

# **The Last Mile of Cable:** Sharing Cross Government Data to Tackle Health Inequalities



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## Foreword by Abhishek Singh, President UKI & Europe, Mastek



The digital transformation of the NHS holds immense potential for improving patient care and outcomes across the United Kingdom. Leveraging digital technologies can streamline patient pathways, enhance data sharing between NHS services, and empower patients and providers.

A key opportunity is using digital solutions to transform prevention and screening efforts. By integrating data from wearables, mobile apps, electronic health records and broader environmental datasets, we can gain unprecedented population health insights. This multi-source data can power predictive analytics to identify risk factors and inform proactive, localized interventions to address inequalities.

However, realizing these preventative benefits requires secure, coordinated data sharing – both within the NHS and across government bodies. Local authorities hold crucial non-medical datasets on socioeconomic determinants like housing quality, employment status and environmental factors that significantly impact health outcomes. Combining this data with the NHS' medical data is key to developing holistic population health management approaches.

The introduction of a Federated Data Platform in the NHS represents an opportunity to finally break down data silos across the health service and broader government. But their implementation must prioritize interoperability standards, robust security controls like encryption and auditing, and adherence to data ethics frameworks to protect privacy while enabling secure data linkage.

Moreover, transparency and public dialogue are vital. Testing localised engagement strategies through trusted community voices will be essential for building transparency around these data sharing plans in underserved areas facing health inequalities.

Digital technologies have the power to reshape our approach from disconnected disease treatment to proactive, predictive population health management. But achieving this vision requires coordinated efforts between the NHS, local government, and national policymakers to responsibly combine their unique data assets.

The challenges are significant – from technical interoperability to governance and public trust. However, this report serves as a rallying cry for collective action to overcome these hurdles and ensure no one is left behind on the journey towards prevention-focused, equitable, and data-driven public health.

## Executive Summary

Reducing health inequalities should be a joint priority for the UK Government and the NHS over the course of the next parliament. Collecting, harnessing and utilising available data across local and national Government should be at the centre of the NHS's strategy to achieve this goal. Ahead of the next General Election, Mastek is calling all political parties to commit to cross-Government data sharing to address existing data gaps in public health surveillance and drive local prevention efforts.

In particular, all political parties should commit to cross-Government data sharing on the following areas that have consistently been shown to have a considerable impact on an individual's health and wellbeing:

- Environmental considerations such as air quality.
- Housing status including details on homelessness and those living in damp and overcrowded accommodation.
- Employment status including details of long-term unemployment, where appropriate.
- The location of, and proximity to, community and acute health service.

The introduction of a Federated Data Platform (FDP) across the NHS, and the promise of an Integrated Data Platform across Government, as outlined in the National Data Strategy, represent a once in a generation opportunity to realise the potential of cross Government data sharing in tackling the most pervasive health inequalities in the UK.<sup>1</sup> It is vital that these programmes are coordinated, share a common standard for data security, uphold data privacy for personal data and operate against a shared mission of empowering a "total patient view" across the NHS.

The NHS has delivered significant innovation into the hands of patients in recent years, including harnessing the power of data to solve some of the biggest challenges relating to Covid-19. It is time that the Government completed the 'last mile of cable' and truly link data sets across Departments, to help shape services most effectively for the people of this country.

These efforts to share data across Government to inform public health interventions should be informed by the following five principles:



# Key Recommendations For Cross Government Data Sharing

## 1. A Cross Government Rationale for Data Sharing

Before data can be effectively shared across the NHS, Government Departments, and local authorities, there must be an agreed rationale for data collection that unites these organisations and drives effective sharing. This shared purpose will help hold all parties accountable and ensure active participation towards a common goal. Securing the willingness of all parties to buy into a cross-Government vision is crucial for the longevity and success of any future data-sharing initiatives.

