Using Data to Drive Digital Service Design
Sunderland’s Intelligence Approach

Liz St Louis
- Strategic Intelligence Partner – Sept 2014
- First Local Authority partnership in Europe
- Working as part of Sunderland Partnership
- Aim is self-sufficiency
A clearly defined problem leads to:

- Scoping/Discovery
- Data Aggregation
- Data Analysis
- Deployment/Application

These steps form a cycle, reflecting the iterative nature of data-driven projects.
John Smith

Data sources: Spoa, Swift, Dfg, Rft, Police, Jonte, Mesals, Chs
Date of birth: 12 Jan 1970 (46 yrs old)
Date of death: N/A
NHS Number: 9999999999
PID: 999999
Address: Address SR9 9SR (as of 10 August 2013)
Main category: Physical Support - Personal Care Support
Hazards: Ap - Adult Protection
**John Smith**

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**NHS Number:** 9999999999

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**Address:** Address SR9 9SR (as of 10 August 2015)

**Main category:** Physical Support: Personal Care Support

**Hazards:** Ap - Adult Protection

### Involvements

<table>
<thead>
<tr>
<th>Type</th>
<th>Start Date</th>
<th>End Date</th>
<th>Provider</th>
<th>Service Start Date</th>
<th>Service End Date</th>
<th>Frequency</th>
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<tbody>
<tr>
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<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
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<td>10 March 2016</td>
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<td>1.0 / Weekly</td>
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<td>21 December 2015</td>
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Adults Commissioning Tool

Non-LD
COHORT RESULTS

COHORT SUMMARY

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<tr>
<th></th>
<th>Total Cost</th>
<th>Average Cost/Person</th>
<th># of People</th>
<th># of Utilities/Person</th>
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<tr>
<td></td>
<td>£25,196</td>
<td>£3,599</td>
<td>7 PEOPLE</td>
<td>1.7 UTILITIES</td>
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COHORT DEMOGRAPHICS

AGE

GENDER

COST ITEMS TIME SERIES

Costs

Counts

MONTHLY START DATE
<table>
<thead>
<tr>
<th>ACTIVE INVOLVEMENT COVERAGE</th>
<th>ADDRESS IN SUNDERLAND</th>
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<tr>
<td>Full</td>
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<table>
<thead>
<tr>
<th>AREA</th>
<th>CATEGORY</th>
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<tr>
<td>Coalfield</td>
<td>Child Needing Help</td>
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<table>
<thead>
<tr>
<th>FAMILY ID</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
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<tbody>
<tr>
<td>103657</td>
<td>Joe</td>
<td>Bloggs</td>
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<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>NUMBER OF CRITERIA</th>
<th>OPEN TO</th>
<th>SF PANEL</th>
<th>SF REFERRAL DATE</th>
<th>SEVERITY</th>
<th>SOURCE SYSTEM</th>
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<tr>
<td>3</td>
<td>4</td>
<td>None</td>
<td>Over 3 months ago</td>
<td>2015-06-03</td>
<td>High</td>
<td>Capita One</td>
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<table>
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<th>SF REFERRAL</th>
<th>SF STATUS</th>
<th>SOURCE</th>
<th>SEVENITY</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Active</td>
<td>Family</td>
<td>High</td>
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Work to Date

• What went well?
  – Co-design, co-creation and co-iteration with end users
  – Service champions (biggest influencers)
  – Very visible & immediate results
  – Ability to profile the collective picture

• What didn’t go as well?
  – Time taken to build the trust to get third party i.e. hospital data
  – Accessing data at source from hosted systems
  – Fear initially of the erosion of the ‘professional perspective’

• Biggest lessons?
  – Build in the time, effort and confidence factors it will take to get access to the data for people to use!
  – Investment is small specific areas can lead to much bigger benefits
  – Power of data to influence very different conversations but the time and effort required to nurture the process
Benefits from Practitioners Viewpoint

I am making decisions without the blindfold (OT)

It’s making me think differently before I act
(Rehab Physio)

We are now receiving better referrals from the Nursing Team (Hospital SW Manager)

I feel I know a new customer before I meet them – I can focus on affirming the information; not asking them everything again! (ILT Officer)

Different decisions, different conversations – this is what I feel has most changed for me (SW - MDT)

I am confident of safe and effective discharges – without spending hours finding out info! (Complex Discharge Nurse)