

# **English Health Statistics Steering Group**

## **Minutes**

Date: Friday, 13 September 2019

Time: 14.00 - 16.00

- 14.00 - 14.10 Welcome and Introductions
- 14.10 – 14.20 EHSSG Secretariat update
- 14.20 – 14:30 Four Nations Group Update
- 14.30 – 15.00 Discuss potential for data portal
- 15.00 – 15.30 Adult Social Care
- 15.30 – 15.40 Actions from last meeting
- 15.40 – 15.50 AOB
- 15.50 - 16.00 Days feedback and close

**Attendees:**

Ben Humberstone – Office for National Statistics, Chair  
Neil Bannister – Office for National Statistics  
Theo Joloza – Office for National Statistics, Secretariat  
Will Perks - Office for National Statistics, GSS Harmonisation Lead  
Clare Griffiths – Public Health England  
Chris Gibbins – NHS England  
John Morris – Welsh Government  
John Bates – Department of Health and Social Care  
Rupert Chaplin – NHS Digital  
Jane Winter – NHS Digital  
Greg Ceely – Department of Health and Social Care  
Rachel Rushton – Office for National Statistics, Secretariat

**Secretariat update:**

Contact has been made with CQC and NHS BSA. NHS BSA will be taking the lead on the prescribing theme group. It has also been identified that NHS BSA may be best placed to lead on the dental and workforce theme groups, but this is to be discussed.

The smoking theme group was considered a best practice example, but the group has struggled to maintain momentum lately. This may be something for the HoPs to consider.

It was noted that the smoking theme group is led by NHS Digital and staffing changes has meant that there is a new lead. PHE representative has been in touch with the new lead but has not been able to arrange a meeting as yet.

**Action: Issues with smoking theme group to be raised with NHS Digital HoP.****Four Nations Group Update:**

The group's last meeting was cancelled. Meeting took place to see how the Four Nations Group, EHSSG and GSS Harmonisation Team can work together to get common theme of purpose.

The next Four Nations Group Meeting is in October. The group is keen to work on adult social care amongst other areas.

It was identified that the Four Nations Group does not always need to be involved, for example, ONS have contacted the devolved nations directly regarding the health index that is being developed.

It was noted that the Four Nations Group have a contact for the inter-administration committee.

**Discussion - potential for data portal**

The secretariat explained that moving on from the Health and Care Landscape users have indicated that they would like to be able to access not just links to static data as is currently the case.

It was noted that the NHS Digital data portal may meet this requirement.

The NHS Digital data access environment will give users access to an environment with record level data.

In addition, NHS Digital's natural language processing tool accepts a natural language question about data and will send users to the relevant data publication.

The specific requirements from users was a way to download data to do analysis themselves. PDF format is not useful, and a lack of metadata is also an issue.

Summary of the user need:

1. Associated data (tabulations)
2. Open data and access to open data
3. Expert users access to microdata in order to do their own analysis.

It was mentioned that good practice is established on the first 2 points and the Secure Research Service (SRS) is available for the third.

It was questioned whether the Connected Open Government Statistics (COGS) project meets this need.

COGS might not be suitable for health data due to disclosure issues.

It was suggested that the general approach should not rely on DEA which generates issues for a data access environment. Having necessary ethics in place and the physical means for people to access the data is important and hopefully in time this becomes more joined up on the NHS Digital side. It was questioned whether the focus is microdata or just accessing data in a better way from multiple organisations – if the latter COGS might be the best way forward.

Additional summary of user need:

1. Associated data (tabulations) – charts and tables that are published alongside bulletins.
2. Open data and access to open data – large datasets that may not be accompanied by bulletins but are available heavily aggregated, these provide more flexibility.
3. Expert users access to microdata in order to do their own analysis – not covered by COGS as this falls into Section 251 and the DEA therefore this is a different standard. The SRS is already in place to deal with this.

A member of the group explained that the COGS project aims to bring everything together in one place not to provide microdata.

In response, it was suggested the answer to this need is that most statistical outputs will be available by theme on COGS, otherwise users can use the standard routes of access.

It was highlighted that if the COGS project is taking an area at a time there is a risk that this isn't the whole answer. JB also questioned where NHS Digital go on the API options.

A member of the group advised that the API will feed straight into COGS just like the PHE Fingertips tool.

