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NHS England Annual Accountability Statement for NHS Public Health Functions (S7A) Agreement for 2019-2020

June 2022

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Background

NHS England, through the S7A Public Health Functions Agreement, commissions certain public health services that drive improvements in population health. The Secretary of State, through the S7A Agreement, delegates responsibility to NHS England to commission the following programmes:

- National NHS routine immunisation programmes
- National NHS screening programmes
- Child Health Information Services
- Public health care for people in prison and other places of detention
- Sexual assault referral services

As part of the requirements in the NHS Public Health Functions Agreement (S7A), NHS England is asked to report to the Secretary of State on its achievement against the expected objectives set out in the Agreement. This document constitutes the NHS England Annual Accountability Statement for the S7A for 2019/2020.

Objectives of S7A Agreement 2019/2020

The S7A Agreement aims to ensure stability of programme delivery and outcomes, improving uptake and reducing variation across existing programmes, together with ensuring delivery of specified programme changes.

NHS England's first objective under the Agreement is to provide high quality S7A services with efficient use of resources, seek to achieve positive health outcomes and reduce inequalities in health.

NHS England's second objective is to implement planned changes in S7A services in a safe and sustainable manner, promptly and thoroughly. The key deliverables for implementing change from services provided in 2019-20 are listed in Section 8.

NHS England Achievement of S7A Objectives in 2019/2020

NHS England has worked to deliver the Agreement within the financial envelope provided and continued to work with key stakeholders including providers and Public Health England (PHE) to:

- reduce variation in local levels of performance between providers in different geographical areas;
 - ensure that service specifications are implemented in contracts with providers;
 - monitor performance of agreed standards and provide high quality services delivered by a trained workforce;
 - improve the quality of patient experience - where local changes may occur, such as change in venue, then 13Q assessments are undertaken and patients/public are involved in local decision making.
1. The indicators set out in the Agreement and reported below (Appendix 1) use agreed 'standards' as comparators. Screening has two targets for assessment - acceptable (lower threshold) and achievable (standard) to allow for continuous improvement, enabling providers and commissioners to identify where improvements are needed. The acceptable threshold is the lowest level of performance which screening services are expected to attain to assure patient safety and service effectiveness. The achievable standard is an aspirational target that services should aspire towards. All screening services should exceed the acceptable threshold, and where they are not, local areas should develop plans to deliver sustained improvements.
 2. Implementing programme changes included:
 - Continued phased extension of the childhood flu immunisation programme, arranging provision of vaccination for all children aged two to ten (but not eleven years or older);
 - Offering HPV vaccination to all 12 to 13-year-old-boys (school year 8) and those 13 to 14 year old boys (school year 9) in the following year where the dosage is offered across two academic years;
 - Completing the national roll out of the HPV vaccination for men having sex with men (MSM);

- Producing robust plans for the age extension of FIT-based bowel screening in line with commitments in the LTP and recommendations from the UK National Screening Committee;
 - Scheduling changes to the children’s PCV immunisation programme, which took effect from 1 Jan 2020.
3. NHS England continued to commission a high standard of public health services in England. During 2019-20 NHS England delivered improvements in uptake in bowel screening but uptake in breast screening reduced slightly. The pattern of declining coverage of the cervical screening programme continued. NHS England worked with partners such as PHE as advisors, on the ongoing focus for action to reverse the decline.
4. During 2019 to 2020 NHS England commissioned public health screening and immunisation programmes which resulted in:
- Screening 3.20 million women aged 25 to 64 tested for cervical abnormalities.¹
 - Screening 2.80 million people for bowel cancer.²
 - Screening 1.84 million women aged 50 to 70 for abnormalities in breast tissue.³
 - Screening the eyes of 2.30 million people with diabetes.⁴
 - Screening 537,000 babies for 15 conditions (14 for baby girls).⁵
 - Screening 540,000 pregnant women for a fetal anomaly, hepatitis B, HIV, syphilis, sickle cell disease and thalassaemia.⁶
 - Screening 222,000 men aged 65 for an abdominal aortic aneurysm⁷.
 - 421,000 individuals required further testing and treatment following positive screening test results.
 - Over 560,000 children had received the vaccinations due by their first birthday, over 570,000 by their second birthday, and over 580,000 by their fifth birthday.⁸

