Health and Care Statistics Round Table

2nd meeting on 6 December 2016

Attendees:

Ed Humpherson, Director General for Regulation (Chair)
Sir Andrew Dilnot CBE, Chair, UK Statistics Authority
Professor David Hand OBE FBA
John Pullinger, National Statistician
Emma Rourke, ONS
Noel Gordon, NHS Digital
John Newton, PHE
Mark Svenson, DH
Liz Owen, CQC
Professor Sir Malcolm Grant CBE, NHS England
Sharon Witherspoon, ADRN
John Appleby, Nuffield Trust
Richard Murray, King's Fund
Kerstin Hinds, Office for Statistics Regulation

Jen Woolford, ONS
Chris Roebuck, NHS Digital
Pete Whitehouse, Scottish Government
Michael Bleakley, UK Statistics Authority

Emma Nash, Office for Statistics Regulation (Secretariat)
Donna Livesey, Office for Statistics Regulation (Secretariat)

Apologies:

Professor Sir Adrian Smith FRS
Dame Moira Gibb DBE
Ed Smith, NHS Improvement

Meeting Summary

Opening by the Chair of the Authority

1. Sir Andrew Dilnot opened the meeting by reflecting that one of the characteristics of statisticians, and a past criticism of the Authority, is that we do not spend enough time getting out and engaging with users, or each other, instead focusing on the immediate challenge in front of us. Sir Andrew recognised that one of the areas where there is most value to working collectively is health and care, where the amount of available statistics and data is vast, but where there is no overarching framework to think about how the sector, and statisticians, will operate in the next 5-10 years. With the increasing availability of administrative data and new technologies, there are a lot of opportunities to be exploited.

2. Sir Andrew said that he was delighted that the Director General for Regulation's (DGR) team is working on this and was grateful to all involved for their time and work. He looked forward to an exciting meeting, noting that it was the first formal meeting since the launch of the Office for Statistics Regulation, which clearly distinguishes the regulatory framework within the Authority under the leadership of the DGR, Ed Humpherson.

3. Sir Andrew passed to Ed to chair the remainder of the meeting, and Ed structured the meeting in two parts:

   - The here and now – looking in a businesslike way at the joint action plans (see Annex 1) presented by the producer bodies, gaining feedback from the RT members, and seeking endorsement for the statisticians to continue with implementation

   - Looking ahead – considering the strategy for the medium-term future within the context of the opportunities and challenges that will arise in health and care, and the changing needs of decision makers and patients

The here and now

Reflections on the Summit

4. Ed took the meeting back to 2015 when he initiated this systemic review after work by his team identified a concern that the whole of the health and care statistics system was less than the sum of its parts. The first Round Table meeting in February 2016 reached a clear consensus on the challenges faced and the need to collaborate. Since then, things have moved on significantly, with the *Better Statistics Better Decisions* Health and Care Summit of users and producers in July 2016.

5. Ed's main reflections from the Summit were that: there was a clear appetite to take on the challenge of developing a more coherent picture of health and care; that there was a lot of engagement from users to support that cause, not just focusing on their own specific needs; and that the event closed with a great deal of optimism.

6. John Pullinger, the National Statistician, echoed Ed's reflections. John said that he had been in his job for just over two years and in that time his first priority was to address the comprehensiveness of economic statistics within the context of the Bean Review. The second priority was to systematically look across policy domains and diagnose the problems. While the problems for some domains might be described as 'acute', he would characterise health and care as 'chronic', and in need of a systematic response. John very much welcomed this initiative and offered the challenge: Are we being bold enough?

7. John said the objectives chimed with recent conversations with Chris Wormald, Permanent Secretary at the Department of Health, who wants more to be done by policy makers to frame their questions clearly enough with analysts and statisticians in the room – there is a need to improve the analytical literacy of policy and operational staff, including clinicians. John Newton agreed that what the National Information Board had

found was that there is general consensus that there is a lot of data and a lot of good analysts but the two are not aligned to deliver the highest analytical capability.

