

# Supporting People Data Linking Feasibility Study: Emerging Findings Report



Llywodraeth Cymru  
Welsh Government

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Research Summary

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The Supporting People Programme helps people find and keep a home that meets their needs and encourages independence in a healthy and safe environment. Over £120 million is invested by Welsh Government in the Supporting People Programme annually. The Programme supports more than 60,000 people each year to live as independently as they can. It aims to prevent problems by providing help as early as possible.

This bulletin presents emerging findings from a study designed to assess the feasibility of using the innovative method of data linking to deliver a quantitative component to the evaluation of Supporting People. Specifically, the study examined the feasibility of using linked administrative data to demonstrate the impact of the Supporting People Programme on the use of health services.

## Key Points:

Based on a review of the administrative data relating to Supporting People held by Local Authorities, the following key points have emerged:

- Record linking rates (between anonymised administrative data for Supporting People service users and routine health records) for two Local Authorities were high.
- There was no significant bias when comparing linked with unlinked records i.e. no Supporting People service user subgroup is relatively less well-represented in the analysis presented in this report.
- Although challenges exist in terms of acquiring, reconciling and analysing the data, the indications are that it is feasible to use data linking methods to demonstrate the impact of the Supporting People Programme on the use of health services, at least for those Local Authorities that hold individual-level data.

From a **provisional, indicative** analysis of Supporting People data from Blaenau Gwent and Swansea Local Authorities, the following key points have emerged:

- On average, Supporting People service users used GP services more than a 'control' population matched on age, gender and local authority.
- For the majority of Supporting People service user subgroups, the use of GP services peaked at around the time when support began and fell thereafter; by 12 months (and in some cases by 6 or even 3 months) after the Supporting People intervention, the use of GP services fell to below the level seen in the 12 months before support began.
- For some Supporting People service user subgroups, the same pattern was seen in A&E visits i.e. after the Supporting People intervention, the number of A&E visits fell to below the level seen in the 12 months before support began.

## Background

1. The Supporting People Programme helps people find and keep a home that meets their needs and encourages independence in a healthy and safe environment. £124.4 million is invested by Welsh Government in the Supporting People Programme annually. The Programme supports more than 60,000 people each year to live as independently as they can. It aims to prevent problems by providing help as early as possible.
2. A Research and Evaluation Steering Group, chaired by Cymorth Cymru, was set up to deliver longitudinal research to demonstrate the impact of the Supporting People Programme. The group comprised two members of the Supporting People National Advisory Board along with Local Authority, service provider and Welsh Government representatives. The group were keen to explore whether the innovative method of data linking could deliver a quantitative component to the evaluation of the Supporting People Programme.
3. Data Linking is a technique for creating links between data sources so that anonymised information that is thought to relate to the same person, family, place or event can be connected for research purposes.
4. In Wales, the Welsh Government Programme to Maximise the Use of Existing Data has been working with the UK Economic and Social Research Council (ESRC) to fund various activities to explore how ambitious Welsh Government can be in terms of making better use of existing data for Wales, much of which involves improving the availability of linked data for research purposes. Given the interest of the Supporting People Research and Evaluation Steering Group, this Feasibility Study was funded jointly by the ESRC, the Welsh Government Programme to Maximise the Use of Existing Data and the Welsh Government Housing Policy Division in order to examine the feasibility of using

linked data to deliver a quantitative evaluation of Supporting People.

5. The Project was carried out by a full-time researcher attached to the ESRC-funded Administrative Data Research Centre for Wales (ADRC-W), which is supported by the Welsh Government core-funded Secure Anonymised Information Linkage (SAIL) Databank at Swansea University. The project was completed within the information governance, information security and ethical framework of the ESRC-funded UK Administrative Data Research Network<sup>1</sup>.

## Aims and Objectives

6. The overall aim of this study was to assess the feasibility of using the innovative method of data linking to deliver a quantitative component to the evaluation of Supporting People. Specifically, the aim of the study was to determine the feasibility of using linked administrative data to demonstrate to the impact of the Supporting People programme on the use of health services. Within this broad aim, the project objectives were to:
  - assess the feasibility of bringing together an all-Wales dataset for Supporting People services;
  - find out what data could be acquired about the related outcomes for Supporting People service users e.g. housing options and social care (to include establishing the process for data acquisition and any likely barriers to acquisition);
  - advise on whether sufficient data could be acquired to allow analysis for a range of service user subgroups;
  - assess the extent to which a robust control group<sup>2</sup> could be identified for analysis purposes;

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<sup>1</sup> <http://adrn.ac.uk/>

<sup>2</sup> A control group is a group of individuals who have not received an intervention who can be compared with the group who have received the intervention to determine whether it is the intervention that has caused any observed change. In this case, it will help us find out how

- advise on whether a quantitative evaluation would be able to identify any NHS cost offsetting associated with the provision of Supporting People services; and
- make recommendations to Welsh Government as to whether a quantitative component to the Supporting People evaluation is likely to be possible using linked administrative data.

## Methods

7. The Study invited Supporting People leads from all 22 Local Authorities in Wales to participate.
8. The Study gathered information about the Supporting People administrative data held by all Local Authorities. Where possible within the limited timescales of the Feasibility Study, all Local Authorities were asked to provide Supporting People administrative data to allow it to be anonymously linked to routine health records held about service users, for analysis purposes.
9. Using Supporting People administrative data from those Local Authorities who were able to participate in the Feasibility Study, a small number of key indicators of health service use were analysed. These included the number of days on which GP events occurred<sup>3</sup>, the number of A&E visits and the number of emergency hospital admissions before and after service users began receiving support from Supporting People.
10. The Feasibility Study examined health service use over a period of two years; this included the period before service users began receiving support and the period after the Supporting People intervention. In order to give an indication of the possible impact of Supporting People on health service

use, findings were analysed for the 30-day periods 12 months before, 6 months before, 3, 2 and 1 months before, 1, 2 and 3 months after, 6 months after and 12 months after service users began receiving support.

