

# **Securing Excellence in Child Health Information Services IT operating model**

## **Key facts**

March 2013

#### Introduction

- 1. Primary Care Trusts (PCTs) have led on commissioning provision of Child Health Information Systems (CHIS) within Child Health Records Departments (CHRDs) or equivalent functions, which ensures each child in England has an active care record, supporting the delivery of national screening programmes, immunisation and the healthy child programme services. These records must be held within a secure information system, which meets appropriate requirements for information governance and IT security for managing personally-identifiable data within the NHS.
- 2. An agreement has been made between the Secretary of State for Health and the NHS Commissioning Board (NHS CB) under section 7A of the National Health Service Act 2006, which sets out certain public health services to be commissioned by the NHS CB as part of the system design to drive improvements in population health.
- 3. Through this delegation of commissioning responsibility, the NHS CB will undertake responsibility for ensuring CHIS systems and associated services are commissioned effectively from any able provider that meets technical and resource capability. This is described in the CHIS service specification (specification 28), the CHIS information requirements specification (IRS) and is supported by the output based specification (OBS), which is a gold standard for CHIS to be used by IT suppliers and commissioners when redesigning or re-procuring CHIS to bring greater consistency to the functionality across England.
- The continuation of the Personal Child Health Record (PCHR) will continue to be an essential tool to ensure data exchange and data collection within CHIS and continued information sharing between professionals and parents and carers.
- 5. The NHS CB from the 1<sup>st</sup> April 2013 has to ensure the services they commission conform to data quality, information standard notices (ISNs) and technical standards. The CHIS IT provision must be compliant with process and exchange information as determined by the NHS CB. The CHRD (or equivalent function) must be adequately resourced and staffs trained to record and manage the relevant data within the child's care record.

## The operating model: responsibilities and accountabilities

- 6. The NHS CB will be responsible for commissioning national screening and immunisation programmes and children's public health services from pregnancy to age 5 and therefore the IT provision associated for monitoring this population should meet the relevant information requirements for these programmes, specifically newborn screening programmes (specifications 19-21), childhood immunisations (specifications 1,2,4,6,7,8,9,10,11,12 with additional service specifications in preparation for new immunisation programmes that will require modifications to CHIS to support the new programmes) and children's public health services (specification 27). This provision will be supported by CHIS and CHRD services.
- 7. Public Health England (PHE) responsibility is to support delivery of NHS CB's operational responsibilities as delegated by the Section 7A agreement and to ensure that the arrangements are robust.
- 8. PHE will co-ordinate the updating of the CHIS IRS and the CHIS OBS specifications.
- 9. The maternity and children's dataset is a new national dataset which has been approved for collection from 1<sup>st</sup> April 2013. This includes the Children and Young People's Health Services Secondary Uses Dataset, ISB 1069, which will be extracted from CHIS. In the longer term the CHIS provider will report all activity at a record level to HSCIC, allowing the NHS CB area teams the capability to access the data online.
- 10. In the event, that legacy providers of CHIS are partially compliant with the CHIS IRS and CHIS OBS specifications, then the NHS CB is required to liaise with PHE, the Department of Health (DH), IT suppliers, user groups and networks to develop and agree a realistic roadmap for progression towards the gold standard of a CHIS by 2015.
- 11. The operational delivery of these commissioning and assurance processes will be incorporated into the NHS CB's operating arrangements, through its area teams.
- 12. The NHS CB will continue to set overall direction, strategy in consultation with PHE and other business partners, operating standards and budgets and maintain national infrastructure to ensure delivery of greater consistency of CHIS IT provision in the future.
- 13. The CHIS service provider will remain responsible for their own local IT arrangements to support their service; including the provision of CHIS of their choice (that is compliant with ISNs and technical standards) and the associated support required for the operational management and ongoing system development.