## 2. Alignment to the UK Government's Data Sharing Governance Framework

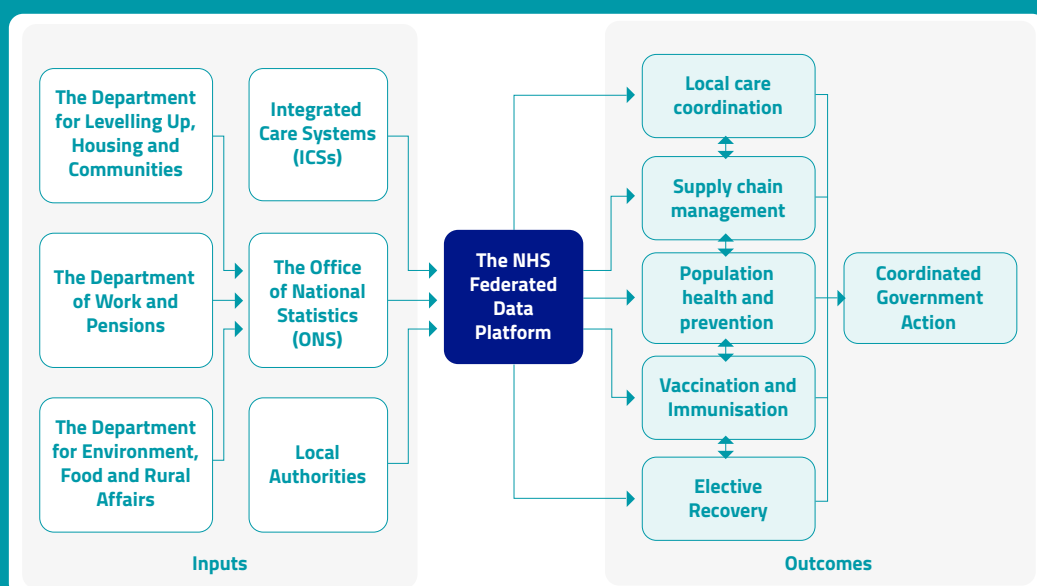
In May 2022, the UK Government released its Data Sharing Governance Framework as part of the National Data Strategy, providing steps for Government departments to enhance data collaboration, including leadership positions, contact points, and a data inventory.<sup>ii</sup> These principles, grounded in the Caldicott Principles for secure data sharing, emphasise minimal necessary data use, anonymisation, access controls, accountability, and transparency to protect privacy while enabling public benefit.<sup>iii</sup> For the NHS Federated Data Platform to succeed, it must adhere to these equitable standards of data security and interoperability, ensuring robust encryption, compliance with data protection laws, and ethical data practices.

## 3. Open and honest public dialogue on Cross Government Data Sharing

Early, continuous, and open dialogue with the UK public about data sharing plans across the Government and the NHS is crucial for ensuring public trust and transparency. Clearly explaining the rationale for cross-Government data sharing and the key principles of data security is vital. Tailored engagement strategies working with trusted local voices are essential for effectively communicating data sharing plans to communities, especially those facing health inequalities, to build transparency and address concerns.

## 4. Agreed data sets for sharing and location for consolidation.

Consensus is required on which data sets should inform a “total patient view” and drive public health prevention initiatives, as well as agreement on a single location for this cross-Government data. Essential data sets to share include anonymised homelessness status, environmental factors, housing quality, socio-economic deprivation, ethnic minority concentrations, and locations of primary care services. The NHS Federated Data Platform could ideally consolidate these data sets to support NHS community health services and local authority public health teams, expanding its focus beyond operational data to include broader public health interventions.



## Introduction to Mastek

Mastek has a long-standing reputation for delivering transformative digital solutions across various sectors, with a strong and dedicated focus on healthcare. Our healthcare business is driven by a commitment to enhance patient care, improve operational efficiencies, and enable data-driven decision-making for the NHS. Leveraging our two decades experience, deep industry expertise and innovative technology capabilities, we support NHS organisations to navigate the complexities of digital transformation and achieve their strategic objectives.

At the core of Mastek's healthcare solutions is our core software engineering abilities and capability to seamlessly integrate data across healthcare systems. This data integration enables the NHS to harness the power of data, gaining valuable insights that drive clinical and operational improvements. By facilitating real-time data access and predictive analytics, Mastek empowers the NHS to make informed decisions, ultimately enhancing patient outcomes and service delivery.

