English Health Statistics Steering Group
Minutes
Date: Tuesday 12th March 2019
Time: 10.30 - 13.00

10.30 - 10.40 Welcome and Introductions - Ben Humberstone

10.40 – 10.50 Actions from last meeting

10.50 – 11.10 Roundtable - HoP Updates on themes led by their Departments.

11.10 – 12.20 EHSSG Workplan 2019 - 2024

- **Review the vision and remit for EHSSG – Ben Humberstone**
    - o Relationship with Devolved Administration
    - o Grand bargain
- **Update from Secretariat**
    - o Progress and Successes of the last year
    - o Proposed changes to output format
- **Evidence gaps – with input from HoPs**
- **Priorities and pressures for the short term and long term – All**
- **Challenges How do we increase buy in – All**

12:20 – 12:40 Feedback on Stakeholder Engagement Plan

12.40 – 13.00 Days feedback and close – Ben Humberstone

Attendees:

Ben Humberstone – Chair, Office for National Statistics
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
Gary Childs – NHS Digital
Neil Bannister – Office for National Statistics
Danielle Cornish – Office for National Statistics
Will Perks – GSS Best Practice Team
John Morris – Welsh Government
Rachel Rushton – Secretariat, Office for National Statistics

Actions from last meeting

35 – To categorise theme groups into two groups; ones where a new group is required and one where existing networks can be utilized. Propose a set of questions for those utilising existing groups/networks to answer to show progress in improving coherence and accessibility of health and care statistics rather than bespoke action plans.
Complete.

39 - To fulfil some of milestone 7 activities through the Conference in September.
Not completed. Slot was arranged at conference but this did not go ahead. Alternative plans to do something with the Health Foundation and possibly Royal Statistic Society in May/June. This will be around a more specific conference/workshop on health pathway analysis through data linkage. EHSSG to be updated on progress and to be placed on the next meeting's agenda if the event has taken place.

46 – Chase drugs theme group.
Looking in to working with Home Office on this – to be chased again.

47 - Get names for people who could provide information regarding liver disease and cardiovascular disease.
To be discussed by EHSSG.

48 – Secretariat to advise group of a standard template for action plans.
Action plans that have been received have been put on new template and published on GSS website. Template to be sent out to theme group leads.

Roundtable – Head of Profession (HoP) Updates on themes led by their Departments

Mortality
- Group met 2 weeks ago.
- Big piece of work currently is mortality trends with devolved administrations.
- Discussion about collaborating and future workshops.

- A challenge for the group is knowing the scope, including whether child mortality should be discussed by this group or if it falls into the child and maternal health group's remit.

Disability and unpaid care
- Group met for the first time around a month ago.
- The group is a UK wide group.
- They discussed the rapid evidence review completed by the team at ONS for Cabinet Office.
- Discussed how to prioritise workload with resource available.

Finance, Estates and Efficiency
- Action plan will be sent by after meeting held on 28th March 2019.
- Group is struggling with scope as it covers a wide area compared to more niche theme groups.
- Theme group has met twice and there is good co-operation and intent to drive improvements.
- Working with NHS England on data sharing. Some harmonisation achieved, or if cannot then understand why not possible.

Mental Health
- Created a central Mental Health data hub, hosted by NHS Digital from which we sign post to other cross organisation mental health data, information and statistics.
- Huge programme of work across mental health data and analysis. This is also an opportunity to ensure the group are collaborating as much as possible to reduce duplication of efforts.
- Lots to do and duplication still happening. Trying to discontinue collections by replacing with datasets – trying to reconcile two different sources of information, this is progressing as quickly as possible.
- Established network to upskill analysts and share knowledge.

Smoking
- Co-ordination of dates and tasks to make more consistent.
- Local level and national data will all be produced by PHE rather than across organisations.
- Increased user involvement with the group. Users have presented how they are using the statistics to the group.

Primary care and dental/oral health
- Development of NHS Digital's GP Data Hub.
- Improving nomenclature in reports to make more accessible.
- Aligning definitions across PHE and NHS OF indicators.
- Commitment in GP Contract to provision of better appointment/capacity data.
- Responsibility for group being handed over.

Urgent and emergency care
- The group's activity has slowed in recent months due to focus on managing winter pressures. However, some progress has been made:
- Progress continues to be made on cross-referencing other statistical publications across government agencies within our products
- Closer working between NHS Digital and NHS England on the joint A&E annual statistical report, which has received positive feedback

Discussion:
There are a lot of theme groups and the EHSSG need to think about what the aims of these groups

are. Noted that PHE are the lead for a lot of groups.
Action: Secretariat to send names of those people who are leading theme groups in PHE.

The group discussed how the theme groups are seen as ongoing groups and their function over time can evolve but they continue to be a forum that joint working and consistency can be maintained. The possibility of merging some groups was discussed and how this would assist in the devolved administrations being more involved due to limited resources.