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-annual/england---2019-20>

² <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2019-to-2020>

³ <https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2019-20>

⁴ <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2019-to-2020>

⁵ <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2019-to-2020>

⁶ <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2019-to-2020>

⁷ <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2019-to-2020>

⁸ <https://webarchive.nationalarchives.gov.uk/ukgwa/20211101145059/https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england---2019-20>

- Over 15 million flu vaccinations were delivered to healthcare workers, all primary school years, and the main cohorts of pre-school children, at risk groups, and those over 65 years of age.⁹
 - The Human Papillomavirus (HPV) vaccine was given to a year 8 male cohort for the first time. Over 180,000 received their first dose. 280,000 year 9 females had received their first dose, and 200,000 their second.¹⁰
 - 145,000 of those that turned 70 and 87,000 of those that turned 78 during 2019/20 had received their shingles vaccine.¹¹
5. By implementing the ambitions in the S7A agreement, millions of newborns, children, adolescents and adults have access to screening and immunisation programmes each year. Successful delivery of these programmes impacts significantly on the wider national prevention programme and supports the government's ambition and vision for putting prevention at the heart of the nation's health as set out in *Prevention is better than cure: our vision to help you live well for longer (November 2018)* [see section 8 and appendix].

Statutory duties in relation to equality and health inequalities

6. NHS England, through local offices and regional public health commissioning teams, continues to recognise the positive and transformative impact effective commissioning can have on securing equality and addressing health inequalities. Building on actions in previous years, in 2019-20 all screening and immunisation service specifications continued to include specific asks for programmes to be delivered in a way which addresses locally identified health inequalities, tailoring and targeting interventions when necessary.

Programme Delivery

7. NHS England's second objective is to implement planned changes in S7A services in a safe and sustainable manner, promptly and thoroughly. In 2019-20 NHS England:

⁹ <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2019-to-2020>; <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2019-to-2020>; <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-winter-2019-to-2020>

¹⁰ <https://www.gov.uk/government/publications/hpv-vaccination-coverage-in-adolescent-females-and-males-in-england-2019-to-2020>

¹¹ <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2019-to-2020-evaluation-reports>

- Established a suite of national programme boards to oversee planning, performance and delivery across the Section 7A programmes
- Completed planning of the introduction of FIT testing into the NHS bowel screening programme, develop plans for roll out of age extension, with modelling to assess capacity and demand based on a range of scenarios for implementation.
- Commissioned NHSX to facilitate development of a new digital screening platform commencing with the NHS Breast Screening Programme as a priority, with a failsafe assurance dashboard for that programme phase 1 now built.
- Fully implemented SHPV Primary Screening within the NHS Cervical Screening Programme in England from 2nd December 2019. The full mobilisation and consolidation of the existing laboratory providers to the 8 lead contractors was achieved on 18th March 2020. Work continued to plan the move to extended intervals safely, working collaboratively with regional commissioning teams and NHSX and NHSD in creation of a replacement cervical screening management system.
- Supported the National Audit Office in its review of childhood immunisations¹²
- Completed a vaccination and immunisation review that led to a new Immunisation Quality and Outcomes Framework (QOF) domain with focus on MMR immunisation programme. The QOF incentives are now aligned with key public health outcome indicators ~ 90-95% threshold.
- Ensured the Smoke Free programme successful rollout of 103 closed open prisons. Only open prisons remain a smoke environment in outside shelters. The key priority for this programme is now to ensure good air quality with work being undertaken in the following financial year to evaluate the impact.
- Continued to implement policy changes to the childhood influenza immunisation programme, including roll out to Year 6.
- Announced during November 2019, NHS X and NHS Digital teams responsible for the Digital Child Health (DCH) programme, the National Events Management Service interoperability solution 'go live'. The solution, which is the first major part of the DCH, was trialled during 2019 in North East London, and is now available nationally.