8. Noel Gordon identified that a key challenge is the short lead time and agility needed for delivering new statistics to meet the needs of the quickly transforming health and care system. This transformation creates pressure for new data but statistics are lagging behind, with everything taking too long. Professor David Hand said his impression was that there is also a lot of duplication and lack of alignment in the sources and statistics. Ed shared the concerns that the statistics system is not sufficiently agile is ill-aligned with decision makers needs, and reflected that there is a risk that a range of statistics could quickly look like beached whales where the tide has gone out. The prize we seek is agility in informing decision making and delivering public value.

High-level Principles for Health and Care Statistics

9. Ed shared with the Round Table a set of eight high-level principles (see Annex 2) developed by the Office for Statistics Regulation, to reflect the key strategic and cultural challenges identified by the Round Table and the Health and Care Summit, and said that these would serve as the principles against which he would hold the health and care statistics system to account. Listening to the discussions in the meeting, Ed said that he was inclined to bring the cultural principles to the forefront.

Producer Bodies' Joint Action Plan

10. John Pullinger presented the joint action plan that the producer bodies had produced together following on from the Health and Care Summit in July. Jen Woolford and Chris Roebuck who led on developing the plans, also spoke to them, and Pete Whitehouse offered a perspective from Scotland, reflecting the importance of the UK context, even though the Round Table is immediately focused on health and care statistics in England.

11. John said that statisticians are in the business of doing things to be helpful to decision makers – faster, more granular, and focused on the key questions. John thanked Jen Woolford for convening the English Health Statistics Steering Group (EHSSG) and said that it was a joy to see the common endeavour. Jen welcomed the steer from the Round Table and said that EHSSG has been convened broadly at Head of Profession level in the different organisations with a view to setting and overseeing a strategy to deliver progress, and keeping the statisticians accountable. She highlighted a key strength of the plans is that they centre on topics with networks across the organisations, working with stakeholders with a view to delivering a seamless service. Chris Roebuck also said that the NHS Digital Publications Advisory Group has also extended its scope to all health and care statistics publications. Jen identified two key challenges: resourcing (where the support of Round Table members would be welcomed) and maximising the utility of data within the data sharing constraints. Pete, who chairs the four nations health and care statistics group, echoed the challenges, and said resources are a particular constraint for Wales and Northern Ireland. Pete said that the four nations group is starting to work on understanding where it will add value for comparable measures to be made available, and to determine how that can be achieved by focusing

on those things where the way the health system is run in each country is not a factor. They are looking to the OECD Reviews of Health Care Quality for good practice.

12. John Pullinger invited comments on the joint plans from the Round Table, and for a steer on priorities. Following discussion, John thanked Round Table members for their advice and summarised the key feedback, which would be used to inform the plans, as follows:

    - The need to identify what good looks like and to have high ambition
    - There is a need for senior decision makers to be competent in analysis and statisticians can help them by making it easy to understand the story (in the way it is presented) and making it impossible for them not to pursue good analysis
    - Data is opening up: there is a general demand to free ourselves of set piece publications
    - It is important to confront the issues of data sharing and access and to grasp opportunities to do so

13. Ed reflected that the plans embody a degree of collaboration not seen a year ago, and that it was really positive to see the collective leadership. Ed said that he wants to see the ambition John talked of and, for example, would be supportive of sensible proposals to cut specific National Statistics where alternative solutions would lead to greater public value – value being the key context.

Looking towards the next 5-10 years

14. Ed opened this session by inviting Noel Gordon to say something about how statistics might be considered in a wider change programme in the health and care statistics system. Noel advised that there is an increasing appetite for analytics-led thinking and that to engage with that journey, statisticians need to think about the building blocks to move towards that future scenario. He likened today's scenario in the health and care statistics system to having a chessboard of assets on the table that is highly fragmented, having allowed a thousand flowers to bloom. However, he suggested that a highly consolidated model of assets is not necessarily the solution either. He outlined two possible models: Utility and Network.