Discussions with Cabinet Office have had a focus on mental health and disability.

Urgent and emergency care should be amber on the slide.
Action: Secretariat to update.

EHSSG Workplan 2019 – 2024

Review the vision and remit for EHSSG

Relationship with Devolved Administration

The original OSR proposal suggested that the English health landscape was complicated therefore it would be best to get the broad picture of health in England established then broaden this out to rest of UK. The four nations group would be a key stakeholder in this.
The Department of Health and Social Care has a good degree of engagement with colleagues in Scotland. That engagement does not necessarily extend to complete harmonisation of statistical series, because it is recognised that policies and admin processes are sometimes different in Scotland, as a natural consequence of devolution. We don't count the same thing, because Scotland and England are not doing the same thing. In addition, there was recognition that there were potential lessons to be learnt from the architecture and framework that Scotland had developed on data linkage, but there was limited capacity for England to follow suit because the legal framework was very different. The links between England and Wales are stronger, suggested that this was a natural alignment as some of the statistics produced by ONS included Wales figures.

Grand bargain

PF provided an update in writing -


EHSSG update on Grand Bargain project

Discussion:

Currently DHSC, ONS and NHS D are all involved in the grand bargain and are looking at the topic of mental health as a pilot. The idea is that by working collaboratively the organisations can bring together everything needed together answer key policy questions. Going forward this is important for the EHSSG and the four nations group.

The work on mental health has been done as a pilot which is throwing up challenges as presumed, especially around access to data. DHSC itself does not routinely have access to any data at an individual record level, and those challenges extend to groups of academics working within the very large research programme that DHSC commissions and funds.

The group discussed whether the data agenda should be part of the EHSSG agenda. It was agreed that this is required in order to stay relevant. It was also agreed that this is important for filling in evidence gaps. The group discussed that including academics and other users in theme group discussions would assist in finding evidence gaps.

The group that they should be involved in how administrative data is shared across largely national organisations/research organisations rather that looking how administrative data flows from local providers to the centre or if flows at all, as there are more appropriate people to do this.

It was noted that there is a remit for theme groups to find the evidence gaps.

NHS D is moving towards a new operating model. Mental health and maternity are the topics that will be taken through the new operating mode first. There are two key elements, a data processing services environment, with various tools sitting within that allow individuals to access data (the DARS process will remain in place) and a ways of working aspect. The ways of working will include the allocation of individuals to specialisms (e.g. Data science, visualisation, statistics etc.). Teams will work in an agile way – scrum approach team, BAU team and "fixed" teams that deliver predominantly related work. The new approach will begin on 1st April 2019.

Summary;

- Devolved relationship important.
- Broad agreement that group will work looking at evidence gaps and how data can be utilised to fill these gaps.
- NHS D structure is being put in place to help with data sharing and data access for all.

The challenges around data are similar in Wales and that it may be beneficial to learn from the data linkage work that has been going on in Scotland. In Wales, the National Data Resource is being created - all operational NHS data in one place. SAIL is also a good example. Similar things would be useful in England.

It was questioned whether the group are talking about health or the health service?
Suggested that this should be health and social care. There was concern that the first iteration of the landscape only focused on public health. It should include the heath of people, helping people live longer and services provided. How well are we spending tax payer's money? We need to be able to tell the public that money has been spent wisely.

Suggested that the group should be looking at health impacts and outcomes, for example where health has a direct impact on demand for adult social care. The focus should be on people's health as opposed to evaluating health services.

The group discussed the four nations being involved with the theme groups and how it is difficult practically, but they would like to be involved, so long as involvement doesn't cause a practical issue. The group agreed this would be beneficial and not cause an issue.

Noted that if the four nations group decides they want to focus on one particular theme it may be beneficial to link in with the relevant theme group.

It was identified that the chairs of the theme groups will need to remember to disseminate information to devolved administrations.

Offer for harmonisation team to act as possible resource for linking up with devolved administrations as already need to work with them on similar initiatives for UK wide projects. The

relationship with devolved administrations may need to vary depending on whether the group is in a task and finish style stage, or a more ongoing long term one. But if don't sit on the forum, still need a feedback mechanism. Harmonisation team may act as this "glue".

It was highlighted that there will be times when the various groups have a different focus due to, for example, different targets. Harmonisation is beneficial but not always possible.

Action: Contacts for easy communication between theme groups and the four nations group to be collated.

The group agreed that their remit is health rather than the health service. It was also agreed that academics and other users should be contacted regarding future data sources/linked data sources.
Action: Theme group leads to contact academics and other users regarding future data sources/linked data sources.

The group will continue to work with devolved administrations through communication and collaboration. Members of the group are to encourage the theme groups to invite devolved government colleagues to meetings, especially task and finish groups. The four nations group is a key component. Offer from the harmonisation group to be the 'glue' to assist this going forward.