11. In order to demonstrate that any patterns found in the data could potentially be attributed to Supporting People, checks were done to compare the numbers of health service events for Supporting People service users with those for a control group. It should be noted that for the purposes of the Feasibility Study, a simple control group was constructed, consisting of individuals of a similar age and gender living in the same local authorities, purely to establish whether the patterns in health service use observed for Supporting People service users were also observed in the general population. The final Feasibility Report will examine the extent to which it will be feasible to create a more directly comparable and robust control group for analysis purposes.
12. It should be noted that, for this Emerging Findings Report, it has not been possible to complete the complex analysis necessary to show the margin of error around the estimated rates reported. However, findings where a consistent effect or trend over time is observed are nevertheless worthy of note and suggest some association between the support provided by Supporting People and levels of health service use. The final Feasibility Report will report the findings with a margin of error.
13. **All findings should therefore be considered both PROVISIONAL and INDICATIVE** and may be subject to revision following more detailed checking and analysis.
14. The Feasibility Study took place between March and September 2015.

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Supporting People service users differ from people who are similar but who have not experienced a Supporting People intervention in terms of the outcomes that Supporting People is theorised to influence.

<sup>3</sup> Multiple GP Events will occur on a single day e.g. each drug prescribed or physical measurement e.g. blood pressure, is recorded as a separate event.

## Findings

### Data Accessibility, Quality and Consistency

15. Information gathered from Local Authorities indicated significant challenges in terms of data quality and data management e.g. inconsistent, incomplete or incorrect recording, duplicate records and data held in multiple systems.
16. Eleven Local Authorities reported that they held individual level Supporting People administrative data. Of these:
  - Two Local Authorities (Blaenau Gwent and Swansea) were able to provide data for the Feasibility Study;
  - Four Local Authorities were either in the process of providing data or were exploring the feasibility of providing data but weren't able to deliver the data by the Feasibility Study deadline;
  - Three Local Authorities reported that issues around data protection and fair processing prevented them from sharing the data; and
  - Two Local Authorities declined to provide data for the Feasibility Study due to lack of resources.
17. Seven Local Authorities reported that they did not hold administrative data for Supporting People service users at the individual level necessary for data linking. For these Local Authorities, individual-level data was held by providers only and was not collated by Local Authorities.
18. Four Local Authorities were either unable to participate or failed to respond when approached for the Feasibility Study so insufficient information was collected about the administrative data they held for Supporting People.
19. For the seven Local Authorities that did not hold individual-level data, the magnitude of the task of acquiring data directly from providers was scoped by the researcher, showing that data would need to be acquired from between 12 and 27 providers per Local Authority.

Options for acquiring data from providers can be explored if a main stage evaluation proceeds.

20. Although significant challenges exist in terms of acquiring, reconciling and analysing the existing data, indications are that a quantitative evaluation is deliverable, at least for those Local Authorities that hold individual-level data.

### Sample Characteristics and Linking Rates

21. For Blaenau Gwent, data was successfully linked for 302 recipients of accommodation based services for 2012-14 and 1,896 recipients of floating support<sup>4</sup> for 2003-2015 (over 90% of these records were for the period 2010-15). Although Blaenau Gwent agreed to supply data for older people receiving accommodation-based support, the data was not able to be processed within the limited timescale of the Feasibility Study.
22. The linking rates<sup>5</sup> for Blaenau Gwent Local Authority were 90% for accommodation based services and 85% for floating support.
23. For Swansea, data was successfully linked for 13,463 Supporting People service users<sup>6</sup> covering the period 2004-15. The overall linking rate across all years was 75% but the data quality was higher for more recent years, with linking rates of over 90% for 2011-15.
24. Linking rates<sup>7</sup> were high and Supporting People administrative data for Blaenau Gwent (floating support and

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<sup>4</sup> Floating Support is more flexible in its nature than fixed support; it can be provided in a wide range of places, including supporting a person in their own home. A support worker may have a number of clients at one time and provide a flexible support service to meet their individual needs.

<sup>5</sup> The linking rate is the proportion of Supporting People service users for whom a record also existed in the routine health records.

<sup>6</sup> The data included all levels of support i.e. floating support and accommodation-based support.

<sup>7</sup> The linking rate is the proportion of Supporting People service users for whom a record also existed in the routine health records.

accommodation-based support) and Swansea Local Authorities showed no significant bias in terms of the characteristics of the individuals for whom record linkage was possible compared with those for whom record linkage failed i.e. no particular group is relatively less well-represented in the analysis presented in this report.

25. Indications are that Supporting People administrative data held by Local Authorities in Wales could be successfully linked in order to deliver a quantitative evaluation.

## Health Service Use

26. The findings of the Feasibility Study are based on data that is restricted to two Local Authorities and, due to the limited timescales involved, the findings are based on a relatively simple provisional analysis of the data. As noted above, it has not been possible to complete the complex analysis necessary to show the margin of error around the estimated rates reported in this Emerging Findings Report.

27. For Blaenau Gwent Local Authority, emerging findings are reported for Floating Support service users only. The final Feasibility Report will report findings separately by level of support<sup>8</sup> where possible; since the number of records was greater and the analysis therefore more robust, the choice was made to show findings for Floating Support for this Emerging Findings Report.

