**Unlocking real-world data to promote and protect health and prevent ill-healthin the Yorkshire and Humber region**

*The Universities of Sheffield, York, and Leeds have joined forces with Local Authorities and Clinical Commissioning Groups (CCGs) from the Sheffield and York areas, and the* [*Yorkshire and Humber Care Record (YHCR)*](https://yhcr.org/) *to ‘unlock’ the potential of routinely collected real-world data to promote and protect health and prevent ill-health in local and regional settings.*

*The project’s Principal Investigator (PI),* [*Dr Matthew Franklin*](https://www.sheffield.ac.uk/scharr/people/staff/matthew-franklin) *(University of Sheffield), sheds some light on why unlocking routine ‘real-world data’ is important, and what needs to be taken into account in order to protect and benefit members of the public - who the data represents. The project ‘*[***Unlocking data to inform public health policy and practice***](https://www.researchregistry.com/browse-the-registry#home/registrationdetails/609bce2be0659b001be66a9d/)*’ is funded by* [*NIHR Public Health Research (PHR)*](https://www.nihr.ac.uk/explore-nihr/funding-programmes/public-health-research.htm) *from May 2021 until February 2022 and will bring together a multidisciplinary team of researchers, commissioners, clinical directors, analysts, information governance and legal experts, and members of the public.**The project will additionally be provided in kind support by the* [*NIHR Applied Research Collaboration Yorkshire and Humber (ARC-YH)*](https://www.arc-yh.nihr.ac.uk/)*.*

The research world is abuzz about the potential of ‘**real-world data**’. Real-world data can take a number of forms; however, we are interested in that data which could inform commissioning processes, particularly by Local Authorities (LAs: e.g. City Councils) and Clinical Commissioning Groups (CCGs). LAs are responsible for commissioning publicly funded social care and, since 2013, some public health services, while CCGs currently fund the majority of NHS services. The [Better Care Fund](https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/better-care-fund/) encourages LAs to work with CCGs by utilising joint working arrangements including integrated commissioning boards and pooled budgets. The currently proposed new [Health and Care Bill](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf) seeks to embed joint working by making integrated care systems (ICSs) statutory, and both the NHS and LAs will be given a duty to collaborate with each other, which will replace existing collaboration duties. Routinely collected administrative and service activity data is key in supporting LA, CCG, and joint decision-making – this is our real-world data of interest, as this data is used to determine which services will be commissioned or decommissioned, with associated impact on public health within local or regional populations.

Research evidence can support commissioning processes; however, as stated by the Chief Medical Officer, [Professor Chris Whitty:](https://www.lgafirst.co.uk/comment/addressing-challenges-in-public-health-through-research/)

“research carried out by academics at universities may not address the public health needs of the local authority where the research is being conducted. One of the best ways of tackling this issue is through the co-production of research”.

If local governments are to be engaged as full partners alongside researchers in the generationand useof evidence that informs commissioning decisions, the data and evaluation frameworks they use must be geared towards their local context and commissioning needs. In particular, there is a need to:

1. Identify the data requirementsneeded to inform each stage of the commissioning process, within and across sectors dependent on the scope of the commissioning decision and where short and long-term costs and outcomes may fall;
2. Account for legal and information governance (IG) frameworksfor sharing and linking data, and providing access to linked data, alongside broader barriers and facilitatorsto access and use of data (e.g. staff skill and capacity, data systems) to help inform the commissioning cycle;
3. Establish evaluation frameworksto enable the data to be used in a transparent and useful way aligned with what is needed to inform each stage of the commissioning cycle.

The aim of our project is to delineate the availability and potential of routinely collected administrative and service activity data to support commissioning decisions within and across sectors including LAs, CCGs, and universities, in order to promote and protect health and prevent ill-health in local and regional settings. We will achieve this aim through four work-packages (WP1-WP4) and by fostering networks and partnership activities between academic research and public health practice:

* **WP1:** Mapping review of use and linkage of routine data in local/regional settings for commissioning decisions informed by LAs in England;
* **WP2:** Metadata specification and pilot metadata catalogue through stakeholder consultation;
* **WP3:** Workshops with stakeholder groups (LAs, CCGs, universities, YHCR) to explore the requirements of routine data to inform commissioning of services specific to falls prevention;
* **WP4:** Economic evaluation methods to analyse and present estimates from routine data to inform cross-sector commissioning of services specific to falls prevention.

