

Draft England Health Statistics Steering Group Work Plan 2019 -2024

Introduction

The Office for Statistical Regulation (OSR) initiated a systemic review of health and care statistics for England in 2015. This followed the observation that the health and care statistics and data production system was struggling to provide coherent and easily accessible information. Following a series of top-level round table meetings involving the United Kingdom Statistics Authority, the OSR and key provider bodies, a clear commitment was made to move the statistical information system towards providing a service that better met the needs of users. The priority was to make the system more coherent.

This led to the formation of the English Health Statistics and Steering Group (EHSSG) in 2016. This group has membership from key statistical suppliers, Public Health England, NHS England, NHS Digital, ONS and the Department for Health and Social Care. The Group has the remit to improve coherence and accessibility of health and care statistics in England through the following objectives;

- Remove duplication of statistical releases
- Harmonise methodology and definitions
- Increase user engagement
- Align publication dates

In March 2018 the OSR handed over the responsibility to improve the coherence and accessibility of health and social care statistics to the English Health Statistics Steering Group (EHSSG). It was agreed that a concerted effort was going to be made to improve health and care statistics. The EHSSG had the following remit;

- Develop and own a strategy for English Health and Care Statistics
- Improve coherence and accessibility of health and care statistics
- Oversee topic networks, provide advice on priorities, tackle barriers to delivery
- Lead the implementation of recommendations from the health round table and subsequent summit

The EHSSG collaboratively produced a workplan that would help meet these objectives. Specifically, the EHSSG plan considered;

1. The development of a single place from which users can access the full range of English health and care statistics
2. Creating an information service for users, focussed on topics as appropriate
3. The role of senior leaders of the health and care system and how we engage with them to provide joined-up strategic leadership, unlock resource and make decisions beyond the remit of the producer groups

4. The development of a principle-based approach to the statistical responsibilities of the different organisations that currently produce numerical information
5. Engagement with the Administrative Data Research Network to establish a communication plan to engage further with the public on the issue of access to microdata and data sharing and
6. To link in with devolved nations in the UK to adopt/share good practice
7. Working effectively with international partners who produce health and care statistics to learn from their experiences and to share our own best practice

Over the past 12 months, good progress has been made in meeting these objectives. There has been more collaborative working and improved communications between statistics producers. Notable indicators of progress include the development and continued improvement of the English Health and Care Statistics Landscape, the monthly Health and Care Monthly Update, alignment of publication dates, joint publications to avoid duplication, regular meetings with users and knowledge sharing via health and care theme groups and secondments.

The improvements and progress made over the last 12 months have been noted by the OSR and the formal part of the systemic review is now to be closed. In a letter to the chair of the EHSSG in April, the OSR wrote;

“Through this activity we have identified that the appetite for change amongst the theme leads and statisticians remains strong, and some positive progress has been made. For example, theme groups are now learning from each other about better ways to engage with external users. We were also pleased to see the leadership role ONS has taken, including your plans to encourage better collaboration across theme groups to avoid duplication of effort and thus reduce the burden on the individual groups and their members. We also welcome the work that has been done to develop an interactive website summarising the [Health and Care Statistics Landscape for England](#).”

Source – Office for Statistics Regulation [letter](#) to Chair of English Health Statistics Steering Group dated 4 April 2019

This is just the start. EHSSG is aware that there is still more that must be done. We will therefore build on the success of the past year to make more progress. To this end we are planning for the next five years with the new workplan focussing on evidence gaps in health and social care. While the remit for this group is currently England only, the EHSSG is keen to engage with devolved administrations to work towards harmonised standards while maintaining the devolved status of health policy.

Vision

The vision for EHSSG is to enhance the coherence, production, dissemination and accessibility of health and care statistics in England with the aim of reducing duplication bringing together different agencies to ensure that health policies are evidence based.

Strategic Context

Since the last work plan was published considerable progress has been made in making health and care statistics coherent. This is so that health and care statistics are easily accessible to assist in both policy development and informing wider public debate. This has been reflected in positive user feedback and the closure of the formal systemic review. The next phase of the work is to advance the health and care statistics from improved to very good. To harness this momentum, it is necessary to ensure that this work plan is targeted. As such the focus will be on bridging evidence gaps and building statistical capability in the system. Additionally, we will aim to work closely with the Four Nations Group. This is a group of statistical leaders in the constituent countries of the UK whose aim is to improve UK wide coherence statistical coherence. We will aim to achieve this by;

- A. Developing new and better statistics utilising existing information sources, including through data sharing and linkage, to address information gaps and making data available for onwards analysis wherever possible
- B. Supporting the development of analytical skills across government and champion the role of evidence and analysis in decision making.
- C. Keeping the Four Nations Group updated with progress being made by the EHSSG and learning from good practice from the devolved administrations.