28. The findings are reported for Blaenau Gwent and Swansea Local Authorities separately. This is because:

- as noted above, the Blaenau Gwent analysis is restricted to Floating Support service users while the Swansea analysis includes data for all levels of support<sup>9</sup>;
- the sets of data for the two Local Authorities relate to different time periods; and

- the data contained different information with regard to Supporting People services, with Blaenau Gwent providing data on the 'Lead Need' i.e. the main reason for referral, and Swansea providing information about the 'service group' i.e. the type of service to which the user was referred.

29. The number of categories of 'Lead Need' or 'Service Group' for which findings are presented in Charts 1 to 6, below, varies because categories with relatively small numbers of service users or health service events have been suppressed due to the risk of disclosure. Small numbers would be less of a problem for a main stage quantitative evaluation, where data for greater numbers of service users would be available for analysis.

30. In order to allow valid comparisons to be made between different service user sub-groups, the numbers of GP events are expressed as the rate per service user and the numbers of A&E visits are expressed as the rate per 100 service users.

31. As noted above, to demonstrate that any patterns found in the data could potentially be attributed to Supporting People, checks were done to compare the numbers of health service events for Supporting People service users with those for people of a similar age and gender living in the same local authorities. The initial analysis indicates (tables not shown):

- the patterns seen in Charts 1 to 6, below, were similar after these checks were done, demonstrating that the patterns shown could potentially be attributed to Supporting People; and
- the checks demonstrated that Supporting People service users in Blaenau Gwent and Swansea Local Authorities used NHS services (GP, A&E and hospitals) more frequently than individuals in the general population i.e. when compared with a control group of individuals matched

<sup>8</sup> Floating support and accommodation-based support.

<sup>9</sup> Floating support and accommodation-based support.

on age, gender and Local Authority (table not shown). In the 12 month period before support began, Supporting People service users were estimated to use GP services around twice as frequently as the general population. This is as we would expect, since the population of Supporting People service users is known to include individuals with more chaotic and risky lifestyles than the general population.

32. Overall indications are that a quantitative evaluation would be likely to produce statistically robust substantive findings. By comparing the characteristics of Supporting People service users in the Local Authorities for which data can be linked with service users in the remaining Local Authorities, a strong indication could be provided of the generalisability of the findings for the whole of Wales.
  33. When interpreting the findings on the use of health services, it should be noted that, for some users, an initial increase in the use of health services may be a positive impact of the support provided by Supporting People, where health conditions may have gone untreated during periods when individuals were at risk of homelessness.
  34. It should also be noted that, as mentioned above, the findings are based on a relatively simple initial analysis of the data. For example, initial exploratory analysis shows that a proportion of Supporting People service users made repeated use of the service over time; the support provided also varied in terms of both duration and intensity (i.e. level of support). However, for the Feasibility Study it has not been possible to develop the complex analysis methods necessary to disentangle these issues in order to reliably separate the period during which support was being provided from the period after support ended. The Feasibility Study has therefore focused on the simpler distinction between events before and after the date when support first began. The more complex kinds of analysis that could be undertaken as part of a main stage quantitative evaluation would be designed to analyse events separately for the periods during and after support was provided and for service users with different service use profiles.
- ### Number of Days on which GP Events Occurred
35. At the point when the analysis was completed, SAIL contained GP Event data for around 70% of GP practices in Wales and the geographical coverage is not even. This means that the analysis of GP Events relates to around 68% of Supporting People service users for Blaenau Gwent Local Authority, whereas 99% of Supporting People service users for Swansea Local Authority have SAIL GP event data. Efforts by SAIL to acquire data from additional GP practices continue.
  36. For the majority of the Supporting People service user subgroups shown in Charts 1 to 3, below, a similar pattern can be seen in the number of days on which GP events occurred (monthly rate per service user). The monthly rate increases up to and around the point in time when service users began receiving support from Supporting People, followed by a decline which, by 12 months (and in some cases by 6 or even 3 months) after the Supporting People intervention, fell to below the pre-support level.
  37. Further analysis would be necessary to establish whether the reduced level of GP use described above was maintained longer-term.
  38. The subgroups of Supporting People service users for which the pattern described above was not seen (see Charts 1 to 3, below) were as follows:
    - Supporting People Floating Support service users aged 16 to 24 years in Blaenau Gwent Local Authority.
    - For Swansea Local Authority, Supporting People service users being supported either for alcohol

dependency or for domestic abuse, because they had learning difficulties, were a refugee or were defined as 'vulnerable young people'.

39. The difference in rates by Local Authority seen in Chart 1, below, may be explained by the fact that the Blaenau Gwent analysis is restricted to Floating Support service users while the Swansea analysis includes data for all levels of support. Floating Support is likely to be provided to service users with relatively less severe needs so it would not be surprising if they also made less use of GP services. Differences in access to GP Out of Hours services may also play a part.