Mastek's healthcare portfolio includes a wide range of services tailored to meet the unique needs of the healthcare sector. From developing secure and user-friendly patient services to implementing robust health related payment systems, we ensure that our solutions are aligned with industry standards and regulatory requirements. Our commitment to data security and privacy, alongside meeting technical standards, ensures that patient information is protected, and the NHS can trust in the reliability, scalability, and safety of our solutions. Our focus on interoperability and seamless data exchange ensures that the NHS can deliver coordinated and comprehensive care, reducing the risk of errors and improving overall efficiency.

In addition to our technological capabilities, Mastek places a strong emphasis on user-centric design and stakeholder engagement. We work closely with the NHS, patients, and other stakeholders to understand specific user needs and challenges. This collaborative approach ensures that our solutions are not only leveraging the latest digital technologies but also practical and user-friendly. By prioritizing user experience and continuous feedback, Mastek delivers healthcare solutions that are both innovative and effective in addressing the evolving demands of the healthcare industry.



**Trust. Value. Velocity**

## The current state of health inequalities in the UK

Health disparities in the UK cut across a range of demographic factors including socio-economic determinants and different ethnic groups. However, they are also consistently apparent in groups which most frequently experience social exclusion, including those who experience homelessness or who are part of Gypsy, Roma, and Traveller communities.<sup>iv</sup>

An average person from the most deprived areas of the UK will develop multiple long-term conditions 10 years earlier than their affluent counterparts. In 2018 to 2020, males living in the most deprived areas were living 9.7 years fewer than males living in the least deprived areas, with the gap at 7.9 years for females.<sup>v</sup> Over the course of a lifetime, an average male in a deprived area of the UK, costs the NHS 16% more in healthcare costs, will have 72% more visits to A&E and 20% more planned admissions. This increase in consequent healthcare activity, resulting from socio-economic deprivation, costs the NHS £4.8 billion a year and the UK economy £31 billion in lost productivity.<sup>vi</sup>

Health disparities aren't restricted to areas of socio-economic deprivation. Certain diseases are more prevalent in ethnic minority groups. People of Asian, Chinese, Black African and Black Caribbean ethnicities have been found to be two to four times more likely to have diabetes than white populations, and consistently show higher rates of mortality because of heart diseases amongst South Asian communities.<sup>vii</sup>

Health inequalities are also apparent in groups who often experience social exclusion including people who experience homelessness, drug and alcohol dependence, vulnerable migrants and Gypsy, Roma, and Traveller communities. These groups have also been identified as having heightened risk of developing long term conditions and having a lower average age of death.<sup>viii</sup>

It is important to note that women in these excluded groups often experience severely poor health outcomes. The UK Government's Women's Health Strategy outlines "that women sleeping rough, on average, die almost 40 years earlier than women in the general population."<sup>ix</sup>

In its third mission for the NHS, the Labour Party outlines its commitment to tackle health inequalities. Labour writes that:

**"The impact of poverty on health also means that people who live in different parts of the country have very different chances of living well - a little girl who is born and brought up in Blackpool can expect to live well until she is 54, whereas a little girl born and brought up in Winchester can expect to live healthily until she is 66."**<sup>x</sup>

## Current Approaches to Public Health Interventions in the UK

The importance of place-based interventions in tackling health inequalities is a well-established tenant of effective local population health management. For example, the NHS Core20PLUS Connector Programme seeks to mobilise local connectors to engage their communities to understand access barriers to healthcare and to inform consequent healthcare interventions.<sup>xi</sup>

The Health and Care Act (2022) commits Integrated Care Systems (ICSs) to working across the NHS, local authorities and the VSCE sector to inform place based, holistic public health interventions. Integrated Care Partnerships (ICPs) have been introduced with the sole purpose of coordinating local healthcare interventions, including the development of a long-term strategy for the improvement of local health and well-being.<sup>xii</sup>

What is less clear from the Health and Care Act, is how data sharing across ICPs could and should inform subsequent local health interventions and ICPs long-term strategies. If these place base initiatives are to be successful in delivering targeted interventions which react dynamically to population trends and novel health threats, they must be rooted in a data-led approach which maximises available data collection from across Government and within local networks.

## Existing Approaches to NHS data collection

Since its founding, the NHS has gone through numerous iterations of local, regional, and national organisation with variations in patient data collection resulting in distinct and often contrasting ways of working in practice on the ground. The resulting variation, compounded over time, has resulted in a status quo where, even within systems, there are huge variations in data collection quality and standards between individual providers.