Here we set out the plans and priorities for the provision of health and social care statistics. This work will be delivered through cross departmental theme groups that feed into the EHSSG utilising shared values with the aim of making the journey seamless for users of our statistics. For the different themes groups that have been set up, it sets out;

- a. Identification of evidence gaps
- b. Identification of policy priorities
- c. Identification of cross cutting themes to avoid duplication
- d. Foster harmonisation in the spirit of GSS principles

We realise that the work will run concurrently with the production of a regular health and care statistics outputs by all involved stakeholders that are published on a regular basis. The EHSSG will therefore be mindful that any EHSSG efforts will be adding value and ensure that there are no unintended consequences such as the introduction of duplication and or disproportionate increase of workload for analysts involved. To avoid this EHSSG will encourage producers to build this work into their existing operational plans.

International Perspective

While the EHSSG strives for an improved health and care statistics landscape for England it is important that it is not too inward looking. We should also aspire for improved coherence and access at the UK level.

The EHSSG acknowledges and will always respect the devolved nature of health and social care. It is also committed to ensure that as far as it is possible there is a need to improve coherence through harmonisation of standards for the UK. This is essential so that health and care data made available for international comparison are available at UK level.

EHSSG will therefore;

- Use its seat on the Four Nations Group to champion harmonisation as one way for achieving coherence
- Have Four Nations Group representation at its meetings to strengthen the relationship and as one way of improving transparency
- Ensure that successes at country level feed across whole nations so we learn from each other.

Objectives

There are two categories of objectives to be delivered via this workplan. Strategic objectives to be delivered by the EHSSG and the evidence gap based objectives to be delivered by the relevant theme groups.

Strategic Objectives

Below are strategic objectives and expected delivery dates;

Strategic objectives	By when	Owner	Milestones
Develop a long- term strategy for improving coherence and accessibility of statistics and embed this in producer agencies’ operational plans model.	2020	All	DHSC, NHS D and ONS to produce analysis of linked IAPT,Census and Mortality data - Autumn 2019
Enhanced sharing of data by utilising the powers conferred by the Digital Economy Act 2017 to provide greater insight through linking data across a range of sources including census, survey and administrative data.	Ongoing	All	
Collaborative work of the cross departmental theme groups that are constituent parts of the EHSSG.	Ongoing	All	
Open and effective engagement with users including the Health Statistics User Group (HSUG) – In order to understand user needs and how best to meet them.	Ongoing	All/Secretariat	

Engagement with devolved administrations to share knowledge and experience.	Ongoing	EHSSG Chair/Theme group leads	
Publish action plans for each topic network group and monitor progress against these.	2020 (ongoing)	Theme Leads/Secretariat	
Develop metrics and provide regular updates to OSR and other stakeholders on progress towards meeting the performance goals.	Ongoing	Secretariat	
Develop capability in the production and analysis of health and care statistics across the system through knowledge sharing, secondments and funded apprenticeships. Providing researchers with guidance on the different legal gateways, ethics, and sources of data.	Ongoing	All	
Portal for users to access health and care data.	Ongoing	GSS	
Work with the Four Nations Group and GSS Best Practice team to develop and adopt harmonised concepts where possible.	Ongoing	Theme Group Leads	

Evidence gapsⁱ

Below are evidence gaps in two categories. Short term goals to be achieved in 2019/2020 and long-term goals that we should achieve in the period 2020 to 2024. These long-term goals will be reviewed next year with the potential for some of them to change to short term goals.