40. Possible explanations for the higher rate of GP use among older people in Swansea (see Chart 3b, below) are that:

- the Swansea data includes greater numbers of older people than the Blaenau Gwent data (45% of service users are aged over 55 years for Swansea compared with 25% aged over 55 years for Blaenau Gwent) because the Swansea data includes both sheltered tenants and floating support for older people;
- as noted above in Paragraph 35, the GP Event data is more complete for Swansea and, because older people tend to generate more GP Events, we will be missing relatively more older people from the Blaenau Gwent analysis;
- there may be a difference in recording practice between the two

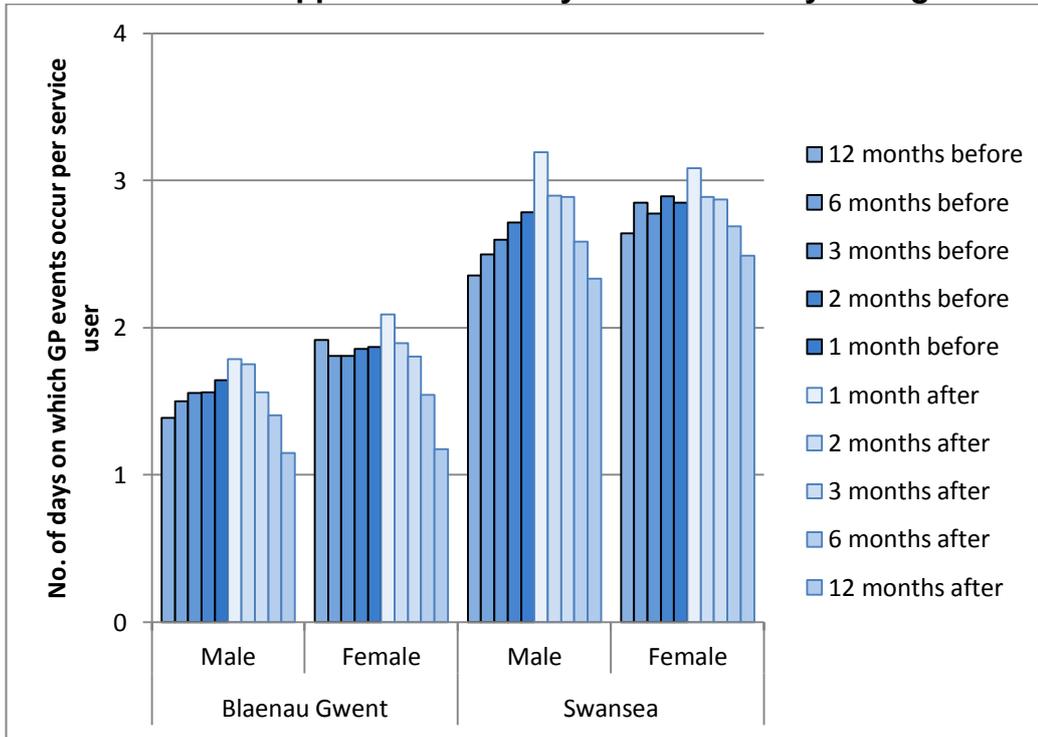
Local Authorities. Further investigation would be needed to establish whether, for example, when people aged over 55 years present to Supporting People, they are coded by default as 'People over 55 years of age with support needs' even if they also belong to another 'Lead Need' or 'Service Group' category. Working closely with data providers to explore these kinds of issues would be a key part of a main stage quantitative evaluation; and

- the figures are calculated per service user rather than per older person.

41. As noted above, an initial increase in the use of health services may be a positive impact of the support provided by Supporting People. It is also likely that analysing the data separately by whether repeated use has been made of Supporting People services and by duration and intensity of service provision will help to clarify the relationship between the support provided by Supporting People and levels of health service use. The more complex kinds of analysis that could be undertaken as part of a main stage quantitative evaluation would be designed to examine these issues further.

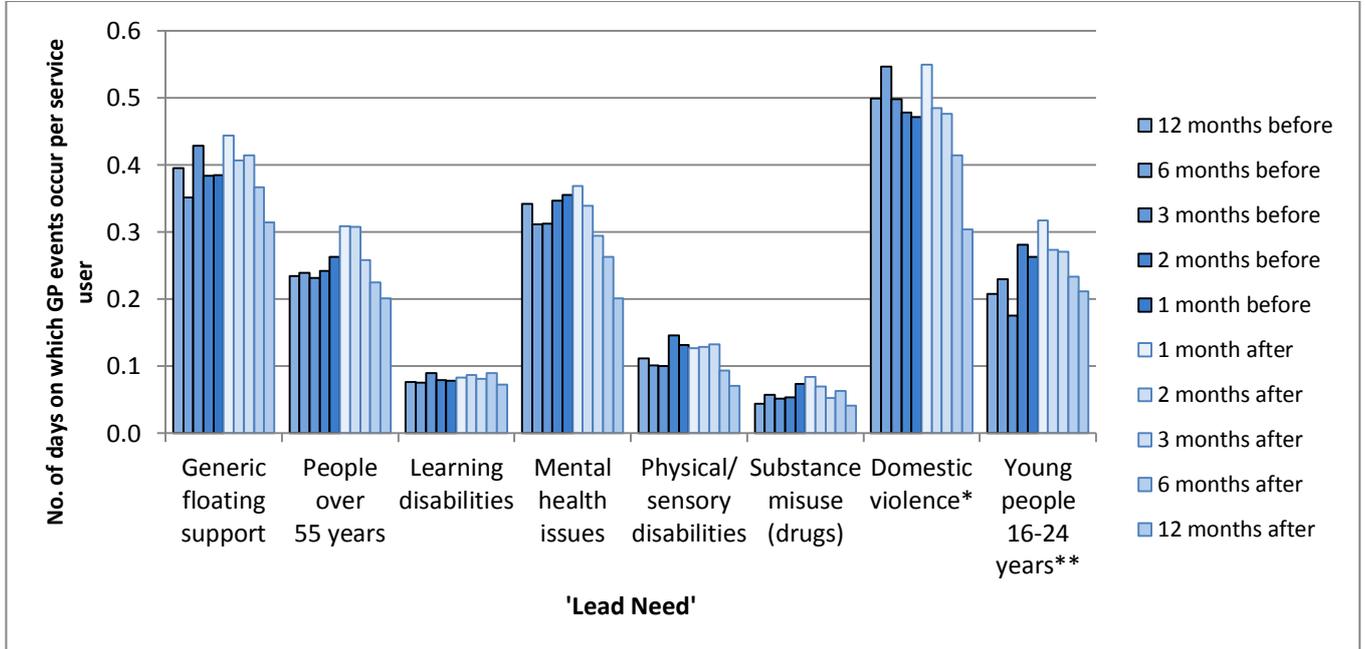
42. The final Feasibility Report will report on the main reasons for visiting the GP for Supporting People service users compared with a control group i.e. people of a similar age and gender living in the same local authority.

