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Public health functions to be exercised by NHS England

Service specification No.28

Child Health Information Systems (CHIS)

November 2013

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Public health functions to be exercised by NHS England

Service specification No.28

Child Health Information Systems (CHIS)

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Service specification No.28

This is a service specification within Part C of the agreement 'Public health functions to be exercised by NHS England' dated November 2013 (the '2014-15 agreement').

The 2014-15 agreement is made between the Secretary of State for Health and NHS England under section 7A of the National Health Service Act 2006 ("the 2006 Act") as amended by the Health and Social Care Act 2012.

This service specification is to be applied by NHS England in accordance with the 2014-15 agreement. An update to this service specification may take effect as a variation made under section 7A of the 2006 Act. Guidance agreed under paragraph A38 of the 2014-15 agreement may inform the application of the provisions of this service specification.

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

The 2014-15 agreement including all service specifications within Part C is available at www.gov.uk (search for "commissioning public health").

Definition and purpose of a Child Health Information System

1. CHIS are patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions. For example, immunisations and childhood screening as well as support for children with Special Educational Needs (SEND).
2. CHIS are operated at local level, and prior to April 2013, were commissioned by PCTs. They take a variety of forms from a spreadsheet with manual entry processes, to a more advanced database relying on many automated inputs and outputs. NHS England now undertakes responsibility for ensuring CHIS are commissioned effectively. The long-term location of the service will be considered as part of the expected transfer of responsibility for children's public health services for 0-5 year olds in 2015 from NHS England to local authorities.
3. Work has been on-going to improve and bring greater consistency to the approach of CHIS across England. This was begun in 2007 and completed by the CHIS Transition Steering Group (chaired by Sheila Shribman) with the publication of the document Information requirements for Child Health Information Systems¹, which sets out what a gold standard CHIS looks like. The CHIS TSG then commissioned an Output Based Specification (OBS)² that can be used by suppliers and commissioners when redesigning or re-procuring CHIS to move toward the gold standard.
4. The current immunisation, screening and other public health programmes are detailed in other service specifications and may be subject to update as advancements in evidenced best practice emerge. The development of CHIS systems will need to allow for these updates.

1

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134463.pdf

² <https://www.wp.dh.gov.uk/publications/files/2012/11/201112-CHIS-OBS.pdf>

Aims, objectives and outcomes

Aims

5. The aim of Child Health Information Systems (CHIS) is to ensure that each child in England has an active care record, supporting delivery of, as a minimum, screening, immunisation and the healthy child programme services for which detailed service specifications are set out elsewhere in Part C of the Section 7A agreement. 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, and must be supported by an adequately resourced team to record and manage the relevant data.

The CHIS will fulfil the processing of data returns and statutory reporting requirements to support the NHS and PHE in the overall management of public health programmes and to track progress via the indicators detailed within the Public health Outcomes Framework and the NHS Outcomes Framework. The short term minimum standard is the continued reporting of data by PCT responsible population.

6. Due to the mixed economy of systems and local ownership it is accepted that there were some areas which failed to meet this aim from April 2013. In these cases, NHS England is required to put in place an agreed improvement plan to reach the required minimum standards (electronic support for childhood screening, immunisation and public health programmes and full reporting via the maternity and children's dataset³) within an agreed timeline and, ultimately, by April 2015.

7. The longer-term aim is for all local area CHIS to be commissioned based on the Information requirements for Child Health Information Systems. When re-commissioning opportunities arise, NHS England will be required to commission local CHIS arrangements with the Information requirements for Child Health Information Systems document in mind. They will also be required, wherever possible within the current funding envelope, to move provision as far as possible towards this standard.

Objectives

8. The objectives of the programme are:

- to ensure that all existing information systems and associated support for child health information including the Personal Child Health Record ("Red book") are able to continue to function after transition, and continuing to exchange data where appropriate with legitimate partners (including parents & carers) to facilitate the delivery of child health services
- to ensure that each locality is using a Child Health Information System, which meets a minimum standard of supporting delivery of screening, immunisation and the healthy child programme services as set out elsewhere in Part C, including

³ <http://www.ic.nhs.uk/maternityandchildren>

requirements from the maternity and children's dataset³, and holds a record for each child aged between 0 and 19 years, resident within their population.

- to ensure that these systems take into account and support future changes to services (e.g. a change to an existing, or introduction of a new, routine immunisation programme). The changes and new services themselves would be clearly described in revisions to and/or new service specifications.
- to identify any systems that do not meet the minimum standard of operation and reporting, and work with these areas to develop an improvement plan to an agreed timeline, and ultimately, by April 2015. This plan should wherever possible encourage and support future potential attainment, within the funding envelope, of the gold standard as set out in Information Requirements¹ and the Output Based Specification² for Child Health Information Systems.
- in addition to the minimum standard, NHS England is required to liaise with Public Health England, the Department of Health, IT suppliers, user groups and networks to develop and agree a realistic roadmap for progression towards the gold standard of a CHIS, which is contained within Information Requirements¹ and the Output Based Specification² for Child Health Information Systems by April 2015. These or other partners may identify to the NHSCB, CHIS that are failing to meet requirements.

9. There may be additional areas of improvement identified through the course of this work, which may be addressed if appropriate.

Outcomes

9. The anticipated outcomes of this work are:

- Business continuity for existing CHIS across the country, meaning there will be no break in service provision (e.g. immunisation and screening) or in the data collection and returns that these systems facilitate (e.g. COVER data, breastfeeding data) during the transition to the new health and care system from April 2013
- Until systems are sufficiently developed to support the production of good quality information by local authority resident populations through the maternity and children's dataset³, submission of aggregate information for PCT responsible populations (or CCG/ local authority populations) must continue for all indicators in line with the processes, frequency and timeliness operating in 2012/13.
- Achievement of the minimum standard for CHIS to enable delivery of immunisation, screening and the Healthy Child Programme services as set out elsewhere in Part C, across all local areas, at the latest, by April 2015 resulting in effective delivery of children's public health services, improved data collection for population health measures, and better records on child health facilitating clinical and family decision-making

- Publication of a realistic roadmap for progression of all CHIS, within the funding envelope provided, towards meeting the gold standard set out in Information Requirements¹ and Output Based Specification² for Child Health Information Systems by April 2015.