	Theme Group	Goal	Progress	Owner and contact details	Data Source	Availability	Milestones
Short Term Goals 2019/2020	Child and Maternal Health	More analysis on teenage conceptions	TBC	Child and Maternal Health Theme Group (Jonny Tinsley - Jonathan.Tinsley@ons.gov.uk)	Abortions, births registrations, education data from DfE	(TBC)	
		Causes and inequalities in child mortality: further analysis of ethnicity, birthweight, health behaviours of mother, gestation length, medical interventions (caesarean section, induction) Also, monitoring the Government ambition to halve	TBC		Birth and death registrations, birth notifications, Census, HES, maternity services dataset	(TBC)	

		the stillbirth and neonatal mortality rate by 2025					
	Cancer	Stage Diagnosis	TBC	Cancer Theme Group (Luke Hounsome - Luke.Hounsome@phe.gov.uk)	Cancer Registration	Yes	
	Health Inequalities	Ethnic inequalities	TBC	Health Inequalities Theme Group (Allan Baker - Allan.Baker@phe.gov.uk)	Hospital Episodes Statistics, Census, Mortality Statistics and Annual Population Statistics	TBC	
	Primary & Dental Care & Oral Health	Capacity in general practice	NHS Digital are now publishing data on appointments in General Practice on a monthly basis.	Primary and Dental Care and Oral Health Theme Group (Dawn Fagence - Dawn.Fagence@nhs.net)	TPP and EMIS systems	Yes	
		Activity outside of hospital –primary and community care (LTP states CVD specifically)					
Smoking	Smoking among LGB people – why higher prevalence	Ongoing	Smoking Theme Group (Stephanie Gebert - Stephanie.Gebert@nhs.net)	Annual Population Survey	Yes		

		E-cigarette use (vaping) by Local Authority (via OPN/APS methodology work but also possible HES)	Ongoing		Opinion and Lifestyles Survey	Yes	
	Finance, Estates and Efficiency	Agency/bank staff (including data on hours worked)	To discuss with NHS Improvement	Finance, Estates and Efficiency Theme Group (James Lewis – James.Lewis@ons.gov.uk)	NHS Improvement	No	
		Payment reclaimed from overseas patients	Not yet started	Finance, Estates and Efficiency Theme Group (James Lewis – James.Lewis@ons.gov.uk)			
		Spending by local population area	Have discussed publishing Programme Budgeting data (last published for 2013/14) with NHS England. The Theme Group's identification of this as a priority area will be used in NHSE's case to publish this data.	Finance, Estates and Efficiency Theme Group (Bryn Shorney NHS England/James Lewis – James.Lewis@ons.gov.uk)	NHS England Programme Budgeting	TBC	
		NHS-specific inflation	Healthcare cost index working group set up chaired by DHSC to produce a new index	Alastair Brodlie DHSC/ Finance, Estates and Efficiency Theme Group (James Lewis –	Range of sources being evaluated		

			of healthcare input costs, working with ONS, NHSI and the University or York	James.Lewis@ons.gov.uk			
		Non-attendances	Identified by theme group, but a new GP activity series has subsequently been introduced by NHS Digital which includes GP non-attendances. If Theme Group are satisfied this meets needs this can be removed from priority list.	N/A	NHS Digital		
		Delayed transfer of care costs	Not yet started	Finance, Estates and Efficiency Theme Group (James Lewis – James.Lewis@ons.gov.uk)			
		Spending by health condition and local population area.					
	Disability & unpaid care	The Prime Minister has announced targets to improve disability free life expectancy and increase the number of disabled people in work. Disability free life expectancy	ONS is publishing an evidence review	Disability and Unpaid care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	Numerous data sources including APS, LFS and FRS	Yes	Publish blog in June 2019 outlining intention to improve data in this area. Publish a new disability

		<p>figures are robust, but there are significant evidence gaps in monitoring outcomes for disabled people. Where there is some data available, much of it is from one off publications and outcomes are not monitored. We know nothing about disabled children's experiences at school, only that the attainment of students with Special Educational Needs (some of whom are also disabled) is poorer than non-disabled and young disabled adults are more likely to be NEET.</p>					<p>dashboard in December 2019 bringing together published data from across the GSS.</p>
		<p>Spending patterns of people with disability and how they differ from non-disabled groups.</p>	<p>Scoping Stage</p>	<p>Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)</p>	<p>Living Costs and Food Survey (ONS)</p>	<p>Yes</p>	