Improving uptake and reducing variation

¹² <https://www.nao.org.uk/report/investigation-into-pre-school-vaccinations/>

8. The NHS Long Term plan was published in January of 2019¹³ and referenced NHS England's ambition in relation to improving uptake and coverage of screening and immunisation programmes. Through collaboration with regional public health commissioners, NHS teams (including the NHS Cancer Programme, Primary Care and NHSX) and PHE national and regional colleagues, a standardised pack of actions has been developed that can be used to improve uptake in the S7A screening and immunisations programmes. The first release focussed on the NHS national cancer screening programmes (Bowel, Breast, Cervical) and Measles, Mumps and Rubella immunisations, the second was developed for flu and the third identified generic immunisation actions. Other releases planned to follow will focus on expanding programme specific actions. Within these releases, the key areas of focus included; access, inequalities, payment system mechanisms, improving IT systems, data, governance and assurance, improving understanding of NHSE commissioned programmes, communications, workforce and contracting.
9. Areas demonstrating improved uptake include:
- Approximately 3.3 million Faecal Immunochemical Test (FIT) kits issued by the 5 NHS Bowel Cancer Screening Programme Hub Providers. Uptake has increased in line with modelling assumptions by around 6%.
 - PHE data released on 20 February 2020 showed services vaccinating more school age children than ever before.
10. Areas that continue to need further improvement include:
- On-going work is required before a safe move to extended intervals within the Diabetic Eye Screening Programme;
 - On-going work to support capacity especially workforce within the NHS Bowel Cancer Screening Programme following the introduction of the FIT;
 - Ongoing work to improve uptake of NHS Breast Screening as identified by the 2019 Mike Richards Review into adult screening especially to address inequalities in access for certain populations;
 - Ongoing work to ensure improved uptake of MRR vaccine and routine childhood immunisations for those aged 0-5 years, including the Polio containing vaccine.
11. S7A services are a key dimension to prevention of ill health. See Appendix 1 for S7A indicators that need to be met to support the prevention agenda.

Finance

¹³ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

12. Under paragraph 3.9 of the 2019/20 NHS public health functions agreement, “NHS England is committed to openness and transparency of the total funding (including ring-fenced and non-ring-fenced sums); achieving this is subject to having access to reliable data and sufficient capacity in NHS England.”
13. In addition, in accordance with paragraph 3.12 “NHS England will report to the Secretary of State after the end of each financial year on the use of the funding allocated under paragraph 4.1 and, if different, the total expenditure attributable to the performance of functions pursuant to this agreement.”
14. Appendix 2 shows £1,360.9m of expenditure has been quantified.

This compares to:

- a. The ring-fenced sum of £1,271m “that may be used only for expenditure attributable to the performance of functions pursuant to this [S7A] agreement” per paragraph 4.1; and
- b. Total planned expenditure of £1,382.1m.

This means that:

- a. NHS England met its obligation to use the ring-fenced funding in accordance with paragraph 4.1 – expenditure was £89.9m more than the ring-fenced sum;
 - b. NHS England originally planned to invest £111.1m more than was required under paragraph 4.1 of the S7A agreement; and
 - c. Expenditure was £21.2m less than planned.
15. The £21.2m underspend against the total NHS England plan was mainly attributable to:
 - a. Lower than expected immunisation expenditure (£15.0m underspend);
 - b. A more accurate estimate of expenditure on public health services for children and adults in secure and detained settings based on a detailed review of health and justice contracts which cover a range of services including S7a services (£12.4m underspend);
 - c. Net underspends against other expenditure categories (£5.7m).
 16. There were higher than planned cancer screening costs, mostly associated with the cervical screening laboratory consolidation / implementation of HPV primary screening (£11.9m).

17. The reported ring-fenced expenditure includes:

- a. The costs of contracts relating to S7A programmes with NHS and third-party providers;
- b. Vaccines ordered by GPs and reimbursed by CCGs on behalf of NHS England's S7A programmes (i.e. adult flu and pneumococcal);
- c. Various S7A costs incurred by other organisations but not recharged to NHS England (e.g. colposcopies);
- d. The S7A element of health and justice contracts; and
- e. Immunisation target payments and enhanced service payments to GPs

18. The reported expenditure does not include:

- a. Those elements of the GP global sum and Quality and Outcomes Framework (QOF) payments to GPs which directly relate to S7a services;
- b. Non-cancer screening and immunisation costs in the maternity tariff (and incurred by CCGs);
- c. Commissioning and administration costs incurred by NHS England;
- d. Any allowance for NHS England's general overheads;
- e. Costs incurred by Public Health England in support of S7a programmes which include: centrally procured vaccines, health promotion, pilot studies relating to potential future S7a programmes and administration, IT systems, quality assurance and reporting.

