



OFFICIAL REPORT
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Health, Social Care and Sport Committee

Tuesday 23 November 2021

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[The Convener opened the meeting at 09:00]

Decision on Taking Business in Private

The Convener (Gillian Martin): Good morning. I welcome everyone to the Health, Social Care and Sport Committee's 12th meeting in 2021. No apologies have been received for the meeting; we are all here. Item 1 on our agenda is to decide whether to take item 3 in private. Do members agree to do so?

Members *indicated agreement.*

Data and Digital Services in Health and Social Care

09:00

The Convener: At item 2, we have two evidence sessions with stakeholders on data and digital services in health and social care. All our witnesses today are joining us remotely. I welcome the first panel. Scott Heald is interim director for data driven innovation and head of profession for statistics at Public Health Scotland, and Ed Humpherson is head of the Office for Statistics Regulation. I wish a good morning to you both.

I will start, then my colleagues will ask more detailed questions. What do you see as being the key data gaps that currently exist in health and social care in Scotland?

Scott Heald (Public Health Scotland): Good morning. That is a good question. First, we should recognise that Scotland has good health data. We have a lot of data that we can use digital to good effect, and we have the ability to link the data in order to understand pathways of care. It is important to recognise that we are building on strong foundations. There are a couple of areas that we need to focus—and are focusing—on: social care in particular, and primary care. Those are the two big areas to which we need to direct our attention.

From a public health perspective, thinking beyond health and care data, it is really important that we are able to understand the other impacts that lead to poor public health by bringing in, for example, housing, education and economy data. It is important that we think about the data state in Scotland in its widest sense, and not purely in terms of the data that we collect on health and care.

The Convener: I want to pick up on one point. Anyone who is watching might be wondering why we are focusing on data. It is about the need to have the information in front of us so that policy and budgetary decisions can be made. Is that a correct assessment of why this area is so important?

Can we unmute Scott Heald's microphone, please?

Scott Heald: *[Inaudible.]*—individuals, and understanding what is happening in local communities in particular. A lot of Public Health Scotland's recent work highlights that there are quite big regional differences across the country. There is no one-size-fits-all approach for the whole country, so it is important that we are able to connect in locally and understand what is

have. As we mention in "Public Health Scotland's Digital Strategy", we need to do a review of all the different data flows that we currently have and the outputs from those, because in order to make the shift to looking at particular areas such as social care, we need to think about doing things differently and doing different things. That is an extremely important piece of work that we are doing.

It is important to mention that there is also an analytical team in the Scottish Government that collects data and reports on social care. Recently, we have become more actively engaged with that team, so that, in effect, we are pooling the power of the analytical capacity that we have in that area. We want to ensure that we are not duplicating effort and are doing things only once. That is extremely important for the local authorities that submit data to us.

One of the challenges that we have is not so much with the capacity that we have nationally to manage the data and analyse it, but with the capacity locally to collect it and submit it to us. For various reasons, there has been a real lack of investment in the data and data collection state in local government, and that needs to be addressed. With the national care service on the horizon, I think that there are significant opportunities, and Public Health Scotland is pushing for requirements around data to feature heavily at the heart of the legislation. Building on the legacy of the health data that we have from ISD Scotland, which moved into Public Health Scotland, which, as you know, is well established, having something equivalent at the heart of the national care service will be fundamental to how we tackle the issue.

My final point is about partnership. Public Health Scotland cannot do this work alone. We are talking to the Convention of Scottish Local Authorities, which is one of our joint sponsors. Having that joint sponsorship between local and national Government will help. We are also talking to the Digital Office for Local Government, which is giving evidence later, about how we can connect with work that it is doing to improve the flows of data.

Sue Webber: Thank you—that was very helpful. You mentioned that one of the challenges is with local collection, due to a lack of investment specifically with regard to local authorities. Is enough work being undertaken to understand those issues? Investment is a big issue, but what other hurdles and gaps might exist when it comes to data collection? What is it that creates the variance?

Scott Heald: That is work that we are continuing to do—it is work in progress. As I mentioned, we are working with the Convention of

Scottish Local Authorities and the local government Digital Office to understand the situation in that respect. It is key that we understand the current data landscape, which is a bit fragmented. There is data that comes into Public Health Scotland, there is data that comes into the Care Inspectorate and there is data that comes into the Scottish Government. We need to understand the totality of what comes in and then review that, because we need to make sure that we not duplicating effort. Importantly, we also need to understand the gaps that exist.

The other important point to make is about the need to have data at individual level, so that we can link it to other data. If we are to understand outcomes and what happens to people, it will be really important that we have the ability to follow people through the system.

Another issue that needs to be looked at more, on which we have made progress during Covid, is that of information governance and data sharing, particularly when it comes to social care data. The health service has well-established processes and pathways for dealing with information governance. The situation is more complicated as it involves local government, and it is certainly one of the areas on which, with Public Health Scotland's dual accountability, I have wanted to do more work to ensure that we make data sharing as straightforward as possible. At the moment, getting the appropriate sign-offs to allow data to flow and link up can involve quite a paper chase.

09:15

The Convener: Emma Harper has a supplementary.

Emma Harper (South Scotland) (SNP): Good morning. I am interested in the issue of duplication of effort and the capacity to obtain certain data that Sue Webber talked about. Obviously more data have been gathered during the pandemic, but have you had to pause any data collection? In some of the work that I have been doing, I have found people to be a bit fed up of feeling like hamsters on a wheel in having to collect data, data and more data without actually knowing what the data are being used for. Has there been a pause in collecting some data, and does more work need to be done to ensure that people on the ground know why the data are being gathered and what they are being used for?

Scott Heald: You make a really good point. On your question whether the collection of some data has been stopped, most of the national data sets for which Public Health Scotland are responsible—that is, mainly around health and care and the source database that Ed Humpherson mentioned—have been continued. Most of them