15. The utility model suggests a highly integrated, highly secure, scalable, efficient and recyclable system whereas a network model supports the democratisation of data but with built in overlays to deliver coherence. A policy decision is needed on the approach to take – some hybrid of the two may be most sensible, for example, applying a utility model to the core assets – but whichever approach, all the stakeholders need to have a shared understanding. Noel suggested that with many of the key stakeholders represented, the Round Table would be a good starting point for this discussion.

16. John Pullinger characterised his task as moving the statistics system, which had evolved as a utility system out of necessity due to a lack of data in the past, towards a network system that gets intelligence into people's hands. There is a need to get away from devoting time and resource to processing data to become a service provider, and

the thought needs to be given to the infrastructure to support that change. John Newton agreed that the intelligence needs to be within a network system.

17. Some challenges to overcome were shared: the increasing number of private sector providers where data is not available; some clear gaps in the existing portfolio where urgent progress is needed – for example around general practice and social care; risk moving into data inequalities as some Trusts develop stronger analytical capabilities than other. Data access continues to be a major barrier that it was agreed needs to be confronted.

18. With better access to data, several ideas were shared by Round Table members to help move forward on this journey and deliver huge benefits: recognising the need to do things differently; creating an elevated stratum of experts within an organisation with access to tools to allow them to capture and link data from different sources and shape it to build intelligence and answer the key questions; releasing capacity to change; working closely with intermediary organisations; working with start ups and creative people; engaging with the NHS Digital Delivery Programme to take the opportunity to design out current data issues; demonstrating the courage to increase risk appetite and make bolder choices – a challenge to the statisticians and the Office for Statistics Regulation who should go on record to support those choices when they deliver public value.

19. Sir Andrew reflected that the work that the Round Table is undertaking could not be more important and that it will be important to think about what the questions are that the Secretary of State will need to answer, and to step away from the treadmill, also taking in to consideration that what people want is information about people, their experiences and outcomes, not about activities.

Director General for Regulation's Reflections and agreed next steps

20. Ed concluded that this has been an important and interesting meeting and that the structure of the agenda reflected well the required approach. In the here and now, examining the AS IS model and making changes should deliver its own benefits but also free space and resource for statisticians to give energy to designing and delivering the medium term strategy. This was the clear steer from the Round Table for those producing the joint action plans, and all those around the table are there to support the Heads of Profession.

21. With regard to the medium term strategy there was clear energy around the table for pursuing the potential of Utility versus Network versus some hybrid of the two, as a framework for health and care statistics. It was agreed the Round Table would reconvene in three months time to explore this further, by which time updates on the action plan should be available.

22. The Office for Statistics Regulation will publish the note of the meeting and the high-level principles. A summary of input gathered from Round Table members about where questions are answered well by statistics and where there are gaps will be shared with

EHSSG to inform their work programme, and EHSSG will publish any update of their action plan early 2017.

23. Ed's final conclusion from the meeting was that the first meeting in February had very much focused on the problems in the health and care statistics system, and that this meeting had moved the agenda forward to focus on solutions.

Annex 1: GSS Plans for Increasing the Coherence of English Health and Care Statistics

1. Introduction

As producers of health and care statistics, we have been challenged by the Permanent Secretary at the Department of Health and the National Statistician to "raise our game" in providing informed advice to policy makers through increased insight and analysis of the data we hold. We are committed to working together to develop improved insight and analysis, drawing on expertise and data from across our organisations, to inform the analytical service we offer to Health Ministers and other decision-makers such as heads of NHS England and PHE.

Additionally, feedback from recent consultations and stakeholder events has highlighted a number of areas where greater collaboration would be helpful for ours users including health professionals, researchers, analysts and the public.

An 'information service' which offers user-relevant insight and analysis adds value to the very rich and plentiful data produced by the system.

