NIHR | National Institute for Health and Care Research

Health Determinants Research Collaboration (HDRC) Newcastle

From Analytical Priorities to Organisational Value: Reflections on HDRC Newcastle's Collaborative Data Projects

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20 Years

Webinar outline

01 What is an HDRC?

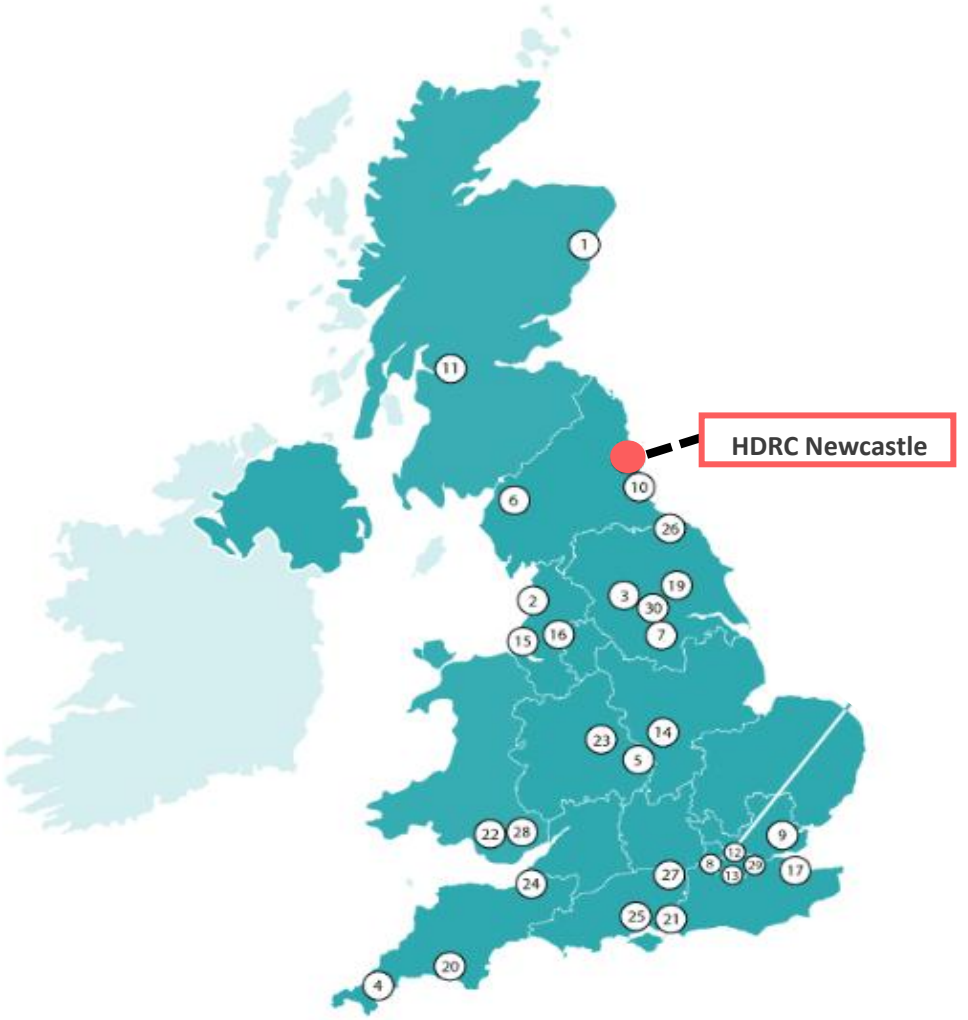
02 Why collaborative analytics projects matter in local government?

03 How do we scope and design analytical projects, and how would we like to?

04 A case study: scoping projects with Newcastle City Council's Housing and Communities Directorate

Overview of HDRCs

- Health Determinants Research Collaborations (HDRC) are part of a national programme funded by the National Institute for Health and Care Research (NIHR).
- There are 30 HDRCs across the UK.
- Each HDRC is usually hosted by a single local authority which works with universities. This brings together local government knowledge and research skills from the academic community.