Significant improvements have been made in the use of electronic patient records across the NHS. In November 2023, the NHS announced that 90% of NHS Trusts have implemented electronic patient records,<sup>xiii</sup> a steep increase from 2018 when an analysis from Imperial University found that 23% of Trusts were still using paper records.<sup>xiv</sup> The introduction of electronic records across Trusts is a crucial first step in the development of digital interoperability. However, it is just a first step, and electronic records don't guarantee that patient data can be shared across the NHS and with partners in local authorities. More needs to be done to move from electronic patient records, to integrated care records for all NHS patients.

The Hewitt Review rightly recognizes the importance of minimum data standards across NHS England, DHSC and ICSs to "improve interoperability and data sharing across organisational barriers."<sup>xv</sup> Mastek agrees with the Health and Social Care Select Committee's recommendation that this data standard framework be implemented as soon as possible.<sup>xvi</sup> However, Mastek would also call on the Government to ensure that this NHS data standard encourages interoperability with wider areas of cross Government data collection including between civil service departments such as the Department for Levelling Up, the Department for Environment, Food and Rural Affairs and the Department for Work and Pensions.

## An Introduction to the NHS Federated Data Platform

The introduction of the NHS Federated Data Platform (FDP) will allow NHS organisations to share operational data which, in turn, will allow them to better plan their service delivery. This will include the ability to share data on capacity levels, waiting lists and the availability of medical supplies. A parliamentary written question, answered by the Government on the 4th April 2024 also outlined that the Federated Data Platform would also include elements of local primary care data, where that data would be required to support the provision of care in local settings.<sup>xvii</sup>

Mastek supports the introduction of the Federated Data Platform and looks forward to working with the NHS to support in the delivery of system interoperability across its constituent organisations. However, we would also encourage NHS England to consider a long-term vision for the future for Federated Data Platform which includes the consolidation of cross Government data sets which, in turn, can inform local efforts to tackle health inequalities in real time.

## Tackling Healthcare Inequalities by Breaking Down Government Data Siloes

It is perhaps no surprise that the individuals who are most likely to experience relatively poor health outcomes in the UK, are also those most frequently excluded from health data collection efforts which could support improved interventions.

The UK Government Data Saves Lives report correctly identifies that: “Currently, the quantity and quality of disaggregated health and health service data remains variable. Limited ethnicity data at sufficient granularity, limited data broken down by the determinants of deprivation (such as income, employment, and housing), and limited data on inclusion health groups have been highlighted as particular gaps in health data sets and subsequent understanding of disparities.”<sup>xvii</sup>

The Data Saves Lives strategy highlights the potential of data collation and linkage “across the health system and wider public sector”, to drive future population health efforts. As the Data Saves Lives strategy indicates, there are pockets of data which are currently held by local authorities and the UK Government which could be used by the NHS to prevent avoidable deaths, diagnose diseases early and reduce unnecessary hospital admissions. Currently, this data is often inaccessible or siloed, and yet it has the potential to inform accurate, place-based approaches which could radically transform the NHS’s approach to preventative interventions and population health management.