As producer bodies we welcome the UK Statistics Authority's active engagement with the users and producers of English health and care statistics. This has highlighted some key priorities for us as producers to address and has been a constructive enabler for us in building increased collaboration.

The Statistic Authority's Health and Care Summit, held in July 2016, identified some key strategic messages[1]. This plan describes how, collaboratively as producer organisations, we are seeking to address these challenges.

Specifically, this plan considers:

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 particular topics as appropriate;
3. The role of senior leaders of the health and care system and how we engage with them to provide 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. Working effectively with international partners who produce health and care statistics to learn from their experiences and to share our own best practice.

This plan has been developed collaboratively across our organisations.

[1] https://www.statisticsauthority.gov.uk/wp-content/uploads/2016/08/final-note-of-the-Health-and-Care-Summit.docx

2. Governance

Many of the priorities outlined above will be addressed through a new governance structure we have introduced. This governance is described here and referenced in the activities that follow.

All groups have representation from across health and care bodies, including ONS, NHS Digital, DH, NHS England and Public Health England. Other organisations and users are included as appropriate.

2.1. English Health Statistics Steering Group (chaired by ONS)

- 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.

2.2. Health and Care Publications Advisory Board (chaired by NHS Digital)

- Advise on the prioritisation of statistical publications
- Take a user-centric approach to the presentation of statistics that cut across organisational boundaries

2.3. Health and Care topic networks (e.g. cancer, smoking)

These groups report to the English Health Statistics Steering Group. They will lead development on specific topics as determined by EHSSG in consultation with users. The groups will:

- coordinate user engagement and deliver a seamless service to users
- identify priority areas for development with the topic
- coordinate publications, analysis and advice (reporting to PAB)
- reduce duplication and deliver efficiencies

A workshop of members of EHSSG and policy colleagues is being arranged for early 2017 to discuss and agree themes and the priority topics for which networks should be established. Each topic group will be responsible for developing their own work plans, agreeing and reporting on these to EHSSG.

Networks have already been established for smoking, cancer and mortality. Work plans for these topics will be agreed by **31st March 2017.**

Where significant work is required, this will need to be factored into departmental work plans and the pace at which improvements can be delivered will be dependent on the resources available and agreed priorities within our organisations. Support from senior leaders may be required if we are to secure the resources needed to deliver the objectives of the networks. We will work collaboratively to agree roles and responsibilities across our organisations, taking into account our respective policy responsibilities and available resources.

The EHSSG will review the success of the first topic networks by **30th September 2017** and agree the next tranche of topics for which to establish networks.

2.4. UK Health and Care Statistics 4-Countries group (chaired by Scottish Government)

- Consider UK Health and Care Statistics: focussing on providing comparability within the UK
- Share best practice and developments
- Identify areas for greater collaboration

3. Action plan

Plans at the moment are focussed on delivering increased coherence in health and care statistics in England. The 4-countries group described in 2.4 will be kept informed of progress and initiatives will be adopted across the UK as and when appropriate.

Underpinning all the development work is an agreed classification of themes and topics. This will inform the topic networks and proposals for how we improve the accessibility of health and care statistics. Themes and topics will be discussed at the workshop mentioned in 2.3 and agreed by **31st March 2017**

3.1 A single point of access for health and care statistics

We are investigating the creation of a single point of access (potentially a web portal) for English health and care statistics. Current activities are:

- Reviewing existing mechanisms for accessing data, analysis and advice. This includes the work currently being undertaken by NHS Digital to make improvements to their publication system and the ongoing development of a GSS-wide publication system.
- Identifying the data and analysis to be signposted via the access mechanism

This work is being directed by the EHSSG (see 2.1 above) and taken forward by ONS.

Proposals for delivering a single point of access, including costs, benefits and the sustainability of any solution will be agreed by **31st March 2017**.

3.2 Creating an information service for users, focussed on particular topics as appropriate

An ‘information service’ which offers user-relevant insight and analysis adds value to the very rich and plentiful data produced by the system.

