



Transfer of 0 to 5 children's public health commissioning to local authorities

Data and information factsheet 1: requirements

From 1 October 2015, the responsibility for commissioning public health services for children 0-5 will transfer from NHS England to local authorities.

This factsheet provides local authority commissioners and information managers with a summary of key information to understand the data and information aspects of the transfer and provides key steps to take in readiness. This factsheet has been prepared by Public Health England, with contributions from partners including Local Government Association, Department Health and NHS England.

Information requirements for the Healthy Child Programme

Commissioners need a regular flow of aggregate information. This aggregate data will enable Local Authorities to support monitoring of services for 0-5 year olds on an on-going basis and to inform periodic review and re-negotiation of contracts. Aggregate data is that which is not limited to one person, but data tracked across time, organisations, populations or some other variable.

- There are a number of key performance indicators associated with these services, which is important to monitor, and it is suggested that they should be reflected in commissioning contracts. These include:
 - Service performance indicators associated with the five mandated service touch points; antenatal visit, new birth visit, 6-8 week review, 1 year review and 2 – 21/2 year review.
 - Outcome indicators where the data comes directly from the activities of these services such as breastfeeding at 6-8 weeks and child development outcomes at 2-21/2 years.

- Commissioners may also wish to consider wider outcome indicators, which are influenced by the quality of these services but do not directly come from these service activities. Examples of such indicators would be immunisation coverage and A&E attendance rates.

Supporting the transition

A detailed technical specification on data collection and reporting is available to help local authorities, service providers and their information managers to prepare for this transition. Local authority representatives contributed to this interim solution for national reporting arrangements, which requires a simple collection of aggregate data on key indicators on a quarterly basis. The interim reporting arrangements and further information to support the local reconciliation of reports by registered population and by resident population is provided. The below information summarises the key steps that are outlined in the detailed guidance, which can be found at interimreporting@phe.gov.uk

Summary of key steps

- 1) Familiarise yourself with the key performance indicators and the technical specifications on data collection and reporting
- 2) We suggest that Commissioners incorporate minimum standards on key performance indicators and data quality improvement in to local contracts where possible and undertake a self-assessment of their child health data and information systems and processes with providers
- 3) Information managers need to work to ensure that local processes are in place to capture the essential data items required by commissioners and for national reporting, and that data flows are established. These need to be capable and robust to support local reporting by both resident (child living within the area) and registered (child registered with a GP within the area) populations.
- 4) Undertake self-assessment using data and information state of readiness tool
- 5) Ensure local processes are in place to collect data and to report standard key performance indicators on a periodic basis.

- 6) Be prepared to submit record level data and key performance indicators, to support voluntary national reporting on an interim basis from 31 August 2015.

Supporting resources and materials

- 7) There are a number of other resources that may be of use to local authority and NHS staff, including:

- [Health Visiting Specification 15/16](#)
- [Technical specification on data collection and reporting](#)
- [Child Health information Systems; Information requirements 2015](#)
- [Child Health Information Systems – NHS Service Specification section 28](#)
- [Maternity and Children's Dataset \(MCDS\)](#)
- [Children and Young People's Health Services Dataset \(CYPHS\)](#)
- [Public Health Outcomes Framework](#)
- [Early Years Profiles](#)

Further information

Why do we need a national standard?

- 8) Standardisation of data items and key performance indicators will mean that services can be directly compared to each other across the country. It will also make national reporting easier such as for the Public Health Outcomes Framework. In addition, local reports can be used as benchmarking tools to support the improvement of services and outcomes.

Delivering local reporting

- 9) How local reporting is delivered is down to local discretion; contracts should report performance against key performance indicators and specify data required for the quality assurance and validation of those indicators. More detail on key performance indicators and supporting data can be found in the Health Visitor service specification 2015/16 (published by NHS England) and the technical specification on data collection and reporting (published by Public Health England)

- 10) Service providers collect data directly as part of recording clinical activity. The data should be collected once into an electronic clinical record, which is then available for many uses, including for commissioners to monitor local performance. Most local areas collect the child health record on a Child Health Information System (CHIS). CHIS systems are used for many reasons and the approach varies across England.
- 11) NHS England continues to lead on the commissioning of CHIS. Locally CHIS systems make data collection and reporting for commissioners easier but other local arrangements may be put in place if required.

Delivering national reporting – Maternity and Child Health dataset (MCDS)

- 12) In the longer term, the Maternity and Children's data set (MCDS) will report data nationally. The Health and Social Care Information Centre (HSCIC) will run the reporting service.
- 13) The technical infrastructure for the children's component of MCDS (the Children and Young People's Health Services Dataset (CYPHS)) will be ready to collect data in a standard format from local CHIS systems from October 2015. It is a responsibility of local service providers to ensure that their CHIS systems have been upgraded to meet this requirement and to comply with all these standardised data items.
- 14) The interim reporting system will be required until such time as the MCDS has reached full coverage and maturity, possibly even until 2017. The approach to interim reporting is outlined in a letter from PHE to Directors of Public Health and Directors of Children's Services on 24 June 2015. Further details on the approach to implementation with detailed technical guidance that explains what analysts and commissioners in local authorities need to do to submit data has been provided in August 2015. The interim approach will be dependent upon collection, quality assurance and collation of standardised key performance indicators from local commissioners.

If you require any further information or assistance, please do not hesitate to contact the Public Health England's national knowledge and intelligence team at interimreporting@phe.gov.uk