Building on examples from the identified grey literature (WP1), we will develop a metadata specification and pilot metadata catalogue which could help inform the commissioning process including the legal and IG frameworks for consideration (WP2). The project will then combine qualitative methods to further explore the availability and potential of routinely collected administrative and service activity data to inform commissioning (WP3), with an exploration of what quantitative methods can be used to maximise the use of the data to support commissioning-based decision-making and its value to stakeholders and, subsequently, the public (WP4). Whereas WP1&2 will be a more general assessment of available and potentially available data, WP3&4 will focus on a case study topic area of current cross-sector policy relevance (i.e. services specific to falls prevention) in order to help facilitate and focus discussions, with the generalisability to other commissioning areas being a point of discussion.

The project has a strong emphasis on the involvement of key stakeholders throughout, with members of two LAs, two CCGs, and a patient and public representative involved as co-applicants and embedded in each WP. This work will explore the benefits of unlocking existing and further data collection and flows, including its potential use to inform commissioning and how this connects through to public benefit through better use of economic evaluation evidence in commissioning decisions. It will initiate more evidence-based commissioning decisions through utilisation of such routine data, stimulating joint working across the LA, CCG, and universities, with support from NIHR infrastructure. Overall, achieving our aim will unlock data to promote and protect health and prevent ill-healthin the Yorkshire and Humber region with learnings for national change.

For additional information about the project, please email the PI: [matt.franklin@sheffield.ac.uk](mailto:matt.franklin@sheffield.ac.uk)

**About the Author**

[**Dr Matthew Franklin**](https://www.sheffield.ac.uk/scharr/people/staff/matthew-franklin)is a Senior Health Economist at the School of Health and Related Research (ScHARR), University of Sheffield. Matt’s interest in real-world data stems from working through the legal, information governance and technical aspects of using such data, originally to better inform trial-based analyses. However, more recently he has begun exploring how to better use real-world data to inform commissioning-based decision making, particularly in local areas which is outside his traditional ‘randomised controlled trial’ setting within non-randomised and ‘natural experiment’ study designs. He is a firm believer in using economic evaluation evidence to inform resource allocation decision making when there is a potential opportunity cost in any decision made.

**About the Team and Collaborators**

The project represents a collaboration between the Universities of Sheffield, York, and Leeds, Sheffield City and City of York Councils, Sheffield and Vale of York CCGs, and the Yorkshire and Humber Care Record (YHCR). Project co-applicants from the aforementioned include:

* **University of Sheffield:** [Tony Stone](https://www.sheffield.ac.uk/scharr/people/staff/tony-stone), [Susan Baxter](https://www.sheffield.ac.uk/scharr/people/staff/susan-baxter), [Annette Haywood](https://www.sheffield.ac.uk/scharr/people/staff/annette-haywood), [Sue Mason](https://www.sheffield.ac.uk/scharr/people/staff/suzanne-mason), [Anthea Sutton](https://www.sheffield.ac.uk/scharr/people/staff/anthea-sutton) and [Mark Clowes](https://www.sheffield.ac.uk/scharr/people/staff/mark-clowes);
* **University of York:** [Sebastian Hinde](https://www.york.ac.uk/che/staff/research/sebastian-hinde/) and [James Lomas](https://www.york.ac.uk/che/staff/research/james-lomas/);
* **University of Leeds:** [Dan Howdon](https://medicinehealth.leeds.ac.uk/medicine/staff/447/dr-dan-howdon) and [Monica Jones](https://www.hdruk.ac.uk/people/monica-jones/) (the latter also associated with YHCR);
* **Sheffield City Council and Sheffield CCG:** Louise Brewins and Michelle Horspool;
* **City of York Council and Vale of York CCG:** Jen Saunders and George Scott.

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