

## **English Health Statistics Steering Group (EHSSG) – Vision and Aims**

The proposed vision for EHSSG is to provide a comprehensive, quality service to inform policy, enable analysis and research and improve decision making for health and social care in England. The service will be seamless to users, irrespective of the organisation responsible for the data and products. Analysis and advice will be cross-cutting, building on the expertise and knowledge within each relevant organisation.

The aims of the group are to:

1. Establish networks covering a comprehensive set of health and care topics and use these as a driving force to deliver a cross-organisational statistical service free from duplication. The networks will aim to rationalise outputs ensuring they are delivered coherently, in line with user need and accessible via the same route regardless of organisation roles in producing them;
2. Ensure information is presented / made available in formats that allow stories to be easily understood, allow users to interact with the data in ways that suit them and to aid interpretation for a range of different users
3. Provide a dynamic system that enables a rapid response across organisations to new requirements, along with a proactive approach to de-scoping outputs where user need decreases to keep analytical capacity focused on what adds the most value
4. Develop information sources, including through data sharing and linkage, to address information gaps, making data available for onwards analysis wherever possible
5. Support the development of analytical skills across government and champion the role of evidence and analysis in decision making.

## **Principles for working across organisations to support EHSSG**

### **Statistical Services**

We will work collaboratively across organisations within the Government Statistician Group (GSG) to produce meaningful, insightful outputs and engage with users. We should aim for fewer outputs on each particular topic, but with these outputs drawing together more data and information to produce a fuller and more consistent picture.

It should not matter to users which specific organisation has led a specific statistical product or service as within the constraints of organisational branding, common standards will be applied to the presentation of information. Producer organisations will help to ensure effective cross-referencing of related products and information will be linked and searchable across organisational boundaries. Single standard definitions should be agreed across organisations for specific measures.

It is expected that different organisations will lead on different topics, drawing in a range of expertise from colleagues in different organisations as needed, with outputs often collaborative across a given topic.

Leads will initially be determined on a topic by topic basis in a bottom up fashion. As time progresses like-topics could concentrate in specific organisations where this leads to a benefit.

Equally, each of the producer organisations has different core functions with respect to provision of health data. For example some produce descriptive statistics, others produce tools or bespoke

analysis to answer specific questions. Some products have a national focus whilst others are primarily for local users. It is expected that the composition of these different functions will vary between organisations, but none of these will be done exclusively by a single organisation.

Organisations that produce statistics are also often users of statistics too. This is useful in enabling continual improvement. Organisations will ensure that statistics are used as widely as possible, and in the most appropriate way, to inform evidence based decision making and to support informed public debate.

We will be dynamic across organisations in ensuring that the majority of our statistical effort is focussed on areas with the highest positive impact, embracing new data sources, technologies and understanding our users' emerging needs.

We will look to automate as much as possible, particularly around routine outputs freeing up analyst capacity to work on the areas they can add the most value.

### **Source data**

There are three main types of source data for health and care statistics:

- collections of aggregate information;
- record level data from admin or clinical systems; and
- surveys.

In general, there should be an ongoing shift from aggregate collections to record level collections to allow for richer analysis and data linkage. This will involve speeding up data processing to get as close to real time as possible. Surveys will still have an important role in understanding the population as a whole, however, and other innovative sources of data will be explored.

The main centre of national record level collections specific to health and care will be the Data Services Platform. This is being delivered for the system by NHS Digital and will data to be collected, linked and for most purposes de-identified. The data will then be made available to other national bodies.

Alongside this there will be a need to link health and care data with other datasets to enable analysis to improve people's lives. The Digital Economy Act will enable Office for National Statistics to deliver such linkage.

We will draw on the available technology to improve secure access to underlying data where appropriate approvals are in place.