**Health Summit – Strategic Messages**

Following an event as participative and rich in discussion as the Statistics Authority’s Health and Care Summit it is important both to capture the detail – see the Note of the Day – and also to identify the main high-level messages, as an input to the development and implementation by the statistical producers of a shared strategic action plan.

The Authority’s articulation of the characteristics of National Statistics (see Box 1) provides a well-understood framework to record these strategic messages.

Box 1: Characteristics of National Statistics

**National Statistics** status means that statistics are published by trustworthy producers, are of high quality and meet the highest standards of value to the public.

* **Trustworthy** because they are published by producers who demonstrate professional integrity and objectivity, and are not swayed by other interests.
* **Quality** because the data are sound and well-understood, methodologies appropriate and presentation effective.
* **Public value** because they go beyond merely counting things and help people understand what is going on in the world; they shine a light on society's big questions and are of value to decision-makers of all kinds.

Not all public statistics meet, or are expected to meet the gold standard of National Statistics. This does not mean these lack producer trustworthiness, or the statistics lack quality or value.

Key strategic messages about Health and Care Statistics

Public bodies use many types of numerical information to ensure evidence based policy-making and often publish such information as part of their transparency obligations. All published numerical information tend to be viewed by the public as ‘statistics’; there is a clear expectation that public bodies observe high standards when they produce, disseminate and use such statistics in the public arena. The Statistics Authority thus expects producers to adhere to the principles set out below when using their numerical information.

*Trustworthiness*

1. It is vital that all producers of numerical information about health and care follow established *good statistical practice*. This includes ensuring that the selection of information and commentary describing it are impartial and objective; that producers publish information in an orderly fashion; and that they protect individuals’ confidentiality.

*Quality*

1. Users of numerical information want that information to be more *accessible* (for example, available via a single web portal) and more *coherent* (for example: comparable across the four nations of the UK and between regions; also that statistics from different sources should be brought together and reconciled).

*Public value*

1. There is a demand both for *low-level data* – that is, (anonymised) information at the level of individuals – and for *aggregated statistical information*. Researchers’ interest in data lies in their interest in analytical modelling, to identify new relationships and to explore interactions with other sectors such as education; many in the NHS need data in order to review and improve clinical practice. Health professionals, government and the public need aggregated statistical information to identify trends, explore the success of local innovations and interventions, and for the purposes of accountability. People should not see these as competing needs; a common interest exists in deriving intelligence from ‘the numbers’ and using that intelligence to make informed decisions that serve the public good.
2. The emphasis of health and care statisticians on releasing statistical products must evolve to a focus on the provision of an *ongoing statistical service*. This places more of an emphasis than ever on insightful and transparent *engagement between producers and users*.

*Enablers of trustworthy, high quality and valuable statistical information*

1. The English health and care system is complicated, and many organisations share statistical responsibilities. Stakeholders, users and producers have much to gain from collaboration and partnership working, between and across organisations: good professional relationships between those involved in the production of numerical information are central to effective collaboration in pursuit of a better coordinated statistical service.
2. Producers do not always offer a comprehensive information service about a particular health topic. For example, the NHS might produce good statistics on cessation services and ONS on smoking prevalence and behaviours. Creating an information service about a particular topic area will need producers to work together using the notion of topic families of statistics to paint the fullest picture. Users are less concerned with who is providing them with the service (as long as they trust them) but more concerned that the service responds to their complete information needs. Users don’t want to knock on several doors to find their answers.
3. There is no single individual or organisation with clear leadership responsibility for health and care statistics, and so producers share accountability for health and care statistics in England. DH now produces only a handful of statistics but those at the Summit clearly saw DH as the responsible body for the health system in England. There is a crucial role for the senior leaders of the health and care system to provide collective leadership to champion collaboration and knowledge transfer. A key enabler to resolving strategic issues would be the development of a principle-based approach to the statistical responsibilities of the different organisations (including ONS) that currently produce key numerical information
4. Official health and care statistics producers and related bodies should engage with the Administrative Data Research Network and establish a communications plan to engage further with the public on the issue of access to microdata and data sharing.
5. Those responsible for health and care numerical information need to be constantly broadening and deepening their skills base – in technical areas (such as data science) and in communication and relationship-building. The professionalization of these specialists should be a priority. Stakeholders should seek opportunities to create a sponsorship programme for our health and social care information specialists to reach out to their international counterparts to learn from their experiences. These could include programmes of exchange, short-term secondments, MOUs, Communities of Practice and knowledge exchange for health and care informatics specialists.