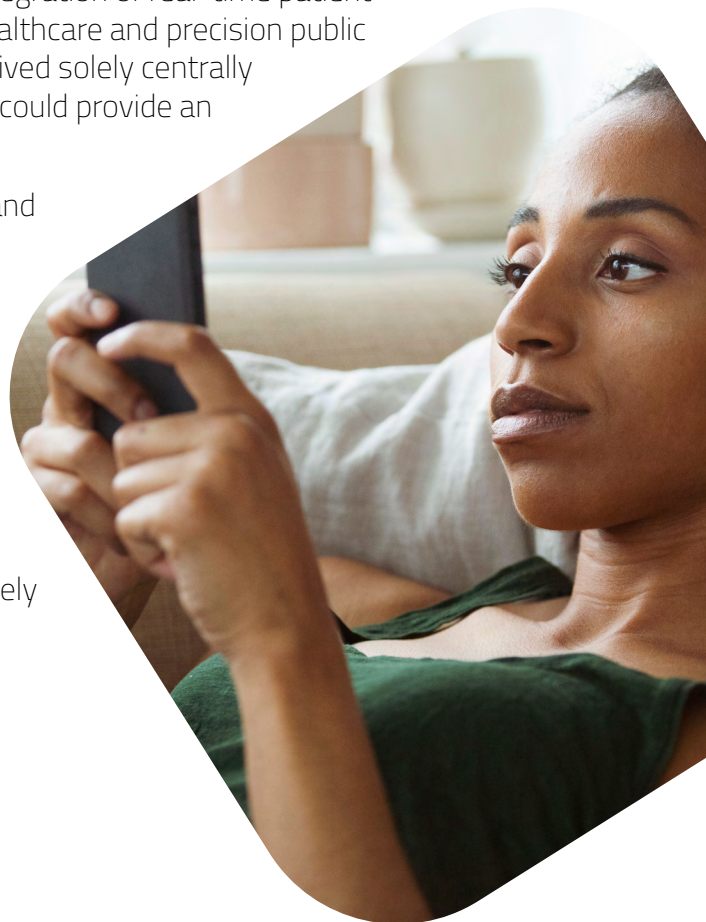
## Using App Based Data to Inform Public Health Interventions

There is a wealth of patient-collected data that has the potential to play a key role in informing future public health initiatives. Mobile applications and wearable devices are increasingly capturing a range of relevant personal health insights – data which if consolidated, could significantly enhance the NHS's understanding of population health patterns and risk factors across the UK.

The Health and Social Care Select Committee report on Digital Transformation in the NHS has rightly identified the need for the NHS App to evolve beyond its current iteration as a “portal” service. The future development of the NHS app must prioritise the development of a genuinely “native” smartphone integration which can responsibly access user-permissioned data flows including activity levels, location services and other contextual insights. The consolidation of this citizen-driven data represents an invaluable opportunity to power both personalised health advice for individual users and wider analytics to inform targeted community interventions.<sup>xix</sup>

When implemented in an ethical, consented manner, this integration of real-time patient app data could catalyse a paradigm shift for preventative healthcare and precision public health policy. Instead of population health insights being derived solely centrally collated NHS and Government data, citizen-generated data could provide an unprecedented temporal view.

To maximise the benefits of this data integration, NHS England must ensure that providers meeting technical and security standards are able to offer services through the NHS App. By doing so, a wider array of health services can be made accessible to patients, ensuring comprehensive care. Additionally, the utilisation of data-driven decision-making can significantly reduce unnecessary appointments, freeing up valuable time for GPs and other healthcare providers to focus on those most in need. This approach not only enhances efficiency within the healthcare system but also ensures that resources are allocated effectively, ultimately improving patient outcomes and overall public health.



## Best Practice Case Studies

The following case studies are included to illustrate exemplary practices in cross-Government data sharing and their significant impact on public health interventions. They demonstrate how integrated data from various sources can lead to more informed, timely, and effective health responses. By examining these examples, we can gain valuable insights into the potential benefits and practical applications of coordinated data utilisation to enhance public health outcomes.

### Zoe COVID Study - A Model for Patient-Driven Public Health Interventions

The Zoe COVID Symptom Study exemplifies the invaluable potential of consolidated patient app data to directly inform rapid nationwide responses to public health emergencies. During the COVID19 pandemic, over 4.7 million citizens utilized Zoe's app to record COVID symptoms, tests, and vaccination status – geographically located, national dataset.

Crucially, Zoe integrated these real-world app inputs with COVID test results, hospital admissions, and GP record data flows to create a unified research dataset. This enabled Zoe researchers to rapidly identify COVID's heterogenous symptom profiles, quantify asymptomatic spread, and identify risk factors like obesity well ahead of delayed hospitalization coding.

At a local level, Zoe's symptom heatmaps directly informed local interventions which were tailored by real-time community prevalence. Zoe is aiming to expand into a comprehensive citizen-driven health data platform monitoring wider conditions from cancer to dementia. Emulating Zoe's integration of regulated apps with NHS and Government data could ultimately transform public health from disconnected, reactive disease management to proactive predictive population interventions powered by a patient led approach.<sup>xx</sup>



## Case Study: Health and Homeless in Scotland Survey

In 2018, the Scottish Government released the results of a study which surveyed the healthcare interactions of over 400,000 individuals who were assessed by Scottish local authorities as homeless or threatened with homeless. NHS data on range of healthcare interventions including:

- Accident and emergency admissions
- Inpatient admissions
- Outpatient appointments
- Prescriptions
- Drug misuse and mental health admissions.