19. Appendix 2 shows the total costs before and after reclassifying the costs in other organisations against specific programmes.

Key deliverables set out within the 2019/20 S7A agreement

Key deliverables	NHS England Delivery
<p>NHS Newborn and Infant Physical Examination Programme In 2019-20, NHS England will, with support from PHE, work to:</p> <ul style="list-style-type: none"> • Further embed the use of the national NIPE IT system to support accurate data collection and management of local screening pathways and failsafe processes. • Embed changes as a result of the move of NIPE SMART to the new IT platform SMaRT4NIPE (go live planned for Spring 2019). 	<ul style="list-style-type: none"> • PHE and NHSE/I worked with providers to support go live with the NIPE IT system and improve data collection management of local screening pathways and failsafe processes. • The move to SMaRT4NIPE was completed; PHE worked with providers to embed changes.
<p>NHS Sickle Cell and Thalassaemia Screening Programme In 2019-20 NHS England will support PHE in:</p> <ul style="list-style-type: none"> • The implementation of a new system for referring Sickle Cell and Thalassaemia Screening screen positive infants from newborn screening laboratories into treatment services in order to improve patient safety. 	<ul style="list-style-type: none"> • The pilot for the new system went live in January 2019 at the Central Middlesex laboratory. In June 2019, the Leeds laboratory went live. During 2019/20 both labs were only partially live across their provider networks. Manchester lab went fully live in June 2019. • This work has been continued into 2020/21, to fully implement the solution.

<p>NHS Cervical Screening Programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Ensure the successful implementation of the delivery plan for HPV Primary Screening to achieve full geographical coverage across England by the end of December 2019, whilst working with PHE to ensure local service delivery during implementation meets the programme standards and guidance. • Ensure the timely revision and delivery of the relevant ICT systems for cervical screening through the contractor relationship with PCSE to ensure the requirements for HPV primary screening can be delivered safely. • Continue to ensure local plans are delivered in response to the decline in cervical cancer screening coverage and that progress is made in implementing these plans, including actions on addressing inequalities, promoting informed consent and improving access to screening. • Ensure that action plans are delivered to improve access to cervical screening in sexual and reproductive health services. 	<ul style="list-style-type: none"> • HPV Primary Screening was fully implemented within the NHS Cervical Screening Programme in England on 2nd December 2019. The full mobilisation and consolidation of the laboratory providers to the 8 lead contractors was achieved on 18th March 2020. • A number of national and local initiatives were implemented to support the clearance of backlogs including mutual aid between providers (across and between regions) to improve 14-day turnaround time performance during the transition to HPV Primary Screening. • Responsibility for the delivery of the administrative service that supports the NHS Cervical Screening programme transferred from Capita Primary Care Support England to the North of England CSU on 1st August 2019. As part of the transition around 100 Capita PCSE staff TUPE transferred to the North of England CSU, the service continued to be delivered from Capita premises using Capita IT until September 2020. • NHS X commissioned NHS Digital to design and implement a new cervical screening IT system to replace the existing system which is dependent on the NHAIS platform. Throughout 2019/20 NHS Digital completed scoping and discovery work to understand the existing cervical screening IT system architecture. They also engaged with users of the system to scope out their needs, required tasks and system inefficiencies. • An improving uptake plan for cervical screening was developed nationally and issued to the regional Public Health Commissioning
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	<p>Teams to support improvements in coverage performance. NHSEI supported work being led by PHE to oversee the development of an evaluation to test the effectiveness of HPV self-sampling as a primary cervical screening option.</p> <ul style="list-style-type: none"> Local initiatives were also progressed in response to the decline in coverage performance, including the relaunch of the SMS text reminder service in London in January 2020 and planning for the YouScreen study to examine the impact of HPV self-sampling on repeat non-responders in London. A Task and Finish Group was established to oversee improved access to NHS cervical screening sample taking services in sexual health settings. Outputs from the group included development of a national NHS service specification for contracting, a communications strategy a review of staff training needs and data flows to monitor the contract.
<p>NHS Diabetic Eye Screening programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> Commence moving to extended intervals in localities where safe and effective to do so, where services are able to demonstrate they can meet the appropriate quality criteria. Continue, with support from PHE, to make measurable improvement in the quality of grading to support moving to extended intervals in all areas. Continue to work with PHE on ensuring robust IT solutions support extended intervals in the interim, and as part of a system-wide approach to strategic IT development. 	<ul style="list-style-type: none"> Planning continued to support moving to extended intervals safely, working collaboratively with PHE and regions. The requirement for a national IT platform was included within the commission from NHSX for a new digital strategic platform for all adult screening in March 2019. As an interim, plans moved forward to work with the 2 systems providers in supporting the move to extended intervals.

