3 HISbi KID**

- 3.1 Kent County Council Public Health has led the creation of the HISbi KID. It currently comprises the main dataset used by the KPHO team for core public health intelligence work supporting the Kent JSNA, wider public health intelligence needs and the derivation of evidence to support KCC Strategic Commissioning activities.
- 3.2 The CCG contract award for OPTUM KID has resulted in the withdrawal of CCG support and governance arrangements to HISBi KID and was subsequently earmarked for deletion by 31<sup>st</sup> March 2019.
- 3.3 However, due to the delays in setting up formal arrangements mentioned above for KCC access to OPTUM KID dashboard, an extension of the MOU has been agreed to utilise the existing HISbi KID for another 2 years (until 31<sup>st</sup> March 2021), as the KPHO team gradually transitions towards using OPTUM KID. This contingency was devised and established by KPHO to act as a safeguard to preserve the strategic analytic capability for the Council.
- 3.4 As a result of this extension, work is under way to refresh the existing governance arrangements of the KID, which involves transitioning data controller arrangements from KCC to the SHcAB, which has recently taken on the Joint Data Controller responsibilities for the new and emerging ICS.
- 3.5 These changes are expected to improve existing processes and procedures for a safe and secure 'controlled environment' for the KID. It will also facilitate authorization of new data access requests from other organisations for applied research and applied analytics e.g. University of Kent and Kent Surrey Sussex Applied Research Collaboration (ARC) programme.

#### **4 SHcAB Activities – Analytics Strategy**

- 4.1 With support from NHS England and the Kent Surrey Sussex AHSN, an analytics strategy was completed in October 2019 and presented to our STP oversight groups – STP Partnership Board, Clinical & Professional Board, Finance Directors and NEDS.
- 4.2 The strategy described our vision and ambition to become an exemplar in production and use of applied analytics to improve population health. It highlights and builds on local examples of best practice and, more importantly, key enablers such as data management, information governance and workforce development that require targeted resourcing and capacity to create an efficient ‘supply chain’ of good analytics supporting our system.

#### **5 SHcAB activities – Joint control**

- 5.1 In January 2019, the SHcAB agreed to develop appropriate governance arrangements and seamless processes and procedures (for commissioner AND provider organisations) in the use of data for the STP/Integrated Care System. This is underpinned by a Joint Data Control arrangement which has been acknowledged and recommended in latest national IG guidance from NHS England. Such arrangements will have a number of benefits, most notably: the ease and flexibility of linking other NHS and non NHS datasets that are not of direct interest to commissioners, but still relevant for population health analytics supporting the STP/ICS going forward.
- 5.2 Based on good feedback and engagement over the last year, documentation was sent out in December 2019 to local NHS organisations to sign up / be onboarded to Joint Control.
- 5.3 As January 2020, East Kent University Hospitals NHS Trust and Maidstone & Tunbridge Wells NHS Trust have signed up to Joint Controller arrangements via the SHcAB. Other organisations, including KCC and the Kent & Medway CCG, when it is formalised, are expected to follow suit.

#### **6 SHcAB activities – KERNEL database**

- 6.1 Previous SHcAB meetings have discussed the intent to build a database to be known as KERNEL, utilising and starting with existing datasets such as HISBi KID and local NHS Trust provider clinical and operational data currently warehoused by the HISBi team. The purpose of KERNEL will be to prioritise population health analytics including research and operational business intelligence work that local NHS providers require
- 6.2 As per the Analytics Strategy agreed last year, the vision, project timeline and funding requirements for the KERNEL was formally launched and discussed at the SHcAB in January 2020. A working group has been set up involving key SHcAB members including the HISBi data warehouse team, who will be responsible in developing it.

- 6.3 Development of the KERNEL was also discussed at the System Commissioner group in February 2020, particularly how it compared with the other similar datasets – OPTUM & HISBI KID – and what are the short and long term implications for linked dataset development supporting population health management function of the Kent & Medway ICS going forward.
- 6.4 This will affect the future decision making processes as to how the ICS will commission outside agencies for strategic consultancy work requiring complex analyses and, as mentioned in analytics strategy, to what extent the ICS wishes to adopt a local partnership approach and encourage greater ownership in the ‘complex supply chain’ of data curation and data quality assurance leading to the production and delivery of applied analytics.

## **7 Outcomes Based approach to Commissioning**

- 7.1 A paper was presented and agreed by the Clinical & Professional Board in December 2019 around the opportunities to reposition the role of the strategic commissioner, from an activity and finance based relationship to a place based and outcomes based model, underpinned by a strong population health approach and an outcomes framework and dashboard.
- 7.2 A presentation was delivered at the January 2020 System Commissioner group by Outcomes Based Healthcare, a private company commissioned by NHS England to develop a national population segmentation approach and outcomes metrics tool for local health economies under the Bridges to Health programme. Agreement was reached by the Kent & Medway System Commissioner to take part in a one year national pilot in order for our ICS to become an early adopter.
- 7.3 A working group has been set up involving local stakeholders, including Kent and Medway public health teams to assist in data curation and analysis, using the HISbi KID and KERNEL (when operational). Further discussions have also taken place to explore the synergies between this project and ongoing modelling and simulation work in the North and West Kent CCGs that have supported the 5 year Long Term Plan submissions. Workshops are being planned in March and September 2020 to present early results and engage with local stakeholders for further development.
- 7.4 This project represents one of many examples of strategically important analytic projects spanning across Kent & Medway that requires robust local governance and technical capacity and support in terms of linked data access and analyses.
- 7.5 The outputs of the work are expected to significantly benefit the Kent JSNA development process and improve on existing population segmentation and

outcomes surveillance outputs that are regularly described in JSNA related reports.

## 8 Conclusions

- 8.1 HISBi KID will be extended for another year (till March 2021) and its governance arrangements move over to SHcAB joint control to ensure business continuity arrangement KPHO work on behalf of KCC Public Health and wider ICS. Role based access to other internal and external teams can be suitably assessed and sanctioned for business continuity purposes, while OPTUM and KERNEL mature from varying stages of their development and functionality. A further discussion by the SHcAB may be had later in the year to assess its future options e.g. development into a 'synthetic' dataset for research purposes.
- 8.2 Use of Optum KID / Mede platform as a commissioning dataset will carry on as planned until current contract expires in 2022. Decision for renewal will be up for future discussion based on changing analytical requirements for the ICS including population health management.
- 8.3 There appears to be growing interest for KERNEL as a locally owned and developed solution for analytics. Going forward, it needs to be brought under clear ICS leadership (under a formal analytics workstream) and commensurate funding so that it can support population health management work including the national pilot mentioned above.

## 9 Recommendations

The Kent Health and Wellbeing Board are asked to **COMMENT** on the paper and **ENDORSE** the following recommendations:

- Endorse the Kent and Medway Health and Care Analytics Strategy
- Work with local partner organisations, where appropriate, in moving towards a consistent approach in the production and use of applied analytics for population health management
- Relevant member organisations, including KCC, to sign up to Joint Controller arrangements via the SHcAB at their earliest possible convenience

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## Appendix 1 :

Kent & Medway Analytics Strategy