These datasets were all cross-referenced with local authority HL1 data collections which records all people who apply for housing assistance under relevant Homelessness legislation. While this study initially showed a correlation between deprivation, income, and homelessness, it also crucially showed that healthcare interactions with the NHS spiked at the point of an individual's first homelessness assessment. The Scottish Health and Homelessness survey showed that acute mental health admissions for males almost doubled in the year preceding a homelessness assessment, as did acute admission for drug and alcohol abuses.

While this data usage was restricted for the purposes of a single, retrospective study, it showcases the potential of cross Government and NHS data sharing to target preventative healthcare interventions. It raises the possibility of proactive mental health support for those at risk of homelessness, in order to prevent an observed increase in acute admissions.<sup>xxi</sup>

## Case Study: Local Government and NHS Data Sharing in Sheffield

In its research on barriers to data sharing between the Department for Levelling Up and local authorities, the UK Government highlights the success of NHS and local authority data sharing in Sheffield to improve service provision and reduce unnecessary A&E admissions. In particular, Sheffield City Council and local NHS services introduced a strict data protection protocol to share information on A&E admissions amongst vulnerable populations in the city centre.

This data sharing found that there was a significant increase in A&E admissions on Monday afternoons resulting from wound infections that had occurred over the weekend due to the lack of dedicated wound care provision. In order to address this trend, Sheffield City Council introduced wound care provision in the city centre over the weekends for vulnerable populations which subsequently reduced Monday A&E admissions.<sup>xxii</sup>

## Implementing the National Data Strategy

The National Data Strategy commits the Government to establishing improved “data foundations” across Government and the wider public sector. It also commits to developing an “Integrated Data Platform” for Government, which would provide “a safe secure and trusted environment for the government’s own data” and provide a “collaborative environment that will support government in unlocking the potential of linked data.”<sup>xxiii</sup>

While the promise of a UK Government “Integrated Data Platform” is yet to be realised, it is vital that this platform priorities interoperability with the NHS’s Federated Data Platform to ensure that insights gleaned from the consolidation of Government data including health determinants such as:

- Environmental considerations such as air quality.
- Housing status including details on homelessness.
- Employment status including details of long-term unemployment, where appropriate.

The National Data Strategy goes on to commit to the introduction of the Data Standards Authority which has since been established within the Cabinet Office and provides guidance to Government Departments on data sharing across Government and in the development of core digital infrastructure which enables the delivery of targeted insights, from across Government data, for use by Government Ministers.

Since its publication, the National Data Strategy, the Office for National Statistics (ONS) has introduced The Government Data Quality Hub which has since introduced its Government Data Quality Framework and the Integrated Data Programme in order to link and analyse cross Government data. While this programme is still in the early stages of development, it is encouraging to see the ONS acting as the Lead Delivery Partner towards the realisation of an Integrated Data Platform across Government.<sup>xxiv</sup>

It is essential that this work, currently being undertaken by the ONS, is coordinated with the NHS development of a Federated Data Platform to ensure that opportunities for secure data sharing are maximised to inform targeted population health management and local health interventions.



## 4 Principles of NHS / Government Data Sharing

### 1. A Cross Government Rationale for Data Sharing

Before data can effectively be shared across the NHS, Government Departments and with local authorities, there should be an agreed rationale behind this data collection that unites participant organisations and drives effective data sharing. This will help to hold the NHS, local authorities, and Government departments to account in actively participating in cross Government data sharing, towards a common goal.

In its mission for the future of the NHS, the Labour Party talks about the importance of ensuring “health in all policies”. It could equally talk about the importance of harnessing data to deliver a “total patient view” which draws upon a range of relevant data sources to empower joined up prevention efforts to reduce health inequalities across the UK.

All subsequent efforts to share Government data depend on the willingness of constituent parties buying into a cross-Government vision. Ensuring that these parties are involved in the development of any future data sharing initiatives is crucial to securing its longevity and successful implementation.