<p>NHS Breast Cancer Screening Programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Implement all relevant Independent Breast Screening Review (ISBR) recommendations, including at the appropriate time promulgating and ensuring delivery against a new service specification, whilst improving performance against programme standards and KPIs, and addressing inequalities. • Work with PHE to facilitate replacement of the National Breast Screening System (NBSS) which has reached the end of its lifecycle, as part of a system-wide approach to strategic IT development. • Work with PHE to ensure that all screening services use the revised national templates when contacting women for call, recall and any other appointments relating to the screening process. 	<ul style="list-style-type: none"> • NHSE published a national service specification to confirm ‘age range’ wording for regional commissioners to use to hold providers to account through performance management of contracts. • Failsafe assurance dashboard phase 1 built – NHSEI commissioned NHSX to facilitate the development of a new digital screening platform for all adult screening prioritizing breast screening Digital strategy available here: https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf • NHSE worked with PHE Screening Quality Assurance leads to ensure all screening services used the national templates in communication with the participants of the programme
<p>NHS Bowel Cancer Screening Programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Continue to commission bowel scope screening centres to agreed position – to be confirmed. • Commission the Faecal Immunochemical Test (FIT) to replace gFOBt. 	<ul style="list-style-type: none"> • Bowel Scope centres continued to be commissioned (achieving coverage of 60% of GP practices in England, Activity levels in some parts of the country were scaled back to support the introduction of FIT testing and then later in the year to support the response to COVID. • FIT testing replaced gFOBt within the programme in June 2019.

<ul style="list-style-type: none"> • With advice from PHE, produce robust plans for the age extension of FIT-based bowel screening in line with commitments in the LTP and recommendations from the UK National Screening Committee. 	<ul style="list-style-type: none"> • Governance arrangements for the programme were established. NHS Bowel Cancer Screening Programme Board was set up which oversaw the development of plans for age extension. Specifically, modelling work commenced to assess capacity and demand based on a range of scenarios for implementation.
<p>Improving MMR vaccination uptake In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Maximise use of existing contractual levers to achieve 95% MMR vaccination coverage for first and second dose in all areas and ensure all local teams make meaningful progress in delivering elimination action plans in line with the UK-wide measles and rubella elimination strategy. • Continue to ensure all opportunities to improve MMR uptake (which are part of existing contracts) are capitalised on, for example, by using the new patient GP registration, and by targeting school entrants (age 4 to 5 years), the HPV vaccination and teenage booster appointments (Td-IPV and Men ACWY), school leavers and women at their 6 week post-natal check; and implement the MMR catch up for 10 and 11 year olds scheme via primary care (including a check and offer/update of any other childhood immunisations missing). • Maximise opportunities to strengthen routine immunisation programmes and reduce inequalities in uptake, including through the review of vaccination contractual arrangements (for implementation in 2020 and 2021), and NICE guidance on reducing differences in the uptake of immunisations. 	<ul style="list-style-type: none"> • Significant investment as part of the NHSEI Vaccination and Immunisation Review¹⁴ which has now been implemented. Key requires of the contractual changes is to have a designated clinical lead taking responsibility for immunisations, proactive call and recall and standard of item service fee for all vaccinations. • New Immunisation QOF domain introduced with focus on MMR immunisation programme. QOF incentives now aligned with key public health outcome indicators ~ 90-95% threshold. • Development and implementation of national MMR improvement plan with established NHSEI Operational Delivery Group focused on collaborative working with regional and local commissioners to drive improvements in uptake and coverage. Regional and Local teams working towards national improvement plan and identifying areas for further development locally. • Development of national NHS school aged immunisation service specification requiring school aged providers to check MMR vaccination status and if uncertain or incomplete administer 1 or 2 doses before leaving secondary school.

