

**English Health Statistics Steering Group
Minutes**

Date: Friday, 29th June 2019

Time: 10.30 - 13.00

10.30 - 10.40 Welcome and Introductions

10.40 - 11.40 EHSSG Workplan 2019 - 2024

- EHSSG Remit – Ben Humberstone
- Successes – Secretariat
- Priorities short term and long term – All
- Challenges How do we increase buy in – All

11.40 – 11.50 Update on 4 Nations Group – John Morris

11.50 – 12.10 Roundtable - HoP Updates on themes led by their Departments.

12.10 – 12.20 Feedback on Stakeholder Engagement Plan – All

12.20 – 12.30 Refreshment Break

12.30 – 12.40 Actions from last meeting

12.40 – 12.50 AOB

12.50 - 13.00 Days feedback and close – Ben Humberstone

Attendees:

Ben Humberstone – Office for National Statistics, Chair
Theodore Joloza – Office for National Statistics, Secretariat
Clare Griffiths – Public Health England
Peter Farleigh – Department of Health and Social Care
John Bates – Department of Health and Social Care
Chris Gibbins – NHS England
Neil Bannister – Office for National Statistics
Danielle Cornish – Office for National Statistics
Will Perks – GSS Best Practice Team
John Morris – Welsh Government
Rachel Rushton – Office for National Statistics, Secretariat

EHSSG Workplan 2019-2024**EHSSG Remit**

Overview of the remit, noting the new workplan and feedback from the UK Statistics Authority Board. The Office for Statistics Regulation (OSR) has been complimentary about the work of the EHSSG, noting this as a model of good practice. This could lead to more scrutiny and therefore the group must maintain momentum.

Successes

- Adult Smoking Habit in the UK 2018 is due for publication on 2nd July. This is a joint publication between ONS and PHE.
- ONS have received drug related suicide data from Ministry of Justice.
- OSR have recognised that health and care statistics are more coherent leading to the closure of the formal review.
- Inter-administration committee on the coherence of health and care statistics have also given positive feedback.
- Landscape has been seen as good practice by several teams/departments including, the housing team at ONS and Department for Transport.
- The Landscape was nominated for an RSS award and shortlisted for an ONS Excellence award.

Priorities and Challenges

Priorities have been updated to reflect feedback received from theme leads and that the work plan was going to be a living document.

Questioned how the list of priorities had been arrived at. Are these priorities as seen by producers or users?

Confirmed that that priorities had been provided by the theme group leads.

The group were informed that the smoking theme group had a user workshop as such the priorities identified had input from users.

The disability and unpaid care theme group's priorities were identified by policy teams rather than the producers.

The alcohol theme group also ran a user workshop.

Action: Secretariat to contact theme leads to discover to what extent users were involved in identifying evidence gaps and where that input was extensive testing those gaps with users.

It was noted that urgent and emergency care should refer to CDS not CSD. It was also questioned whether this gap should be highlighted in this document as this work is only going to be of benefit to NHS England and therefore is not going to help external user base. As an alternative it would be better to refer to the emergency care dataset.

Action – Secretariat to contact theme lead for clarification.

As a wider point it was suggested that the document should not only be focusing on evidence gaps as there is a lot of other work the theme groups are doing. It may also be beneficial to recognise the other things that theme groups are doing as part of their 'departmental remits' that are also very important in terms of coherence. Not necessarily listing achievements but highlighting some of the work that the groups are intending to do.

It was agreed that the work plan should be extended to include other work to ensure that the evidence gaps do not cloud out other relevant work.

Action: Secretariat to extend workplan to include work that is being planned not just evidence gaps.

Action – Alternative wording for Urgent Emergency Care to be sent to Secretariat.

Suggested that the work improving accessibility, such as dashboards and compendiums should be added to the workplan.

It was suggested there are a few words in the document that need to be explained for instance under cancer where it says stage diagnosis. We need to explain a little more what the group intends to do.

Noted that the balance of work appeared to be quite heavy on disability and unpaid care and finance, estates and efficiency.

Explained that the document contains what was submitted by the theme group leads and agrees that this may need some more work.

The document slightly reflects where groups were at and those with more included were scoping out what was needed.

The workplan is a living document that will be updated and iterated but it is something to use to monitor progress. It is a way to make sure there is the right resource, and potential for EHSSG to help unblock any problems theme groups are facing.

Action – Secretariat to make the document a bit more succinct.

It was questioned how new themes that aren't included would be added.

There are a few groups that haven't taken off and some that are dormant. There are also questions of whether groups reflect whole topic, for example, the adult social care and older people theme group have raised the issue that they do not want these two topics grouped together but are happy to take adult social care forward as a theme on its own. Therefore, there may be a need to an ageing theme group to be added.

It was identified that new groups can be set up through the secretariat, by identifying an interest and checking resource.

The group agreed that the strategic objectives seem reasonable, but the gaps need refining and need to consider how the group has arrived at this point.

Action: Secretariat to arrange for workplan to be circulated to Four Nations Group.