Meeting regarding COGS due to take place week commencing 23<sup>rd</sup> September.

The Publication Advisory Group had given an NHS Digital update at another meeting and it might be useful for them to attend an EHSSG meeting to give an update. Also suggested to have a COGS update at the next face to face EHSSG meeting.

**Action: NHS Digital to contact COGS project team.**

**Action: Secretariat to arrange a meeting with the COGS project team to explore possibilities.**

Chair stated that this was a good way forward.

It was suggested that in general COGS was only accessing data that is in the public domain. This doesn't cover the academics and researchers.

Another option is for pseudonymised data could make data available in a more aggregated form. The chair advised the group that it is important to look at how people utilise what is already available, but things are heading in the right direction.

There was a suggestion that a discussion at the Four Nations Group about good practice in this area would be beneficial.

Chair agreed, Wales has the Secure Anonymised Information Linkage database (SAIL) and Scotland has well developed data holdings with a good understanding about how it's accessed and where it comes from.

This is a useful item for the next Four Nations Group meeting agenda.

This work fits in with the EHSSG strategic objectives – the same ambition and taking advantage of synergies.

### **Discussion - Adult Social Care**

Email circulated by the Deputy Director for GSS Strategy, and a meeting has been held to discuss the coherence of social care. This is a GSS requirement.

Meeting has taken place with the Office for Statistical Regulation (OSR), they have published a Welsh systemic review and are due to publish an English review in October 2019, followed by a UK wide review by the end of the year. The EHSSG need to think about how take this forward in England and more widely.

Suggestion that the EHSSG Adult Social Care Group should be incorporated to Data Delivery Action Group (DDAG). There is a benefit to this as the EHSSG theme group has been dormant for about 18 months.

The adult social care and older people theme group do not feel like older people aspect fits with the group. It was suggested that the theme group goes forward as just adult social care and older people becomes a cross cutting theme for all groups to consider.

Agreed that incorporating the theme group into DDAG was a sensible way forward and from a DHSC point of view there are lots of ongoing reviews on adult social care. This includes work which is underway on policy developments on social care which impacts on the type of data might collect and produce. In addition, on-going developments for outputs for client level data, working with colleagues in MHCLG and others. DDAG have this in hand and are liaising with the Data Coordination Board in NHS X which is looking at efficiencies so it makes sense to incorporate the theme group with DDAG – and hope to link in with devolved admins.

Current chair of the adult social care theme group agreed there have been several reviews of adult social care including an OSR review, GSS best practice Team review and an internal review. A lot of the recommendations have been taken forward by DDAG and a lot of this will be relevant to the EHSSG theme group so bringing the two together will reduce the need to have two groups.

Merging the EHSSG theme group and DDAG seems like a neat solution.

Not all members of DDAG have agreed to this yet and would like more information from the EHSSG Secretariat - happy to come along to DDAG meeting if it helped.

Identified that the theme group terms of reference may need updating if this is the case for DDAG. EHSSG will be held responsible for ensuring that coherence and accessibility are improved by the National Statistician and GSS who are going to want to roll out a new approach across the UK in the same way as health – how do EHSSG make that work?

Reiterated that this approach would need to be agreed by DDAG and also mentioned that a lot of DDAG business is around individual data collections that NHS Digital collects which are England specific. As such, involvement of devolved admins would mean either that there would be a lot of business discussed that did not apply to them or a shift in focus in the way DDAG currently works. If the idea is to share best practice with devolved administrations in the way adult social care data is collected and making data more consistent, then that would fall within the remit of DDAG where they want to improve the quality of England data and the coherence of the data environment.

Agreed that DDAG should take the lead on adult social care issues on behalf of EHSSG but noted that the devolved admins would not have to attend the meetings about English Health statistics but worth exploring a hybrid that would work for all. It was noted that there is a huge difference in how data is collected, and the services provided across the four nations.

Four Nations Group Chair keen to achieve something through the group and maybe there is a need for a separate group with English and devolved nations representatives, for example with the Chair of DDAG on the group.

It was questioned whether it is possible to have a coherent approach when social care is so different.

The model for health meant that the EHSSG was set up as England is the biggest part of health then the good practice approach could be spread out across to devolved. There is now a need for something similar for adult social care but looking for a more UK approach.