Grand bargain - understanding of requirements underway. New infrastructure and organisational structure at NHS D has begun.

Further discussion:

There is a project underway following on from a meeting with the Secretary of State where a discussion took place regarding architecture for flows of health service administration data, across health and care system. The project is cross organisational and aims to confirm what the architecture should be. This will include patient and management level data that will be anonymised/synonymised. The organisations involved are: NHS England, NHS D and PHE. It was advised that this is not work for this group but just discussed for information.

The group were advised that ESRC are trying to pull together very large data source, this will be an admin data research partnership. Data architecture and infrastructure being put in place are being put in place for this. Again, this is not work for this group but discussed for information.

NHS Improvement is correct to be removed from the group as a contributor.

Rationale for the grand bargain questioned.
Response that it is an aim to become more collaborative. The initial work is at the stage to be reported to senior people including Chris Whitty and John Pullinger.
It was noted that the ongoing IAPT work is part of the grand bargain, but undertaken in partnership with PHE and NHSD.

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

<u>Update from Secretariat</u>

We have had a number of successful blogs but would encourage chairs to do more blogs on their group's work.

Aiming to get more workplans on the GSS website.

NHS England now has link from main statistics page to the Health and Care Landscape.

Newsletter:

- Suggestion to have a couple of paragraphs on how the group's collective statistics were used in the NHS Long Term Plan. The secretariat agreed to consider a blog on the long term plan in the future.
- Announcement on 11/03/2019 regarding clinical report for review of standards which includes mental health and cancer waiting times – to be included in April edition.
- Group agreed that the title of the newsletter should be '**English** Health and Care Monthly Update'
- It was highlighted that the newsletter is too ONS focused, however it was noted that NHS D have historically had the most coverage.

Action: Secretariat to send out monthly reminder for content that the group would like to be included, one month prior to publication to give the HoP's time to respond
Mentioned that the group should have a page on gov.uk - agreement that this would be beneficial.

Evidence gaps – with input from HoPs

- Prime Minister announced target to reduced disability free life expectancy
- Variation in the definition of disability - disability versus health designation definitions
- Measuring activity
- Activity outside of hospital –primary and community care
- Smoking in relation to mental health
- Smoking amongst young people
- NHS Long Term plan - outpatient transformation
    - Aim to reduce face to face consultations by a third in 5 years, need to understand what form that may take. Possibility of expanding same day emergency care services (SDEC) – to reduce 'clogging up' of hospitals. Gap - define SDEC and work out how to measure and how well NHS are doing in expanding it.
- Social care – including links between services
- Understanding elective pathways and how they can be made to operate more smoothly
- NHS E are working on enhancements to Community Services Dataset (CSD) to get more timely knowledge of what is happening operationally. E.g. Hospital activity info faster and more frequently, more site level info, changes to referral to treatment (RTT) times.
- Inactive pathways
- In wales they are looking RTT targets and whether this has a negative impact due to consultants only focusing on first appointment, then people get lost in system. Is this relevant gap for England too? NHS E looking at opposite - not having too many unnecessary follow ups.

Discussion:

The group discussed the need for transparency and communication with users in order to enrich the landscape. This would help focus on what users need rather than policy needs.

NHS England are working on enhancements to CSD to get more timely knowledge of what is happening operationally, for example, hospital activity info faster and more frequently, more site level info, changes to referral to treatment (RTT) times.

Summary Hospital-Level Mortality Indicator (SHMI) is being made available at site level in May.

Questioned whether the role of EHSSG includes linking theme group work to map out if evidence gaps highlighted in the 5 Year Forward Plan are being met. The group agreed that it should publish on the GSS website what the main bits of development are and invite feedback from users.

Requested that representatives from this group assist in getting feedback from the theme groups as this can be a challenge.

Data linkage to be added as a standing item on future EHSSG meeting agendas.

Action: Secretariat to send evidence gaps to theme groups and forward any feedback to EHSSG. This is then to be published on the GSS website for further feedback from users. Evidence gaps will be presented with timescales (during the next 5 years).
Sort gaps into: data unavailable, data available but analysis needed (possible quick wins), data available but lots of work e.g. Linkage needed. Format into long and short term, possibly: 2019/20, 2020/21, 2021/22 onwards. Could do this as a table with data availability along the side and time along the top?

Note: for data unavailable gaps, we should feed into the data coordination board which requests NHS D to create new collections. NHS England secretariats this.

Feedback on Stakeholder Engagement Plan

- local authorities missing as a main group
- Needs to prioritise the general public, although this is a very difficult group. Often involves consumption through media reports rather than producers of the statistics. It was suggested that the group consider My NHS and My Choices
- Engaging with influential charities
- Clinicians and representative bodies (could engage with management at quarterly meeting – NHS D and NHS I)