A key function of the topic networks (see 2.3 above) is to determine how to provide such an information service on their topic. By establishing a network and sharing information on the work each organisation does on a theme, we should be able to provide a seamless service to users, drawing and building on the data and expertise held across our organisations.

Examples of where our collaborative working has already resulted in an improved service to users are provided in Annexes A and B.

3.3 Strategic Leadership

The English Health Statistics Steering Group will develop and own a strategy for English health and care statistics. EHSSG will seek the agreement of this strategy and related plans with the senior leadership and appropriate governance in each of the producer bodies. The Group will provide guidance to the work of the topic networks in accordance with the strategy.

It will be challenging to secure the resource to deliver the activities set out in this plan, given our existing roles and responsibilities. We are working together to reduce duplication and improve data sharing which should free up some resource for those activities. However, on occasion, we may need to seek senior support to help determine relative priorities and to secure additional resource if required.

Where issues of direction or obstacles arise that are beyond the scope of the EHSSG, the Group will raise these with the appropriate senior leaders for advice or resolution. This may include agreeing the roles and responsibilities of our respective bodies, particularly any recommendations to move work between organisations.

An agreed strategy for English health and care statistics will be published by **30th June 2017**

3.4 A principle-based approach to the statistical responsibilities of organisations

The EHSSG will agree principles for how we work best across organisations. These will take account of policy responsibilities, where data are held, expertise and the resource available to deliver the work plans.

The topic networks will consider the organisational responsibilities for their topic in accordance with these principles and the agreed strategy for English health and care statistics.

Where the topic group consider there is a case for the transfer of work between organisations, they will escalate this through the governance described above.

These principles will be drafted by EHSSG and presented to senior managers within our organisations for approval by **31st March 2017**

3.5 Engagement with the Admin Data Research Network

We are engaging with the ADRN and other relevant initiatives to investigate the potential for providing greater insight through linking data across a range of sources, including census, survey and administrative data.

A workshop of key stakeholders will be held in early 2017, in partnership with the Administrative Data Census Programme, to identify key requirements, data sources and opportunities.

A report setting out options and recommendations, taking account of existing legal gateways and developments in data sharing legislation, will be produced by **31st May 2017**

3.6 Working effectively with international partners to learn from their experiences and to share our own best practice

We will continue to be actively involved with international initiatives to improve health and care statistics and make better use of international comparative data to inform policy and healthcare quality. Our analysts regularly make best use of international evidence to inform their work. We consider part of our role to be helping users to be aware of the international information that is available and the topic networks described in 2.3 will consider the practical mechanisms they can offer to achieve this.

We seek to contribute as leaders in good practice and to learn from sharing the experience of others. For example there is good collaboration on the OECD Healthcare Quality Indicators and cancer survival comparisons.

We play a leading role in international bodies when relevant, and represent UK public health policy interests. For example NHS Digital hosted the 2015 WHO classifications conference and ONS are providing expert input into ICD-11 development.

A key contact point on data collections and mainly technical matters is the UK International Health Data Coordinating Group which is convened by NHS Digital, and includes all relevant departments including the devolved administrations.

We will promote the exchange of knowledge and professional development of analysts through involvement in international associations and activities, such as the European Association of Public Health. Learning through exchange visits and conference participation will be encouraged, subject to budgetary restrictions.

We will promote the benefits of knowledge exchange and capacity building with lower income countries, in association with DFID, WHO and other organisations as appropriate. For example the need to make major improvements in civil registration and vital statistics has been recognised by the UN and WHO for the African Region in particular. In 2016, ONS provided 'train the trainer' familiarisation with the IRIS cause of death software for a doctor from Tanzania, sponsored by the US Centers for Disease Control.