The workplan will be published for transparency purposes.

Suggested that the chairs of each theme group and their contact details are added to the workplan, the group agreed.

The primary care and dental care and oral health section of the short-term goals needs to be populated with evidence gaps in the capacity on general practice. There was also a suggestion to collapse the rows for this theme group as they are related.

Action: Request information from primary and dental care and oral health theme group to populate row.

Action: Secretariat to make changes to primary and dental care and oral health section of short-term goals.

Suggestion that it might be useful to have annex around communication strategy for group and secretariat. This could include a quick mapping exercise against the NHS Long Term Plan to check that it aligns with that strategy.

Some of the evidence gaps reflect the NHS Long Term Plan as this was specified when asking theme group leads for evidence gaps.

Action: Map out whether the priorities in the workplan are properly aligned with the NHS Long Term Plan.

Agreed that the strategy objectives are right, but some objectives have end date that are not necessarily needed. For example, use of the Digital Economy Act. Suggestion that a milestones column is added on the document and the group agreed.

Action: Secretariat to remove end dates for some of the strategic objectives as they ongoing.

Action: Secretariat to add milestones column.

Users have expressed an interest in having access to data that they can manipulate

Group to take this point away to consider further.

Agreed this should be on next meeting's agenda.

Action: Secretariat to incorporate changes and send amended version of the workplan around to the group in the next 2-3 weeks. Sign off to be completed via correspondence by the end of July 2019.

It was identified that there was a need for more theme group input to be added but this will depend on availability due to impending summer holidays.

Suggested adding caveats to reflect that the workplan is subject to revision.

Update on Four Nations Group

- First meeting took place in April 2019 and the next meeting will take place in the coming weeks.
- The group are currently determining how they are going to work and what they are going to end up doing in the 4 Nations Group.
- Challenges – how do we make sure we work together on priorities? There is an appetite to work collaboratively but people are mostly focused on day jobs, so effort is going to be needed from all countries to work together to enhance what we do for both our users and ourselves.
- The group are of the view that they could use the EHSSG groups to help us in specific areas. An example of this would be adult social care, looking at how a theme group could help local authorities.
- The next meeting will be about reflecting and how the nations can work together and also how to engage effectively in this work .
- The group have broadly agreed their initial priorities and have recognised that they require EHSSG to support these priorities. For example, using the theme group structure.

Questioned how EHSSG can facilitate help from theme groups for the Four Nations Group.

EHSSG secretariat has been encouraging themes to include devolved. Also, suggestion to share EHSSG meeting minutes with leads.

Four Nations Group could assist by reaching out when collaboration with EHSSG theme groups is discussed/required.

Chair suggested it should be prioritised for theme groups to get devolved countries involved.

Agreed that information from EHSSG should be cascaded to info from this group to theme groups.

Suggestion to select a theme as a test case to see how the 4 Nations Group can utilise the existing theme groups to make improvements at the UK level

Four nations representative agreed, adult social care could be a good theme to start with.

May be beneficial to copy in HoP representative of the organisation leading on the EHSSG theme group in correspondence with the Four Nations Group.

It was mentioned that adult social care may be a difficult theme to start with as this is not a well-established EHSSG theme group but worth discussing at next Four Nations Group meeting.

Roundtable - HoP Updates on themes led by their Departments

Alcohol:

- Meeting coming up at the end of July to restart group.

Health inequalities:

- Have met but not received an update at the time of this EHSSG meeting.

There is still an issue regarding the number of theme groups and the number of groups expected to be led by PHE.

If there are any proposals to collapse groups or bring groups together that would be reasonable.

Suggestion for the mortality and end of life care theme groups to be combined.

The idea is for groups not to be burdensome so we should be seeking ways that improve how they work.

Noted that for groups that are not yet up and running, the secretariat can offer support with meetings and supplying helpful documents.

This would be useful but difficult when a lead cannot be identified.

Action: Secretariat to update theme groups slide.

Primary and dental care and oral health:

- Data will be published on GP appointments by NHS Digital.
- Some progress is being made on workforce data - looking to get data on GP settings published in the next few months.
- Looking at the flow of GPs through NHS (at start of career especially).
- NHS Digital publication moved from quarterly to 6 monthly.
- Indicator diagnosis codes dental decay in children under 10 years has been aligned with a PHE publication that is similar.
- Data quality of ophthalmic stats continued to decline so national statistics has been removed.
- Next meeting will be planned for after Summer.

Urgent and emergency care:

- Joint publication of HES and monthly A&E data has been well received. 2018/19 publication due in September.
- Intentions to extend by bringing in workforce data and PHE figures on Winter to bring a more coherent message.
- Coherence being improved.
- Group plan to look more widely at 111 and ambulance data.