HDRC Newcastle

NIHR | Health Determinants Research Collaboration

Newcastle City Council

Our Purpose

We make it **easier to lead, take part in and use research.**

We use our **unique position** within Newcastle City Council to **connect research directly** to real-world **challenges and decisions.**

This **helps people live happier, healthier lives** in our city and beyond.

We are...



Strengthening the systems and skills needed for ethical and meaningful research



Making evidence and data central to council decision-making



Supporting people to shape, lead and be involved in research



Making relevant and impactful research happen

Why are collaborative data projects vital in local government?

01 Fragmented capacity

- Resources are scarce
- Directorates have competing priorities
- Silo working creates duplication and waste

→ 02 Collaborative analytics

- Connect teams across directorates
- Domain + technical knowledge
- Build trust

→ 03 Shared organisational value

- Capability grows beyond data teams
- Strategy connects with operational reality
- Improved data and evidence for decisions

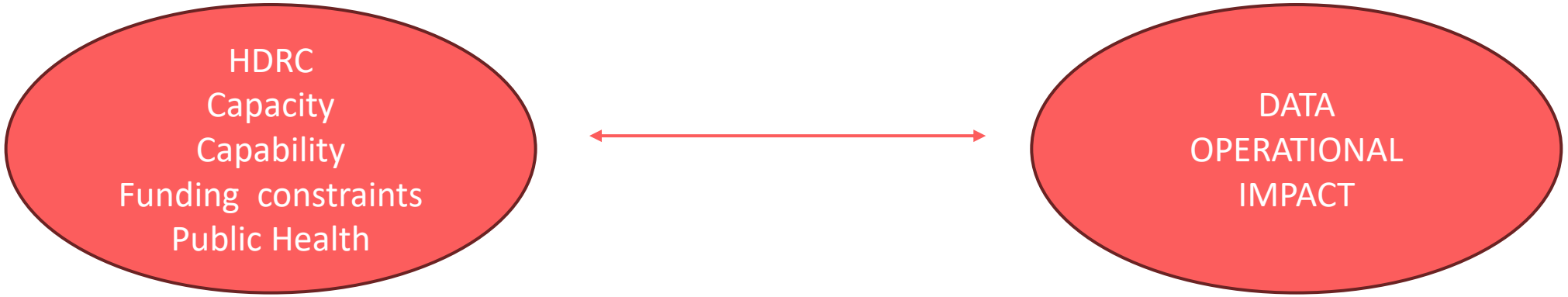
Collaboration converts scarce specialist capacity into capability that can be shared across the organisation.

Key Questions

- How do we design analytical projects to deliver real service improvements, incorporating research style thinking and the importance of health inequalities?
- But also…. how do we create organisational value when projects don’t deliver exactly what originally envisaged?

How does scoping look for us?

- Strategic level > management level > operational level
- Interactive collaborative workshops
- Broad challenges - competing priorities - definitions of success
- Prioritisation and data availability - benefits beyond their directorate



A case study on Housing Scoping

Our housing scoping journey

- **Key contact throughout**
- **15 workshops over 2 months**
- **Involving:**
  - DLT
  - Operational
  - Multiple directorates
  - Other LAS
  - HDRCs
- **Prioritised against potential impact for residents and alignment with HDRC**

Wins

- **Understanding the service → understand the data → idea generation → infrastructure**
- **Loop and interactive sessions**
- **Face to face workshops**

Not so wins

- **Lack of awareness of data/data quality**
- **No key data contact identified**
- **Time**
- **‘When is done enough?’**