¹⁴ <https://www.england.nhs.uk/publication/interim-findings-of-the-vaccinations-and-immunisations-review-september-2019/>

<p>HPV vaccination programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Offer HPV vaccination to all 12 to 13-year-old-boys (school year 8) and those 13 to 14-year-old boys (school year 9) in the following year where the dosage is offered across two academic years. • Ensure that any boy who misses a routine visit is automatically invited to the next planned sessions, or given a suitable, locally agreed alternative. 	<ul style="list-style-type: none"> • Universal HPV immunisation programme for adolescent boys and girls now introduced. • Provision for boys now included as part of GMS contract for those eligible and who missed vaccination in schools.
<p>Shingles immunisation programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Continue the catch-up programme offered to patients at 78 years of age (which is expected to be completed in 2020-21). 	<ul style="list-style-type: none"> • A call requirement has been introduced for the routine aspect of the programme, i.e. those aged 70 years. • NHS continues to offer vaccination for those in the catch-up cohorts.
<p>HPV vaccination for men who have sex with men (MSM) In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Complete the national roll out by April 2019 • Identify a key performance indicator to be used to monitor the performance of HPV MSM from 2020/21. 	<ul style="list-style-type: none"> • HPV MSM immunisation programme now established within sexual health clinics. • Unable to identify a key performance indicator given that vaccine is offered opportunistically to this group on attendance at a sexual health clinic. Those attending sexual health may not return or may not return to the same clinic to receive additional doses of vaccine.

<p>Childhood flu immunisation programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Continue phased extension of the childhood flu immunisation programme, arranging provision of vaccination for all children aged two to ten (but not eleven years or older) on 31 August 2019 as specified in the Annual Flu Letter for 2019-20. 	<ul style="list-style-type: none"> • NHS continues to implement policy changes to the childhood influenza immunisation programme, including Year 6.
<p>Adult flu immunisation programme In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • In 2019-20, NHS England will take steps to ensure that providers comply with guidance from national authorities on the specific flu vaccines to use. It was highlighted in the 2019-20 annual flu letter that the following cohorts were eligible for vaccination: <ul style="list-style-type: none"> ▪ All children aged two to ten (but not eleven years or older) on 31 August 2019. ▪ Those aged six months to under 65 years in clinical risk groups. ▪ Pregnant women. ▪ Those aged 65 years and over. ▪ Those in long-stay residential care homes. ▪ Carers. ▪ Close contacts of immunocompromised individuals. 	<ul style="list-style-type: none"> • NHS England publishes an annual vaccine reimbursement letter following the publication of the JCVI vaccine recommendations for that year. • NHS England has supported the development and implementation of the CCG Flu lead role to support planning, implementation and delivery at a local level. • NHS delivered the flu ambitions¹⁵
<p>Child Health Information Services (CHIS) In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Where CHIS systems and services currently provide a local call and recall function for routine immunisations continue to 	<ul style="list-style-type: none"> • The weekly child movement report, which notifies CHIS of changes to their registered population, moved from being manually generated

¹⁵ <https://www.gov.uk/government/publications/flu-vaccination-recommended-vaccines-letter>