Prescribing:

- Not taken off yet but secretariat spoke to person appointed lead who indicated that the group had done quite a lot of work.
- A group that the lead speaks to has been speaking to NHS Business Services Authority. They don't want to reflect on what has already been done. For future statistics there is going to be a consultation and they are in touch with OSR to come in line with the code of Practice.
- NHS Digital are planning that once everything in place NHS Business Services Authority will lead the theme group. There are plans for there to be a HoP for statistics at NHS Business Services Authority. By next meeting the organisation should be in line with GSS standards.

Would be good to include NHS Business Services Authority in the EHSSG.

Adult social care and older people:

- Group led by NHS Digital.
- Secretariat had a conversation with the theme group lead who has suggested the group focuses on adult social care only.
- Group was already established before becoming a theme group and have a meeting today.

Mental health:

- Progressing well but nothing new to feedback.

Smoking:

- Working towards annual publication on 2nd July but theme group hasn't met.

Disability and unpaid care

- Met with Cabinet Office.
- Work ramping up to fill evidence gaps and working towards output including a dashboard, due for publication around Winter 2019. This is aiming to start to fill the evidence gaps.
- Group has agreed to link with Cabinet Office group so resource can be targeted correctly.
- Currently doing a mini landscape review on what currently exists.

Mortality:

- Met in February – update given at last EHSSG meeting.
- Looking to meet at the end of the Summer.

Finance, Estates and Efficiency:

- Looking to do landscape review to help understand scope - may need support from secretariat on this.
- Dashboards published in collaboration with some members.
- Generally, the group is still unpicking the scope.

Helpful meeting held with NHS Business Services Authority who are looking at huge chunks of admin data on pharmacy and workforce. It might be useful to add someone from that organisation to the EHSSG and put them in touch with theme group leads.

NHS Business Services Authority collects data on England and Wales.

CQC could help on some themes, for example they could take the lead on end of life care.

Secretariat informed the group that as per an action from the last meeting, they have spoken to someone from CQC but they did not take the offer to join this meeting. They indicated the reason for this was that the CQC does not have the same set up as GSS.

Action: Secretariat to follow up on CQC joining the EHSSG.

Agreed that it may be beneficial for the theme group leads to give updates in person at EHSSG meetings.

Feedback on Stakeholder Engagement Plan

Secretariat received useful feedback following last meeting. One of them was that the group does not do any social media. There is an option to have a Twitter account. If the group agrees to this, members may need to agree tweets from time to time.

It was identified that in principle this would be ok but in practice can be hard to access users. Suggested that the group could use account with more followers, for example the ONS main account.

Questioned why social media is an appropriate forum as official statistics are not necessarily aligned with the social point.

Feedback identified that although the work of the EHSSG is available on the GSS website this may not be a natural destination for users. Therefore, this would be a way to reach out to other users.

It was identified that a Twitter account may encourage users to comment. Also noted that although the EHSSG can use other established Twitter accounts and ask them to retweet, the group could use their own account more frequently.

Suggestion to create an account and use it on trial basis but if it does not get any attraction it can be discussed further.

Questioned what the group would tweet and what would happen if someone asked a difficult question on a tweet. Also, naming the account GSS would suggest that it isn't just England. How exactly are the group going to label the Twitter account and engage with devolved admins around this.

Action: Secretariat to propose how an EHSSG Twitter account would work in practice.

Reiterated that it is important for users to know if the Twitter account is for England only.

Agreed that it was a good point about how deal with comments on tweets – possible solution is to retweet rather than doing a fresh tweet.

This would be worked into the proposal.

Actions from Last Meeting

Action: Secretariat to send names of those people who are leading theme groups in PHE.

Complete.

Action: Secretariat to update status of urgent emergency care to amber.

Complete.

Action: Provide updated list of theme group leads to facilitate communication between EHSSG and 4 Nations Group.

Complete.

Action: Theme group leads to contact academics and other users regarding future data sources/linked data sources.

Outstanding.

Action: CQC to be invited to become part of this group.

Outstanding – secretariat to discuss further after meeting.

Action: Secretariat to send evidence gaps to theme groups and forward feedback to EHSSG.

Complete - Information has been incorporated into the workplan.

Action: Chase Drugs theme group .

Outstanding – agreed to take this offline to make a decision.

Action: Get names of those who provide information for liver and cardiovascular disease.

Outstanding.

Names provided at meeting.

AOB

Update of the grand bargain:

- For researchers across gov and academic partners making use of existing data.
- 18 months ago the group met and were asked to look at barriers for those involved.
- Major barriers were identified as either legal or cultural barriers.
- For the legal barrier the group are working on some guidance. This is in the very early stages, but they are keen to pursue.
- The group are running a pilot to gain access to mental health data and are looking to do some collaboration between ONS and DHSC on this, including a secondment opportunity.

Action: Members involved with the grand bargain to circulate slides. These will then be circulated with the meeting minutes.

Secretariat requested whether from a logistics point of view Fridays are a bad day for EHSSG meetings to take place as most people requested to dial in.

The group said this was more to do with not being based in London. However, as this meeting had been an effective discussion a meeting over the phone is not an issue going forward.

The group agreed that going forward they would meet face-to-face once a year for a workshop style meeting to look at priorities.