- 14. Any CHIS service provider appointed by the area teams will have to deliver to a set of quality and IT safety standards, including compliance with Information Governance Toolkit (IGT), interoperability toolkit (ITK) standards, clinical safety and assurance, network security, registration authority services, as determined by the NHS CB.
- 15. The CHIS service provider will be free to choose any local IT delivery organisation to provide support services. This will include local service desk and technical support, training, associated hardware, network services and registration authority services if applicable. Any IT assets funded previously by the service provider that are not exclusive for the functioning of the CHIS system (such as staff PCs), will not covered by these arrangements.
- 16. NHS CB with advice and guidance from PHE will be responsible for the ongoing development and maintenance of technical and quality standards such as ISNs which will be subject to periodical review in order to incorporate new and emergent needs.
- 17. Public Health England will co-ordinate the updating of the CHIS Information Requirements Specification (IRS) and the CHIS output based specification (OBS) in line with requirements.
- 18. HSCIC will continue to maintain existing standards for quality and IT safety, IGT, ITK and clinical safety and assurance. The NHS CB may commission additional support for new and emergent needs or may choose to oversee them.
- 19. The HSCIC will continue to develop and deliver national infrastructure services to enable public health information requirements to be met. This includes the collection of central returns and reporting needs to support the population of the indicators for the Public Health Outcomes Frameworks.
- 20. CHIS service providers as commissioned and directed by the NHS CB will ensure fail-safe systems are in place to manage the processing of data returns and statutory reporting requirements to support the NHS and PHE in the overall management of public health programmes.
- 21. The NHS CB will expect the CHIS service provider to have the appropriate skills and experience to understand the health relevance of the data and who is in a position to ensure that it meets the needs of the various clinical/public health programmes to which it links and serves. The NHS CB will be responsible to specify these requirements through contractual management agreements and performance management arrangements.
- 22. The purchase, administration and delivery of PCHR to parents will be the responsibility of each service provider where maternal and infant health care is delivered. If existing arrangements are for CHRDs to oversee the supply of PCHR to maternity units and health visiting teams to support data collection

- processes, this will continue unless other systems of ensuring supply are commissioned. This may be subject to review by the NHS CB.
- 23. NHS CB, through its area teams, will have responsibility for any incidents and issues that may arise or be reported from the CHIS systems and therefore will be responsible for corrective action working collaboratively with the appropriate agencies. The NHS CB will be responsible for compliance monitoring and ensuring that CHIS service providers and HSCIC comply with their contractual obligations.
- 24. PHE will provide support that requirements in section 7A are being met and the details of CHIS IRS (specification 28) are delivered.

#### **Finance**

- 25. CHIS and CHRD service provision will be commissioned using the NHS CB public health budget through the appropriate and agreed contractual frameworks. The allocation of annual CHIS commissioning funds to CHIS service provider organisations acts as an annual income to ensure compliance and conformance to meet the CHIS operational and technical standards.
- 26. The NHS CB will continue to commission from HSCIC:
  - national infrastructure and services to enable public health information requirements to be met (e.g. networking services and capability to deliver national data collection/reporting of Children and Young People's Health Services Secondary Uses Dataset (ISB 1069)
  - continue development and maintenance of quality and IT safety standards, IGT and ITK
  - ongoing development and maintenance of IGT including advice and guidance
- 27. The operating budget to commission CHIS service provider will cover costs for a CHIS system and operating licences, CHRD (or equivalent function) and associated activities (including PCHR), staffing and associated IT support.
- 28. The CHIS service providers need to identify cost of providing CHIS system and agree the contractual budget with NHS CB area teams.
- 29. The CHIS service provider is responsible for asset ownership, staff training and hardware replacement programmes etc.

### **Next steps**

30. The NHS CB is working with key stakeholders to develop common operating policies and procedures to support area teams, including contractual management frameworks and guidance on dealing with concerns about individual performance, issues and incidents.

31. The new arrangements as described in the operating model will be kept under review. The NHS CB will ensure they are achieving what they are designed to do within the context of the emerging commissioning system.

## **Further information**

32. If you have any questions about the future arrangements please contact: traceygrainger@nhs.net.