<p>perform this function until a suitable, quality assured alternative is in place. Quality assurance to include maintained or improved immunisation coverage measured biannually.</p> <ul style="list-style-type: none"> • Maintain the safe, efficient and effective delivery of Child Health Information Services to support the delivery of the Healthy Child Programme. • Implement the Professional Record Standard Body (PRSB) Child Health Standard which defines the formats for the capture and display of child health information and is a foundation for information sharing as described in the operating models for the Healthy Child Programme and supporting IT. 	<p>weekly to automatic generation. This development ensures continuity of vital service information to support an effective CHIS.</p> <ul style="list-style-type: none"> • The Digital Child Health programme announced in November 2019 that the first elements of the National Events Management Service (NEMS) had been switched on nationally.
<p>Health and Justice – Secure and Detained Settings In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Improve the uptake rate of the Health Checks in Prison Programme to the eligible population in adult prisons in England. • Improve the uptake rate of the blood borne virus (BBV) opt out programme in prisons and immigration removal centres (IRC) in England and working with Operational Delivery Networks increase access to treatment for Hepatitis C virus infection. • Work closely with PHE to deliver a HPV vaccination pilot programme in a selected cohort of prisons to opportunistically vaccinate MSM aged 45 years and under. 	<ul style="list-style-type: none"> • As of Q3 2019/20, no regions were achieving the efficiency threshold of 30% for the NHS Health Checks Programme, but a considerable amount of work has recently gone into supporting regions with this, and numbers are now expected to improve. • Increased uptake in all blood-borne virus (BBV) testing partly due to the Hepatitis C Elimination Programme, which has increased testing rates for other BBVs. For instance in Q3 2019/20, 4 of the 7 regions had met the optimal performance standard of 75% of the population tested. Ten establishments have micro-eliminated Hepatitis C. • Ensuring the Smoke Free programme saw a successful rollout of 103 closed open prisons. Only open prisons remain a smoke environment in outside shelters. The key priority for this programme is now to

<ul style="list-style-type: none"> • Continue to support the smoke-free prison estate in prisons and support of partial smoke-free policy in the Immigration Removal Centre (IRC) estate. • Implementation of latent TB infection (LTBI) testing and treatment in foreign national prisoners (pathfinder programme). 	<p>ensure good air quality with work being undertaken in the following financial year to evaluate the impact.</p> <ul style="list-style-type: none"> • Most IRCs achieve 100% testing for TB, with only one achieving below this.
<p>Health and Justice – Sexual Assault Referral Centres (SARCs) In 2019-20, NHS England will:</p> <ul style="list-style-type: none"> • Report biannually to the Department on Sexual Assault Referral Centres Indicators of Performance (SARCIP) data. • Support SARCs to ensure robust data collection and submission to influence service priorities. • Review benchmark standards for SARCIPs with the aim of setting robust lower threshold and standard indicators, based on robust national and international evidence base and clinical input from the advisory forum, for the 2020-21 agreement. • Support commissioners of SARC services to act as system leaders to work in partnership with Local Authorities, CCGs and criminal justice commissioners, to develop a high quality, integrated SAAS care pathway. 	<ul style="list-style-type: none"> • The reporting for 19/20 was completed and is ongoing into the subsequent financial year. There was a gap in reporting during Q1 due to the COVID-19 pandemic. • There was continued support to SARCS on data collection and reporting. • As a result of the COVID-19 pandemic, this work wasn't undertaken. However, a GAP analysis of SARCIPs has been completed and work is ongoing with commissioners and providers to implement these in subsequent financial years. • This support was completed for 19/20 and ongoing for 20/21.

Appendix 1A: Summary of Key Indicators 2017-18

No	S7a indicator	Lower threshold	Standard	Latest period	Latest period value	Previous period value	Significant change
Early Years Immunisation Programmes							
1	Pre-natal pertussis vaccine coverage for pregnant women	50%	60%				
2	Rotavirus vaccination coverage (two dose, 12 mths)	90%	95%	2017/18	90.1%	89.6%	↑
3	Men B vaccination coverage (12 mths)	90%	95%	2017/18	92.5%		
4	DTap / IPV / Hib vaccination coverage (12 mths)	90%	95%	2017/18	93.1%	93.4%	↓
5	PCV vaccination coverage (12 mths)	90%	95%	2017/18	93.3%	93.5%	↓
6	DTap / IPV / Hib vaccination coverage (2 years old)	90%	95%	2017/18	95.1%	95.1%	→
7	Hib/Men C booster vaccination coverage (2 years old)	90%	95%	2017/18	91.2%	91.5%	↓
8	PCV booster vaccination coverage (2 years old)	90%	95%	2017/18	91.0%	91.5%	↓
9	MMR vaccination coverage for one dose (2 years old)	90%	95%	2017/18	91.2%	91.6%	↓
10	Men B booster vaccination coverage (2 years old)	90%	95%				
11	Hib / Men C booster vaccination coverage (5 years old)	90%	95%	2017/18	92.4%	92.6%	↓
12	MMR vaccination coverage for one dose (5 years old)	90%	95%	2017/18	94.9%	95.0%	→
13	MMR vaccination coverage for two doses (5 years old)	90%	95%	2017/18	87.2%	87.6%	↓
14	DTaP/IPV/Hib vaccination coverage (5 years old)	90%	95%	2017/18	95.6%	95.6%	→
15	DTaP/IPV booster vaccination coverage (5 years old)	90%	95%	2017/18	85.6%	86.2%	↓
Other Immunisation Programmes							
16	HPV vaccination coverage one dose (females 12-13 year olds)	80%	90%	2016/17	87.2%	87.0%	→
17	HPV vaccination coverage two doses (females 13-14 year olds)	80%	90%	2016/17	83.1%	85.1%	↓
18	Men ACWY vaccination coverage (13-14 year olds)	60%	70%	2016/17	83.6%	84.1%	↓
19	PPV vaccination coverage (aged 65 and over)	65%	75%	2017/18	69.5%	69.8%	↓
20	Shingles vaccination coverage (70 years old)	50%	60%	2016/17	48.3%	54.9%	↓