4. Table of actions

Action number	Action	Owner	Deadline
1.	Work plans for smoking, cancer and mortality topic networks agreed by EHSSG	Producer lead (see Annex A)	31st March 2017
2.	Review of topic networks	EHSSG	30th Sept 2017
3.	Agree next tranche of topic networks	EHSSG	30th Sept 2017
4.	Proposed final list of themes and topics for EHSSG approval	ONS	31st March 2017
5.	Proposals for single point of access to health and care statistics	ONS	31st March 2017
6.	Strategy for English health and care statistics agreed	EHSSG	30th June 2017
7.	Principles for working across organisations, including roles and responsibilities agreed	EHSSG	31st March 2017

8.	Recommendations for delivering greater insight through linking data	ONS	31st May 2017

EHSSG is will oversee the delivery of these actions and approve outcomes

Annex A: A case study: Cancer Survival and Incidence Statistics

Background

Cancer Survival and Incidence Statistics form a corner stone of the health statistics landscape. Historically ONS aggregated cancer registrations from across 9 registries in England to create England level statistics.

In 2013 the remit for collating cancer registrations fell to the newly created Public Health England (PHE). PHE developed a new Cancer Registration System to record cancer incidence and allow the efficient production of cancer statistics.

Recent developments

Over the last 18 months ONS and PHE have working together to remove any duplication of effort in the processing of Cancer Registrations. Analytical collaboration is helping to deliver new innovative outputs to meet the priority policy needs of the Department of Health, NHS England and the All Party Parliamentary Group on Cancer.

This has lead to a number of successful joint initiatives:

1. Rationalising systems – ONS, PHE and NHS Digital are collaborating to move to PHE's new Encore system. This ensures that there is only one source of cancer registration statistics and delivers efficiencies in processing.
2. Joint publication – ONS and PHE analysts collaborated to publish the first national bulletin on Cancer Survival by Stage of Diagnosis. This analysis helps policy makers to understand the impact that early diagnosis has on cancer survival for different types of cancer and demonstrated clearly the benefits of plans to improve early diagnosis. A new ONS/PHE intra-departmental survival team is now working to deliver new cancer survival statistics.
3. Quality assurance of statistics – ONS and PHE experts collaborating to quality assurance National Statistics bulletins on cancer incidence prior to publication, sharing expertise to provide context to explain trends.

Benefits

These initiatives have improved the timeliness of data as well as the narrative and explanation around the statics, resulting in an overall improvement in the service provided to policy makers on Cancer.

The collaboration has also had wider benefits:

- it has helped build subject matter expertise across organisations
- identified the potential to deliver significant cost savings across government
- released resource to work with other organisations to deliver impact in the cancer community, for example we are now collaborating to develop new 10 year survival measures for the Government's Cancer Dashboard, which is used to monitor the performance of Clinical Commissioning Groups.

Annex B: Further examples of collaboration

A few (but by no means all) further examples of collaboration are provided here.

Enacting consultation: NHS Digital's recent consultation has highlighted a number of areas where greater collaboration would be helpful for users, which we will work to deliver as part of our response – including disseminating some of our statistics through tools such as Fingertips and working with the RNIB to reach a more targeted audience for our registered blind stats.

Smoking statistics: Statisticians from ONS, NHS Digital, PHE and DH met in September to discuss how their respective outputs on smoking statistics could be presented in a more joined-up way. The focus on this initial meeting was to understand what each other produced including the timing of reports and any methodological differences. All agreed to aim towards an approach where future reports are released at the same time and that methodological differences are removed where possible, and explained where not. This should meet the overriding aim of giving a more coherent set of statistics on smoking to the end user whilst still being able to meet DH requirements to monitor and develop government policy. The group intend to meet again before the end of the year to focus on some of the detail involved in achieving this aim.

Learning disabilities: NHS Digital has now collected data for the Learning Disabilities Observatory at PHE and will be releasing a joint/collaborative publication later this year where they will provide some commentary and direction and we will pull together the headline messages. We will be producing a fairly short, user-friendly report (one page summaries of key messages with charts, infographics, etc) along with a csv file and technical guidance.