Summary of options for how this could be approached:

1. Adult social care remit for EHSSG theme group taken on by DDAG (seems sensible if DDAG members are willing).
2. Set up four nations theme group that would replace the current adult social care theme group with representative from DDAG for the England aspect.
3. Extend Four Nations remit to take on more hands-on role for adult social care.

GSS Harmonisation Team happy represent the Four Nations Group on DDAG.

suggestion to have a four nations adult social care group to deliver on this.

Sounds good on the face of it - whichever solution is taken forward it is important to work with DDAG on this. Given the challenge of achieving coherence this might end up quite narrow.

Agreed that the role of DDAG needs to continue for England, but the Four Nations Group would have a narrow meeting to have more chance to achieve what is required.

This approach would mean that DDAG manage adult social care for EHSSG and there is a four nations sub group that would look at this for the devolved.

Whichever option was selected the offer for the GSS Harmonisation team to support devolved administrations still stood so this needed to be factored in by the EHSSG when considering the options.

There is a potential new team at ONS to look at adult social care that would be funded by GSS so their remit would be more UK wide than England.

The funding from GSS is for 1.5 resources to look at adult social care full time. OSR were clear that this team should be thinking about analysis as well as the broad coherence problem. This does not affect the governance specifically but may make all these linkages a little bit easier.

Agreed that this approach was sensible especially with the idea for a representative from DDAG being on another group rather than shifting the focus of the group.

Group reminded that there still needs to be buy in from DDAG members.

Chair offered to attend a DDAG meeting to discuss.

Questioned whether the members of DDAG can be expanded.

Agreed that this needed to be considered as some of members of the adult social care theme group are not members of DDAG. If the group continues to look at older people as part of their remit, then maybe not but if they are only looking at adult social care this would be beneficial.

DDAG feeds into the Adult Social Care Data Outcomes Board to which some of the organisations that are not on DDAG are members of. She reminded the group that the proposals discussed still needed to be agreed by wider DDAG members.

Reiterated that EHSSG was happy to go and speak to DDAG members to explain what the objectives were in order to help with decision making.

Group asked for their decision on whether older people should be cross cutting.

This would mean all groups have to consider older people.

Suggested that this would extend to other inequalities.

Noted that this is in line with the NHS Long Term Plan (LTP) - should older people be considered separately and also that the LTP and EHSSG also reflect the requirements of the Equality Act.

This proposal mirrors the policy position within DHSC.

Suggestion to ask theme groups to look all inequalities not just older people.

The group agreed.

**Action: Proposal to be taken back to DDAG, if agreed decide on representative to join four nations sub-group.**

**Action – Secretariat or Chair to be invited to DDAG meeting to represent EHSSG and pitch this piece of work.**

**Action: Four nations group chair to arrange four nations adult social care group (will need to know representative for DDAG and ONS from new team).**

**Action: Secretariat to write to theme leads about the Equality Act and protected characteristics.**

In Wales there has been a review of gender equalities by Chwarae Teg who found that publications should note protected characteristics that are difficult to represent.

### **Outstanding actions from last meeting**

#### **Secretariat to invite NHS BSA and CQC to join EHSSG**

In contact with NHS BSA but unable to make this meeting.

Awaiting response from CQC.

**Chase drugs theme group**

Theme group is going to be led by PHE, but it is not set up yet.

**Chronic illness - contact details to be provided**

Contacts given for liver and cardiovascular disease provided at last EHSSG meeting.

Action to be removed as not causing any issues.

**Twitter account to be activated**

Should be ready to be used week commencing 16<sup>th</sup> September 2019.

**Theme group leads to contact academics and other users regarding future data sources/linked data sources**

Health Statistics Steering Group member has been in touch to organise a one-day workshop with academics and data suppliers to talk about data access and prioritising where research is leading to. This may address this action.

Secretariat advised that the action was to address where priorities have come from – did users have any input.

Secretariat also advised that the group may not be able to meet all requirements.

The event would be broader than just academics.

**AOB**

A Data Coordination Board in NHS X are trying to make sure there is a degree of communication with the EHSSG - trying to find someone to invite.

Suggestion that it might be useful to do an EHSSG workshop in spring next year – to be discussed at the next meeting.

There has been a request from within PHE to consider combining the end of life care and mortality theme groups.

**Action: Secretariat to pass this on for consideration.**

There is a GSS data linking one day workshop taking place on 23<sup>rd</sup> October 2019 in London.