

**From:** Mr Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health  
Andrew Scott-Clark, Director of Public Health  
Vincent Godfrey, Strategic Commissioner  
David Whittle, Director of Strategy, Policy, Relationships and Corporate Assurance

**To:** Health Reform and Public Health Cabinet Committee – 30 June 2017

**Subject:** **The Kent Integrated Dataset (KID)**

**Classification:** Unrestricted

**Summary:**

The Kent Integrated Dataset (KID) integrates data held by public services to provide a holistic picture of the Kent population at the individual level. The KID is an emerging, and potentially transformational, tool delivering better commissioning and integrated service planning, allowing more targeted and effective use of public resources. To fully benefit from the KID, it is proposed that KCC adopts it as its primary dataset upon which strategic commissioning decisions should be based. This requires KCC to incorporate all appropriate KCC data into the KID and support the governance of the KID through the Kent & Medway Sustainability and Transformation Plan (STP).

**Recommendations:**

That the Health Reform and Public Health Cabinet Committee:

1. NOTE the progress to date on the development of the KID and the opportunities this provides for KCC and Kent public service partners;
2. AGREE that the KID becomes the underpinning dataset upon which KCC strategic commissioning decisions and planning are based;
3. NOTE the need to speed up progress on ensuring KCC datasets flow into the KID, and that the Strategic Commissioner will co-ordinate this; and
4. AGREE that KCC supports the system-level governance of the KID through the NHS Sustainability and Transformation Plan/Partnership governance arrangements.

**1. Introduction and Background**

- 1.1 Successful commissioning and service design/transformation are grounded in the structured analysis of demographic, user, system, cost and spend data. The public sector collates a huge amount of this data but has traditionally been poor at using it to support strategic commissioning decisions, and even poorer at linking different datasets across services to create single views (sometimes labelled 'big data') that allows for complex statistical analysis, including predictive analysis and forecasting, to take place.
- 1.2 The Kent Integrated Dataset (KID) is an attempt to overcome the traditional silo-based approach and provide a single dataset across all Kent public services. It is the product of more than four years of work by the Kent & Medway Clinical

Commissioning Groups (CCGs) and KCC Public Health. It currently brings together a wide range of data from 250 local health and social care provider organisations to support effective planning and commissioning decisions, particularly the commissioning of healthcare services.. The data included in the KID is warehoused by the Kent and Medway Health Informatics Service (HISbi) which is hosted by the Maidstone and Tunbridge Wells NHS Trust. The data is anonymised before any analysis can take place, and it is fully compliant with all necessary Information Governance compliance frameworks.

- 1.3 The KID is one of the early implementers of the linked dataset initiative in England and is possibly the largest linked dataset of its kind, and is one of the very few programmes beginning to link data across the wider public sector. In recent months, significant progress has been made on including non-NHS data in the KID from Kent Fire and Rescue Service and agreements in place to flow data from Kent Police and Kent district councils.
- 1.4 To date, the KID has been developed with limited resources and lacks a committed robust system-level governance structure. It is broadly a pilot brought together through an Memorandum of Understanding partnership between CCGs, KCC Public Health and Maidstone and Tunbridge Wells NHS Trust (MTW) as well as individual data processing agreements between MTW and local public services., brokered by Public Health (given Public Health have statutory powers to require information for Public Health advice and protection). However, if the KID is to be further developed and exploited to its maximum potential then it is widely accepted there needs to be a step-change in how the KID is both governed and developed.

## **2. KCC approach to KID**

- 2.1 In moving to becoming a strategic commissioning authority KCC has already committed to ensuring that commissioning and service planning is based on a strong analysis of all available data. The decision of County Council in January 2017 to create a new senior Strategic Commissioner post and to integrate many of its separate commissioning, information and analytical functions into a new single Strategic Commissioning Division will strengthen the Council's ability to commission and plan services to deliver its strategic outcomes.
- 2.2 The KID can underpin and support KCC's vision for strategic commissioning. Firstly, it makes available a wide range of non-KCC data to KCC analysts which will improve our understanding of individual and community need. This can feed through directly into better commissioning and service design decisions. Secondly, through utilising the same core-dataset across Kent public services, it makes the possibility of integrating commissioning and service design with other public service partners far easier.
- 2.3 Given the above, it is proposed by the Strategic Commissioner that the KID should become the underpinning dataset upon which strategic commissioning and planning decisions for relevant services commissioned or provided by KCC are based. Such a decision has a consequential impact (and duty) on the authority to fully support the KIDs immediate development in two important ways: governance and data flow.

### **3. KCC Data Flow**

- 3.1 Very simply, the more data that is included in the KID the more robust the KID will be, and the more confidence there will be in the conclusions drawn from KID data. To show support for the KID, and fully benefit from it, KCC needs to ensure that all possible KCC datasets that can flow into the KID do flow into the KID as soon as possible.
- 3.2 Currently, only Adult Social Care data is flowing into the KID on a regular basis, with systems and processes established for automatic data upload and refresh. It has been agreed 'in principle' that data from the Specialist Children's Services (SCS) dataset should flow into the KID, however, there is no current timetable for this work to be completed. There is also an 'in principle' agreement for data flow into the KID from KCC education data, but again there has been limited progress on finalising arrangements.
- 3.3 Given the need to comply with all necessary data standards, there is a lag between arrangements for data flow into the KID being agreed, and that data being able to be used by KCC commissioners and analysts as part of the KID. Therefore, any further delay in establishing KCC data flows to the KID, is unacceptable and counter-productive. Given the Strategic Commissioners cross-directorate role in KCC, it is proposed that he will now co-ordinate across the necessary departments and teams to ensure this issue is resolved at pace.

### **4. KID Governance**

- 4.1 As noted earlier, to date there is a lack of committed robust system-level governance around the KID, with each participating authority flowing their data into the KID through data processing agreements brokered by Public Health. However, as the KID becomes more complex, with more data being included from an increasingly wider variety of public service partners, it is widely acknowledged that this is not acceptable. The KID needs active management, with broader ownership across Kent and Medway public services, considering the future strategy for the development of the KID, how it is administered, the contractual relationship with HISbi and user engagement and feedback.
- 4.2 Given that most of the data flowing into the KID (and will likely always be most data in the KID) is NHS data, there is a natural alignment to the strategic governance of the KID being through the Kent and Medway NHS. The emerging governance arrangements for the Kent and Medway Sustainability and Transformation Plan/Partnership seem an ideal route as these are still in development, and the KID is likely to play a crucial role in the future strategic commissioning and design of NHS integration, and move towards an Accountable Care System (ACS) and the development of Accountable Care Organisation (ACO).
- 4.3 It is therefore proposed to establish a KID Strategy and Oversight Board, with membership from CCGs, NHS providers, local authority commissioners and public health, which will be accountable to the STP Programme Board as well as the respective Health and Wellbeing Boards in Kent and Medway.

### **5. Recommendations**

- 5.1 That the Health Reform and Public Health Cabinet Committee:

1. NOTE the progress to date on the development of the KID and the opportunities this provides for KCC and Kent public service partners;
2. AGREE that the KID becomes the underpinning dataset upon which KCC strategic commissioning decisions and planning are based;
3. NOTE the need to speed up progress on ensuring KCC datasets flow into the KID, and that the Strategic Commissioner will co-ordinate this; and
4. AGREE that KCC supports the system-level governance of the KID through the NHS Sustainability and Transformation Plan governance arrangements.

**Background Documents:**

None

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