**Chart 1 Number of days on which GP events occurred per service user in the months before and after support start date by Local Authority<sup>a</sup> and gender of service user**



<sup>a</sup> Swansea Local Authority Supporting People administrative data contains records for all service users; for Blaenau Gwent, the analysis is presented for Floating Support service users only.

**Chart 2 Blaenau Gwent Local Authority Supporting People floating support: number of days on which GP events occurred per service user in the months before and after support start date by service user 'Lead Need'<sup>a</sup>**

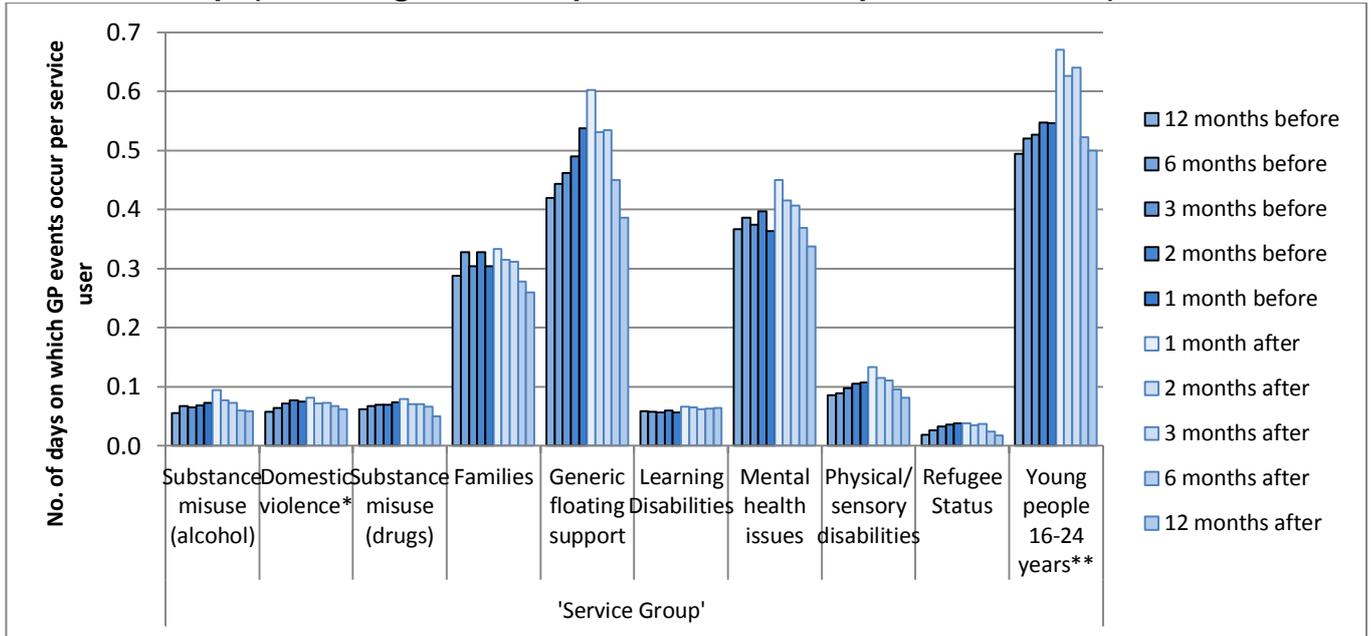


<sup>a</sup> 'Lead need' categories containing fewer than 5 service users have been suppressed e.g. care leavers, people with alcohol issues, people with chronic illnesses.

\* Figures are for 'women experiencing domestic abuse' so are shown per female service user.

\*\* Figures for young people aged 16-24 years are shown per service user aged 16-24 years.

**Chart 3a Swansea Local Authority: number of days on which GP events occurred per service user in the months before and after Supporting People support start date by 'Service Group' (excluding Older People – for Older People see Chart 3b)<sup>a</sup>**

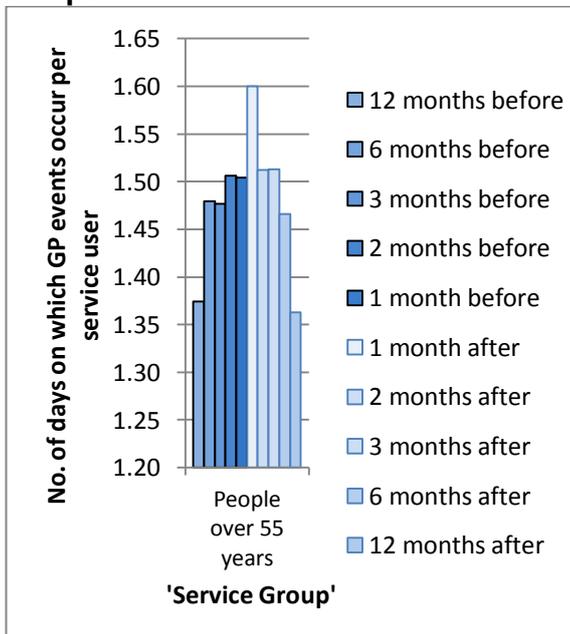


a Service users were excluded where no 'service group' code was provided (less than 1% of service users) or where there was an error in the service group code (6% of service users).

