Better use and visualisation of data

What this means

Several projects were focused on improving the collection and utilisation of data, either to more accurately predict care demand needs for commissioning purposes or determine the success and impact of a care intervention. Some projects also focused on improving data collection methods to minimise the administrative burden for staff and ensuring data accuracy.

What we've learnt

Data can be useful for prevention and prediction of future costs

Three projects have shown how having excellent data accessibility can help care gaps to be spotted sooner and costs for future needs can be predicted more accurately. In **Shropshire** they used data visualisation to develop economic forecasts about future care demands. In **Islington** the combining of adult social care data, NHS data and free-text case note data will be used to predict demand for adult social care. In **Nottinghamshire**, they aim to use health and social care data to create an 'early warning' system for those over 65 to indicate those who are at higher risk of losing their independence.

Using data to monitor performance

In **Wolverhampton** health and social care data (from 14 councils) has been used to help people understand the performance of service interventions and their impact in real time. This has streamlined information sharing across many councils to ensure consistency in how decisions are being made.

More strategic use of data can improve service offering

Some projects have used data in new ways to better personalise services. For example, in **Worcestershire** they used data from council-held information to understand who would be most at risk of running out of money in self-funded care.

More accurate data collection

The **Solihull** project focussed on improving working practices and data collection techniques, by offering laptops to Approved Mental Health Professionals providing them with live access to relevant information about patients and giving them the tools to input patient data on-site. Not only did this make data collection more accurate and efficient, but

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it also improved data security as laptops were encrypted and professionals did not need to print hard copy patient information. Additionally, it reduced administrative burden, meaning staff could spend more time delivering support to patients.

Recommendations

- Start small: in Islington the project would have benefitted from starting with a smaller pilot, for example with just adult social care and health data before rolling out to something more ambitious (including free-text case notes).
- Involve staff early on to ensure that discussions about data collection and use reflect operational practices (as in Nottinghamshire).
- Ensure that adequate time is built in for information governance and DARS request forms. Most projects experienced delays, which could be overcome through establishing data sharing agreements as part of the project roadmap and cost.

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