### 2. Alignment to the UK Government’s Data Sharing Governance Framework

In May of 2022, as part of the implementation of the National Data Strategy, the UK Government released its Data Sharing Governance Framework. This framework outlines a range of immediate steps to be taken by Government departments to encourage greater data collaboration. It includes guidance on designated leadership positions for cross-Government data sharing; the development of clear points of contact for data sharing; and the importance of developing an accessible “catalogue or inventory” of the data that each Government Department holds. These principles are foundational to the success of data sharing initiatives across Government and the NHS, and should be reviewed and actioned across Government, local authorities, and NHS England.

These principles should also be founded in the Caldicott Principles for secure data sharing of confidential patient information. Core tenets include using the minimum necessary confidential data with clear justification, anonymizing or pseudonymizing data before sharing to prevent identification, stringent access controls and governance, ensuring data is only available to those with legitimate need, accountability via audit trails and data guardians, and transparency to allow patients to make informed objections. Upholding the Caldicott Principles enables ethical data sharing for public benefit while robustly protecting privacy when data is properly anonymised and secured.

If the NHS Federated Data Platform is to develop into an ideal location for this data consolidation, it is vital that it operates against equitable standards of data security and interoperability, as have been adopted by the Government in the roll out of the National Data Strategy, and by the ONS as the lead delivery partners to the cross-Government Integrated Data Programme. It is also crucial that the Federated Data Platform reserves the capability to incorporate and anonymise app-based data, where it is made available by patients. As previously discussed, there is a wealth of patient collected data that has the potential to play a key role in informing future public health initiatives.

Data security by design and default must underpin any data sharing initiatives, with robust encryption, access controls, and audit trails in place. Adherence to data protection laws like the GDPR and UK Data Protection Act 2018 is critical, ensuring anonymisation techniques prevent re-identification risks. Alignment to the NHS Data Security and Protection Toolkit alongside the Government Data Ethics Framework should be prioritised in order to promote ethical, lawful, and transparent data practices. As outlined above, clear governance, citizen engagement, and a “need to share” principle balanced against privacy should guide any future efforts to share data to inform public health initiatives.

### 3. Open and honest public dialogue on Cross Government Data Sharing

Early, continuous and open dialogue and consultation with the UK public on the plans to share data across the Government and the NHS – including plans, usage and potential outcomes and benefits, as well as challenges and sensitivities – is crucial to ensuring public trust and transparency. It is also vital that the rationale for cross Government data sharing is clearly explained alongside the key principles of data security under which this data securing will operate. NHS England<sup>xxv</sup> and Understanding Patient Data have each recently undertaken research to assess public attitudes to sharing of data, and while there is a general public support for more sharing of data, there remains a gap in the understanding from the public of what the NHS uses data for, particularly when it is used for planning and population health initiatives.<sup>xxvi</sup>

