



Procurement of Child Health Information Services across the South West

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1 Background

Providing a good start in life and enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive adulthood. Across health, social care and education there is now a determined focus on improving outcomes for children's health and wellbeing. Emphasis is on the importance of early interventions and preventive measures in improving health, more coordinated approaches to health and wellbeing and giving greater weight to the voices of children, young people, parents and families to develop effective care strategies.

It is recognised that access to information and effective information services have a strong role to play in supporting this agenda. To enable these objectives to be achieved, NHS England and the National Information Board have published Healthy Children: Transforming Child Health Information available here:

<https://www.england.nhs.uk/digitaltechnology/info-revolution/child-health/>.

The vision being to achieve two key objectives:

- Knowing where every child (0-19) is and how healthy they are
- Providing appropriate access to information for all involved in the care of children

Robust, fit for purpose Child health Information Services (CHIS) are the cornerstone in achieving this vision - inputting and recording data about individuals demographic information (e.g. address) plus information about particular interventions they have received such as immunisations and developmental checks as mandated within the National Healthy Child Programme

(<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>) .

Information on each child comes from, and is used by, a variety of practitioners including midwives following the birth of a baby, GP practices and Health Visitors undertaking developmental checks and practitioners giving school aged immunisations against diseases such as Influenza and Meningitis.

The CHIS has 3 components:

1. An IT system the Child Health Information Service System (CHISS)
<https://www.gov.uk/government/publications/child-health-information-systems-information-requirements-and-output-specifications>
2. A child health records department (CHRD), the people who run the system and required services.
3. A personal child health record (PCHR), the 'Red Book' including supporting the introduction of an electronic red book.

And 3 main objectives:

1. Maintain active and accurate child health records for a given local population including children who move in and out of the area.

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2. Manage queries about the health status of individual children and populations.
3. Check who has not yet had their intervention and ensure that no interventions are duplicated or unintentionally missed.

The current specification for collecting and reporting data is available in the Output and Information Requirements Specification for Child Health Information Systems <https://www.gov.uk/government/publications/child-health-information-systems-information-requirements-and-output-specifications> although it should be noted that information requirements will evolve as Healthy Children: Transforming Child Health Information begins to be implemented.

The NHS England Public Health Commissioning Team South (South West) is responsible for commissioning the delivery of effective CHIS services across the South West of England. In 2016/17 the total value NHS England commissioned CHIS services across this geography was approximately £2 million.

When NHS England inherited the responsibility for commissioning CHIS from the former Primary Care Trusts in 2013 there were a variety of different contractual arrangements in place and services varied in size and scope. The current organisational arrangements for CHIS in the South West are detailed in Table One.

Table one: Configuration of CHRDs in the South West

Area (LA footprint)	0-19 LA population*	CHR D Provider	CHIS
South Gloucestershire	64,556	South, Central and West Commissioning Support Unit	System C CarePlus Child Health
Bristol	106,149		
North Somerset	46,941		
Somerset	121,198		
Devon	161,748	Virgin (Exeter and North Devon services)	
Torbay	28,065	Torbay and South Devon NHS Foundation Trust	
Plymouth	60,172	Plymouth Hospitals NHS Trust	
Cornwall	118,483	Royal Cornwall Hospitals NHS Trust	Servelec RiO
Isles of Scilly	409		

*Source: ONS Population estimates by single year of age and sex for local authorities in the UK, mid-2015

The 0-19 population across the South West is 707,721 according to mid-2015 ONS population estimates. Most areas have a relatively stable population however; some areas such as Bristol are experiencing considerable population growth. This combined with an expanding range of national immunisations is increasing demand on CHIS services, which need to keep a record for every child from 0-19.

1.1 Why do we have to re-procure the services?

The principle reason for initiating a re-procurement programme at this time is that the two largest CHIS contracts are due to expire in 2018. The contract with Virgin Care to provide a service to Devon (excluding Torbay and Plymouth) ends on 31st March 2018 and the contract with South, Central and West CSU ends in June 2018. The remainder of the contracts are held with acute Trusts and, until new arrangements were agreed for NHS contracts in October 2016, were renewed annually on a rolling basis. The latter being historical arrangements rather than being established through an open procurement process.

With contracts expiring we have no option other than to re-procure services for Devon, Bristol, South Gloucestershire, Somerset and North Somerset. However, in order to meet our duty to be fair and transparent we need to treat all services equally and thus all services within the South West are included within the scope for this procurement.

Secondary reasons for the procurement include:

- Driving best value, efficiency, effectiveness and innovation
- Being open and transparent in awarding contracts
- Greater equity across the geography
- Exploring sustainable footprints for the delivery of services
- Optimising an opportunity to future proof services in line with Healthy Children: Transforming Child Health Information

1.2 Opportunities – innovation, efficiency and resilience

As a result of historic inequitable development of local CHIS, there are considerable differences in size, function and contractual responsibilities across the South West. This process seeks to drive best practice, value, efficiency, effectiveness and innovation as well as greater equity and consistency across the geography.

1.2.1 Innovation and efficiency

Healthy Children: Transforming Child Health Information sets out five foundations for the future of child health information services;

Interoperability: different electronic systems publishing and subscribing to electronic events, replacing the requirement for different providers to proactively notify each other when an intervention occurs.

Failsafe management: knowing where every child is and ensuring that no child is denied the services offered by the Healthy Child Programme, inviting all children and young people to receive these services and knowing whether this offer has been taken up.

Core record dataset (knowing how healthy a child is): ensuring a baseline set of information is available for every child and can be shared by parents and professionals.

Access: ensuring data is held securely, but is also readily available, where appropriate to parents, young people and professionals.

Personal Health Records: the personal child health record (PCHR or Red Book) has been in use for over 20 of years. It is a cross-professionally agreed summary record with a core dataset agreed nationally and will form the basis of the core child dataset as Transforming Child Health Information is implemented. This will provide a personal view for parents and a baseline dataset for professionals.

This procurement provides the opportunity to commission services that are in a position to put these foundations at their core, ensuring that it is fit for purpose, efficient and future proof; harnessing new technologies to increase effective communication and working practices. This will have benefit not only to the CHIS staff but to all of the stakeholders reliant on CHIS data such as GP's, practice nurses, health visitors, midwives and immunisation teams as well as children and parents being able to access their own up to date medical information.

1.2.2 Resilience and consistency

There is a real opportunity to agree a consistent funding approach across the geography via a large scale procurement exercise offering equity of funding model to providers and best use of public funds. It is intended that historical arrangements which have evolved in isolation over time will be replaced by a consistent approach with a clear financial rationale and consistent contract terms.

Resilience is an acknowledged risk within the current model given that a number of services are very small and can be adversely affected by personnel change or absence. The procurement exercise offers the opportunity to consider how to build greater resilience into local services with the ultimate aim being to secure sustainable provision that is fit for purpose and can flex to meet the future implementation and realisation of Healthy Children: Transforming Child Health Information.

In defining the service to be procured there is an opportunity to consider roles and responsibilities of different services, reducing local variation and giving greater clarity. CHIS services whilst all delivering a core of work, currently undertake a range of additional functions evolved through local negotiation. Some of these functions may take CHIS services away from their central role and as such there is an opportunity for these to be reviewed resulting in a more consistent and responsive offer with well-defined outcomes and reduced variation.