Drug related deaths: ONS has been working across agencies to help understand the rise in drug-related deaths in recent years, in particular with Public Health England. Bringing together evidence from across the statistical system has enabled a better understanding of the increase in deaths, for example heroin deaths have increased and we have used data from the National Crime Agency showing rising purity as a key factor. Closer relationships have meant ONS is working closely with PHE to develop new insights to understand this area further involving a deep dive into coroner's inquests. Without this relationship understanding what new evidence is required would be difficult.

Understanding rise in deaths in 2015: Since building close relations between ONS and the PHE mortality surveillance team there have been several areas of collaboration. One being the concern about a spike in deaths around winter 2014/15.

Waiting for the routine statistical bulletin would mean a lengthy delay to investigate this but working in partnership ONS and PHE produced a joint piece of analysis. Working together meant ONS could focus on specific cause of death analysis and PHE could use their health intelligence to understand the emerging trends. This provided important evidence to inform 2016/17 plans for national and local level winter flu planning, potentially saving lives in the future.

Annex 2

Office for Statistics Regulation

High-level shared principles for improving official health and care *statistics*

A key outcome from the *Better Statistics Better Decisions* Health and Care Summit in July 2016 was that a set of shared high-level principles should be established that all the producers of health and care statistics in England could publicly sign up to, and that the Office for Statistics Regulation would hold them accountable to. These principles are designed to be ambitious and to act as a common reference point as the statisticians seek to improve the health and care statistics system.

The eight principles below are presented within the wider context of the Code of Practice for Official Statistics and respond to the specific challenges to the health and care statistics system identified by the Health and Care Statistics Round Table and the Summit. We know that the English Health and Care Statistics Steering Group has plans in early 2017 to agree and articulate a working level framework with reference to these general principles and we very much welcome that next step.

1. Producers of health and care statistics, will aspire to meet the highest standards of public value, quality and trustworthiness – shining a light on society's big questions and deriving objective intelligence from 'the numbers' to inform decision makers of all kinds. They will identify the big and little questions the data can help answer alongside the statistics.
2. The senior leaders of the health and care system will provide collective leadership to champion collaboration and knowledge exchange between producer bodies, and empower and support statisticians[2], providing clear and agile mechanisms for escalating cross-cutting strategic decision making
3. Statisticians will be curious, innovative and constantly broadening and deepening their skills base – in technical areas (such as data science) and in communication and relationship-building. They will help to build analytical capability in decision-making organisations using the statistics and related data.
4. Statisticians will be outward focused and forward looking, placing a strong emphasis on insightful and transparent engagement with users in order to effectively prioritise resources and provide a service that reflects their needs
5. Statisticians will work collaboratively and energetically between and across organisations to enable the provision of a seamless and coherent statistical and data service for users. Users will be able to: easily find the health and care statistics and related data to meet their needs; and quickly access helpful statistical advice.
6. Statisticians will work together, using the notion of topic families of statistics, to paint the fullest and most balanced picture for their different users, identifying and filling important gaps in intelligence and rooting out inefficiencies and incoherence. Statisticians will communicate regularly to users how identified gaps are being tackled and by when, or where it is not possible to fill a gap, the reasons why.

[2] For statisticians, we include not only producers of statistics, but also social researchers, analysts, economists, data scientists, and aggregators of statistics such as specialist social media commentators.

7. Statisticians should actively seek out and explore the potential of new and different data sources to ensure the best data are utilised. Statisticians will, within the legislative framework, energetically promote their statistical purposes in the development of administrative data sources, and the linkages between them, to fully exploit the opportunities the data provide for insight.
8. Statisticians will endeavour to bring about effective sharing of their data within the built-in firm robust ethical and privacy standards protecting people's data. They will work with partners such as the Administrative Data Research Network to support responsible access to micro-data for users whose analysis will contribute to shining a light on society's big questions. They will clearly set out data-sharing arrangements for users.