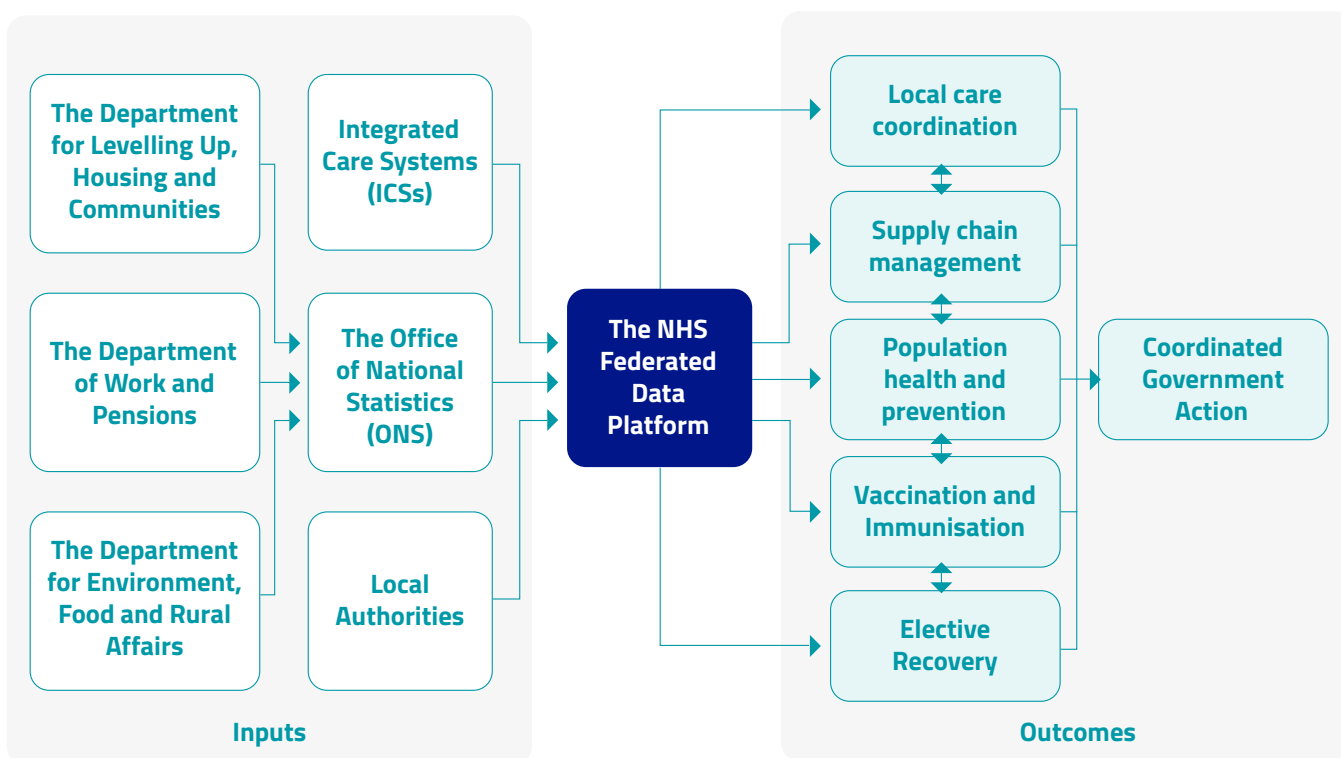
Robust, locality-tailored engagement strategies are essential when communicating future data sharing plans to communities facing health inequalities. One-size-fits-all approaches risk disengaging already underserved groups. Flexible methods utilizing existing trusted voices like local healthcare professionals, faith leaders, and community charities are pivotal to building transparency and allaying concerns. Testing communications through local partnerships allows refinement based on real-world feedback before national rollout.



#### 4. Agreed data sets for sharing and location for consolidation

Consensus is also required on which data sets should be used to inform a “total patient view” and to drive public health prevention initiatives. It is also essential that there is agreement on a singular location where this cross-Government data can be held and accessed from. There are obvious benefits to sharing the following data sets between Government, the NHS, and local authorities to allow ICSs and local authorities to plan public health initiatives accordingly:

- Anonymised homelessness / threat of homelessness status
- Pollution, air quality and other relevant environmental factors
- Quality of housing / age of housing data
- Wider available data on locations of socio-economic deprivation
- Anonymised data on ethnic minority population concentrations
- Locations of GP services, community pharmacies, dentists and wider NHS primary care services including details of available specialist services.



The development of an NHS Federated Data Platform represents an ideal place to consolidate this data collection and to inform the work of NHS community health services and local authority public health teams, particularly when it means that patient data in any form does not get shared outside the structures of the NHS.

While the current focus of the Federated Data Platform is on the collation of operational data to inform patient flow and workforce deployment; there is a long-term opportunity to expand this focus to include the consolidation of data sets outlined above to support improved, data-led public health interventions.

## Conclusion: An Invitation to Collaborate

Mastek has developed this white paper to initiate a conversation about what the future of cross Government and NHS data sharing should prioritise, if it is to inform future public health initiatives. Realising this vision will inevitably require collaboration from across relevant sectors, harnessing our collective experience and expertise. Mastek would welcome the opportunity to work with partners to develop a roadmap. If you would be interested in discussing this white paper with us further, and with working with us to develop a roadmap for the future of data sharing across Government and the NHS, please contact Mastek's Senior Vice President Healthcare, UKI & Europe [assad.tabet@mastek.com](mailto:assad.tabet@mastek.com).



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