\* Figures are for 'women experiencing domestic abuse' so are shown per female service user.

\*\* 'Vulnerable young people' are defined as those aged 16-24 years; figures are shown per service user aged 16-24 years.

**Chart 3b Swansea Local Authority: number of days on which GP events occurred per service user in the months before and after Supporting People support start date: Older People<sup>a</sup>**



a Service users were excluded where no 'service group' code was provided (less than 1% of service users) or where there was an error in the service group code (6% of service users).

**Accident and Emergency Visits**

43. SAIL contains A&E data for all individuals registered with a GP in Wales.

44. Two key issues must be kept in mind when interpreting the analysis of A&E visits shown in Charts 4 to 6, below:

- some individuals may attend A&E for conditions for which they should consult a GP; and
- A&E attendance is known to be related to the distance patients need to travel to access their nearest A&E Department<sup>10</sup>. The distance service users need to travel will be different for Blaenau Gwent and Swansea Local Authorities and for different individuals within those Local Authorities.

The more complex kinds of analysis that could be undertaken as part of a main stage quantitative evaluation would be designed to examine this issue further.

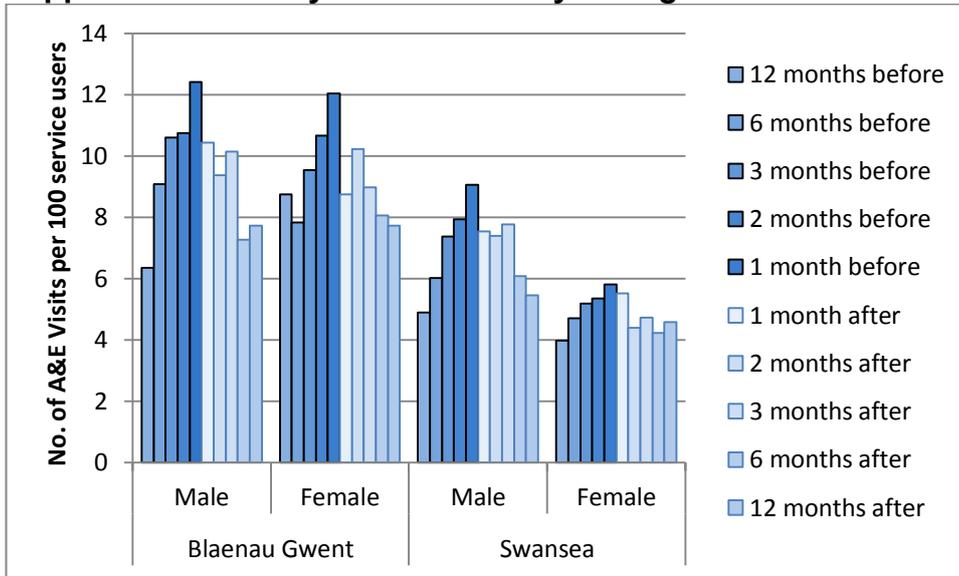
45. The difference in rates by Local Authority seen in Chart 4, below, may partly be explained by the fact that the Blaenau Gwent analysis is restricted to Floating Support service users while the Swansea analysis includes data for all levels of support; however, differences in access to GP Out of Hours services may also play a part.
46. For some of the Supporting People service user subgroups shown in Charts 4 to 6, below, a similar pattern can be seen in the number of A&E visits (monthly rate per service user) as was seen for GP visits. The monthly rate increases up to and around the point in time when service users began receiving support from Supporting People, followed by a decline which, by 12 months (and in some cases by 6 or even 3 months) after the Supporting People intervention, fell to below the pre-support level.
47. Further analysis would be necessary to establish whether the reduced level of A&E use described above was maintained longer-term.
48. It should be noted that when the data for A&E Visits is analysed by 'Lead Need' for Blaenau Gwent and 'Service Group' for Swansea Local Authority, as in Charts 5 and 6, below, the numbers of

service users or events for some subgroups is relatively small. Small numbers would be less of a problem for a main stage quantitative evaluation, where data for greater numbers of service users would be available for analysis.

49. The subgroups of Supporting People service users for which the pattern described above was seen (see Charts 4 to 6, below) were as follows:
- Female Supporting People Floating Support service users in Blaenau Gwent Local Authority.
  - Blaenau Gwent Supporting People Floating Support service users with mental health issues or a physical disability.
  - Swansea Supporting People service users being referred to a specialist service for individuals with drug dependency or to a specialist service for people with a sensory or physical disability.
- The remainder of the service user subgroups did not show the pattern described above.
50. As noted above, an initial increase in the use of health services may be a positive impact of the support provided by Supporting People. It is also likely that analysing the data separately by whether repeated use has been made of Supporting People services and by duration and intensity of service provision will help to clarify the relationship between the support provided by Supporting People and levels of health service use. The more complex kinds of analysis that could be undertaken as part of a main stage quantitative evaluation would be designed to examine these issues further.
51. The final Feasibility Report will report on the main reasons for attending A&E for Supporting People service users compared with a control group i.e. people of a similar age and gender living in the same local authorities.