Accessing health data at UPRN level

Tennant outreach

Damp and mould repair prioritisation

Service user segmentation – place-based health data

Early indicators for complex cases

Data research methods

Support & Progression service user assessment

Future housing and health needs

Housing projects

Tenant Outreach Project

AIM: Identify individuals who had not been in contact with housing for a certain amount of time or in relation to known vulnerabilities to improve relationship with housing

DATA SOURCES: Tenancy, vulnerability and repairs data

METHODS: Statistical analysis of vulnerability data, joining of tenancy and repairs data

PROPOSED OUTPUT: Automated check-in system based on data held across housing systems

ACTUAL OUTPUT: Analysis of vulnerabilities data in its current form. Recommendations for reporting and data collection across council systems

Complex Case Panel

AIM: To predict which individuals or groups will be the subject of CCP and support H&C to intervene earlier with support for those people.

DATA SOURCES: Current Complex Case Panel data, other tenancy data

METHODS: Data linkage, logistic regression → Improved data capture documents with validated and consistent fields, working closely with operational staff to understand their needs and processes

PROPOSED OUTPUT: Early flagging system

ACTUAL OUTPUT: Improved data capture, better data quality going forward, and a showcase of what is possible with the data

Recognising value beyond the final project



Ripple effect of the work



Direct value



Enabling value



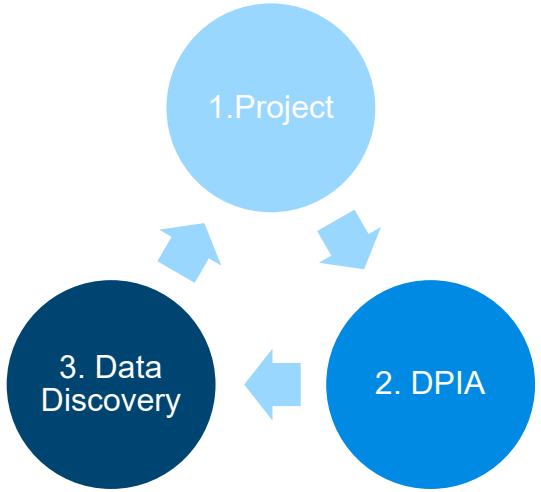
Strategic Value

‘Helping our future self'

- Data quality
- Data collection
- Contacts
- Reusable code
- Check-points for future analysis
- 'Single view of' projects and data collation
- 'joining the dots..'

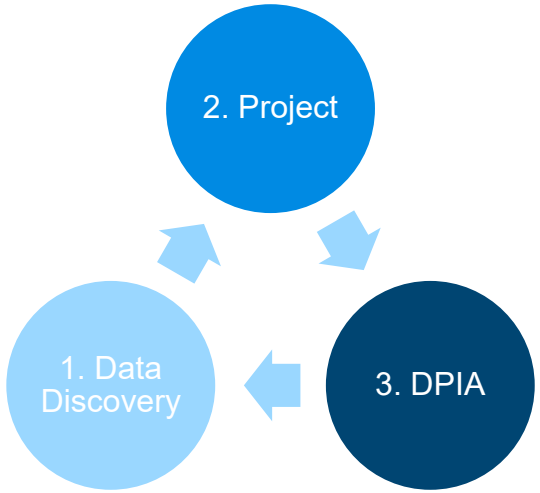
How we currently scope projects v How we'd like to

"What have we got and what can we do?"



- Have to start with a project because we haven't got the metadata
- Need DPIA to do discovery
- TIME
- Data discovery…
- …not quite right for project
- Now what is the project/what is the win?

"We know what we've got, we know what we could do, what product would have the biggest impact?



- Shared understanding of data/metadata
- That becomes a tool (among others) in formulating projects
- DPIA happens quicker
- When you get round to data discovery again, you're only dealing with hiccups

Final reflections and discussions



Invest heavily in scoping (more so than we did!)



Expect projects to evolve and build in these check points



Lessons learned



Measure value broadly - 'if your project stopped tomorrow, what value would the organisation retain'

Thank you

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