		Health and health service outcomes for disabled people	Scoping Stage	Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	Census/HES Linkage		
		More data on housing e.g. number of adapted properties and quality of housing for disabled vs non disabled people	Scoping stage	Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	TBC	TBC	
		Satisfaction with and access to transport	Scoping stage	Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	National Transport Survey	Yes	
		Social participation and isolation	Scoping stage	Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	Taking Part Survey and Community Life Survey	Yes	
		Access to services (including internet access)	Scoping stage	Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	Opinions and Lifestyle Survey	Yes	
		Attitudes of the public towards	Scoping stage	Disability and Unpaid Care Theme Group	Crime Survey for England	Yes	

		people with disabilities or disabled people's perceptions of attitudes towards them, including hate crime		(Helen Colvin – Helen.R.Colvin@ons.gov.uk)	Understanding Society?		
		Variation in the definition of disability – Washington Group measure vs disability equality act definitions and variation in measures of impairment and health conditions across data sources	<ul style="list-style-type: none"> Resolving this is underway via <ol style="list-style-type: none"> the harmonisation team workshops engaging with stakeholders on use and value of the measures members of the D&UC theme group reviewing how they measure disability and hopefully working towards ensuring we are all using harmonised methods encouraging data collectors e.g. LFS transformation to adopt harmonised measures, & working with devolved countries to promote harmonised methods 	Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	Opinions and Lifestyle Survey Washington Group	Yes	Publishing comparison article of disability estimates gained from the different measures Aug 6 th 2019

			<p>4) collecting national impairment-based data (Washington group) and equality act data on OPN to publish comparative analysis</p> <p>5) responding to academics on their concerns with a joined-up response from across ONS.</p>				
	Urgent and emergency care	<p>NHS E&I and NHS Digital are working on enhancements to the Commissioning Data Sets (including the Admitted and Emergency Care Data Sets) to improve understanding of what is happening operationally, in particular more consistent and detailed coding of Same Day Emergency Care (SDEC).</p>	<p>Consultation on SDEC completed on 22 August 2019.</p>	<p>Urgent and Emergency Care Theme Group (Paul Steele – Paul.Steele1@nhs.net)</p>	<p>Commissioning Data Sets</p>	<p>TBC</p>	<p>TBC</p>
	Primary and	<p>Linkage of primary care and secondary care/other data</p>					

Long Term Goals 2021-2024	secondary groups						
	Smoking and Mental health	Smoking in relation to mental health	In scope for 2019/20 with competing priorities	Smoking Theme Group (Stephanie Gebert – Stephanie.Gebert@nhs.net)	Mental Health Services Data Set (For serious mental health conditions) Health Survey for England (For less serious mental health conditions)		
	Disability and unpaid care	Social care – including links between services - Around unpaid care there is a gap in relation to how services & informal care work together, what the trade-off between the two is. - A further gap with unpaid care is regular monitoring of numbers of	- Closing gap would require analysis on use of informal and formal care, possibly using FRS - Not urgent	Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	FRS	Yes	

		carers and outcomes for carers. Not urgent.					
		Education and attainment by disability.		Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	APS	Yes	
		Research is needed to identify the causal links between disability and NEET status among young people.		Disability and Unpaid Care Theme Group (Helen Colvin – Helen.R.Colvin@ons.gov.uk)	APS	Yes	
		Detailed analysis of spending on non-NHS providers		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			
	Finance, estates and efficiency	Litigation (clinical negligence) pay-outs		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			
		Mental health spending		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			

		Income to the NHS	Not yet started – move to long-term	Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			
		Allocative efficiency		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			
		Effectiveness of preventive activity		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			
		Wasteful spending		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			
		Activity funded by PHE grant		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			
		Community care adult social care activity (eg. Hours of home care, days of day care, weeks in supported accommodation, care assessments)		Finance, Estates and Efficiency Theme Group (James Lewis - James.Lewis@ons.gov.uk)			

		undertaken, outcomes resulting from signposting interactions etc.)					
--	--	---	--	--	--	--	--

Potential challenges

- This work could compete with departmental priorities leading to resource issue.
- The devolved nature of health and care provides flexibility in the way devolved administrations plan for their citizens but also some challenges in what definitions are best to be used.
- The decentralised nature of health and care statistical production leaves it prone to being weakened by funding changes.
- Potential loss of momentum as analysts from some producer bodies are drafted to support EU exit preparations
- Inability to share data between departments curtails effective collaboration

ⁱ Prioritisation of evidence gaps is subject to change to reflect changing priorities in health and care. As such this will be a living document that will be updated accordingly.