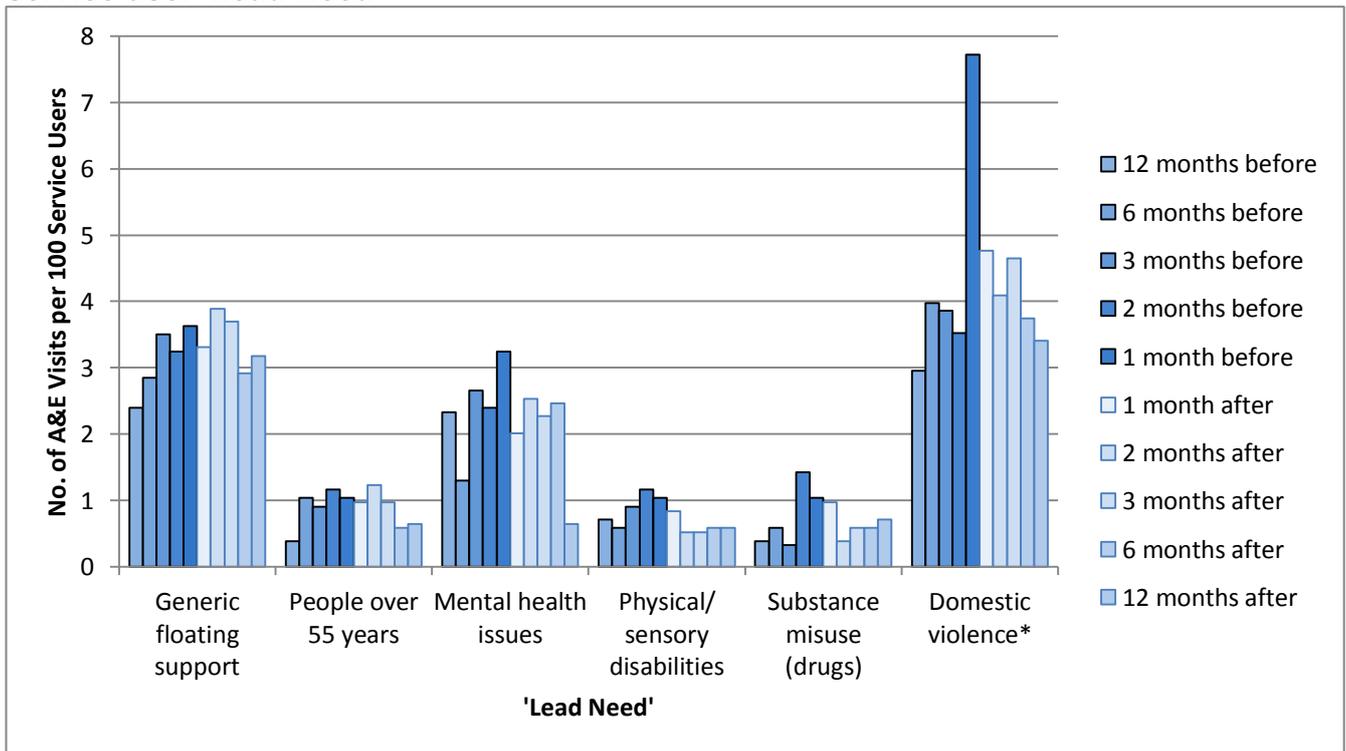
<sup>10</sup> Lyons R, Lo S, Heaven M, Littlepage B (1995) Injury surveillance in children – usefulness of a centralised database of accident and emergency attendances. *Injury Prevention* 1995;1:173-176 doi:10.1136/ip.1.3.173.

**Chart 4 Number of A&E visits per 100 service users in the months before and after support start date by Local Authority<sup>a</sup> and gender of service user**



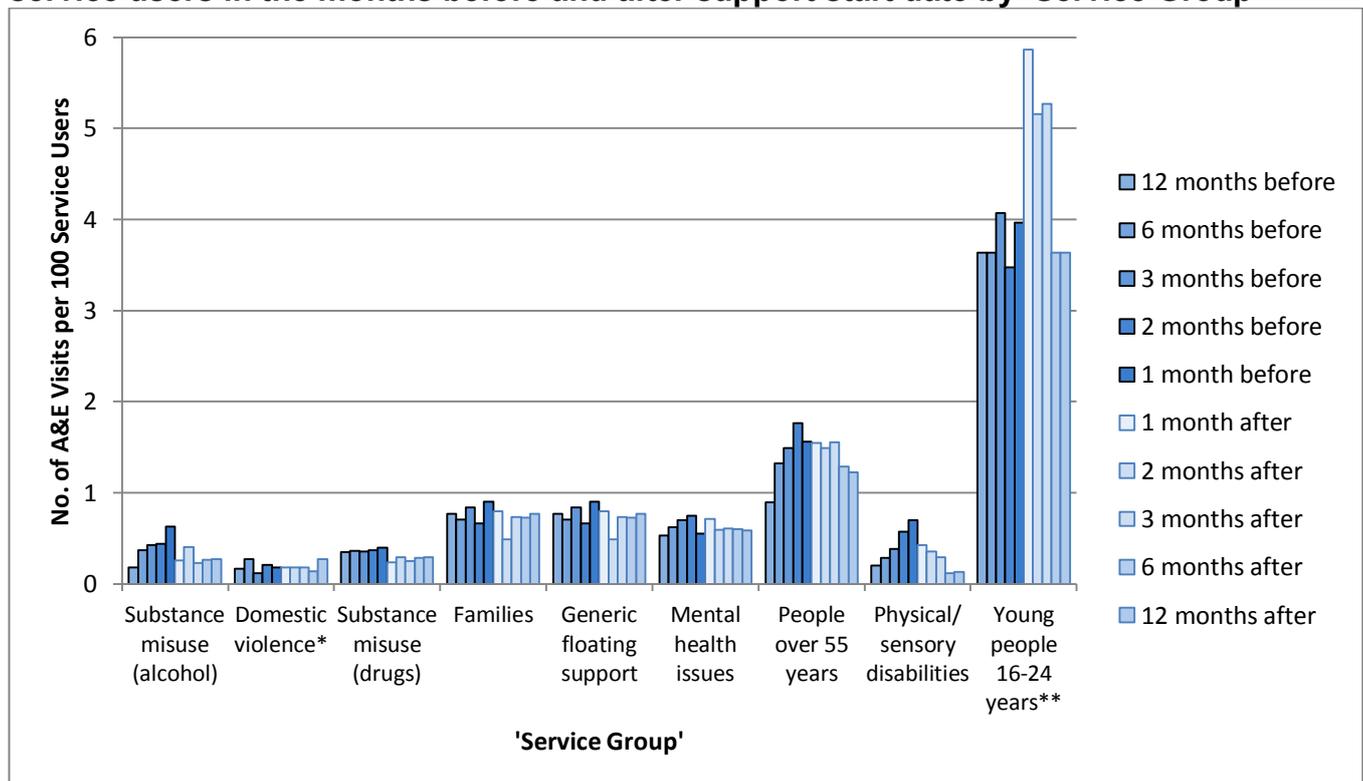
<sup>a</sup> Swansea Local Authority Supporting People administrative data contains records for all service users; for Blaenau Gwent, the analysis is presented for Floating Support service users only.

**Chart 5 Supporting People floating support in Blaenau Gwent Local Authority: number of A&E Visits per 100 service users in the months before and after support start date by service user 'Lead Need'<sup>a</sup>**



<sup>a</sup> 'Lead need' categories containing fewer than 5 service users have been suppressed e.g. Learning disability, Young people aged 16 to 24 years.

**Chart 6 Swansea Local Authority: number of A&E Visits per 100 Supporting People service users in the months before and after support start date by 'Service Group'<sup>a</sup>**



<sup>a</sup> Service users were excluded where no 'service group' code was provided (less than 1% of service users) or where there was an error in the 'Service Group' code (6% of service users). 'Service Group' categories containing fewer than 5 service users have been suppressed e.g. Learning difficulty, Refugee.

\* Figures are for 'women experiencing domestic abuse' so are shown per female service users.

\*\* Figures for young people aged 16-25 years are shown per service user aged 16-25 years.

### Emergency Hospital Admissions

52. SAIL contains hospital admissions data for all individuals registered with a GP in Wales.

53. The final Feasibility Report will report the analysis of emergency hospital admissions for the Supporting People service user subgroups shown in Charts 1 to 6, above.

54. For this Emerging Findings Report, the choice was made to report, for Blaenau Gwent only, an indicative analysis of the top five reasons for emergency hospital admissions for Supporting People service users. The final Feasibility Report will report findings for both Swansea and Blaenau Gwent Local Authorities.

55. The analysis of the top five reasons for emergency admissions provides a picture of the baseline situation before service users began receiving support from Supporting People, for service

users compared with a control group i.e. people of a similar age and gender living in the same local authority.

56. For Blaenau Gwent Floating Support service users, the top five reasons for emergency hospital admissions<sup>11</sup> were:

1. injury and poisoning<sup>12</sup>;
2. 'mental, behavioural and neurodevelopmental disorders';
3. symptoms or signs with no diagnosis classifiable elsewhere<sup>13</sup>;
4. diseases of the digestive system; and
5. diseases of the respiratory system.

<sup>11</sup> Main reason for emergency admission only; excluding pregnancy and childbirth.

<sup>12</sup> Full ICD10 text (International Statistical Classification of Diseases and Related Health Problems 10th Revision) is 'Injury, poisoning and certain other consequences of external causes'.

<sup>13</sup> Full ICD10 text is 'Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified'.

57. In comparison, for the general population, the top five reasons for emergency hospital admissions<sup>14</sup> were:

1. neoplasms (i.e. cancer and melanoma);
2. diseases of the circulatory system;
3. infectious and parasitic diseases;
4. diseases of the digestive system; and
5. endocrine and nutritional disorders’.

58. The final Feasibility Report will compare the top five reasons for emergency admissions before and after service users began receiving support from Supporting People in order to examine whether, irrespective of whether the *level* of health service use changed, the *reasons* for health service use changed. Further discussion of these issues and further interpretation of the findings will be included in the final feasibility report.

## Next Steps / Future Publications

59. This bulletin presents emerging findings from the Feasibility Study. It is envisaged that a suite consisting of a substantive research report, an executive summary and a technical report will be published as Government Social Research publications in early 2016.

60. In addition to presenting further analysis, the final Feasibility Report will:

- Report on whether solutions can be found to the issues around data protection and fair processing that prevented some Local Authorities from sharing data;
- Explore the extent to which it will be feasible to create a more directly comparable and robust control group for analysis purposes;
- Report on whether it will be feasible to construct a cost-offset model using linked data;
- Examine the extent to which SAIL and the ADRC-W may provide

opportunities to anonymously link administrative data for Supporting People service users to data for a broader range of outcomes e.g. housing, social care, in future;

- Make recommendations to Welsh Government on improving data collection, data management and information governance for the Supporting People administrative data held by Local Authorities.

61. Upon publication of the full suite of Feasibility Report documents, the Research and Evaluation Steering Group will consider and recommend next steps in terms of communicating the findings to key stakeholders, including policymakers and practitioners, in the fields of housing-related support and health.

**Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government**

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<sup>14</sup> Main reason for emergency admission only.