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21	Shingles vaccination coverage (catch-up cohort 78-year olds)	50%	60%	2016/17	49.4%	55.5%	↓
22	Flu vaccination coverage, pre-school age (2-3 years old) including those in risk groups	40%	48%	2017/18	43.5%	40.2%	↑
23	Flu vaccination coverage, children school age (Years 1-3) including those in risk groups	50%	65%	2017/18	59.7%	55.4%	↑
24	Flu vaccination coverage, at risk individuals 6 months to under 65 years	50%	55%	2017/18	48.9%	48.6%	↑
25	Flu vaccination coverage, aged 65 and over	70%	75%	2017/18	72.6%	72.6%	↑
Cancer and Adult Non-Cancer Screening Programmes							
26	Breast cancer screening 3 year coverage (age 50-70)	70%	80%	2016/17	72.5%	72.5%	→
27	Cervical cancer screening 3.5 or 5.5 year coverage (age 25-64)	75%	80%	2016/17	72.1%	72.8%	↓
28	Bowel cancer screening 2.5 year coverage (age 60-74)	55%	60%	2016/17	529.1%	58.5%	↑
29	Abdominal aortic aneurysm screening coverage (AA2)	75%	85%	2017/18	77.6%	78.7%	↓
30	Diabetic eye screening uptake (DE1)	70%	80%	2017/18	82.7%	82.2%	↑
Antenatal and Newborn Screening Programmes							
31	Fetal anomaly screening (fetal anomaly ultrasound) coverage (FA2)	90%	95%				
32	Infectious diseases in pregnancy screening - HIV coverage (ID1)	95%	99%	2017/18	99.6%	99.5%	↑
33	Infectious diseases in pregnancy screening - Syphilis coverage (ID4)	95%	99%	2015	98.2%	97.4%	↑
34	Infectious diseases in pregnancy screening - Hepatitis B coverage (ID3)	95%	99%	2015	98.1%	97.4%	↑
35	Sickle cell and thalassaemia screening coverage (ST1)	95%	99%	2017/18	99.5%	99.3%	↑
36	Newborn blood spot screening coverage (NB1)	95%	99.9%	2017/18	96.7%	95.5%	↑
37	Newborn hearing screening coverage (NH1)	97%	99.5%	2017/18	98.5%	98.5%	→
38	Newborn and infant physical examination screening coverage (NP1)	95%	99.5%	2017/18	95.2%	93.5%	↑

*For indicators 16 to 18, the time period is the academic year.

Appendix 1B: Summary of Key Indicators 2018-19

No	S7a indicator	Lower threshold	Standard	Latest period	Latest period value	Previous period value	Significant change
Early Years Immunisation Programmes							
1	Pre-natal pertussis vaccine coverage for pregnant women	50%	60%				
2	Rotavirus vaccination coverage (two dose, 12 mths)	90%	95%	2018/19	89.7%	90.1%	↓
3	Men B vaccination coverage (12 mths)	90%	95%	2018/19	92.0%	92.5%	↓
4	DTap / IPV / Hib vaccination coverage (12 mths)	90%	95%	2018/19	92.1%	93.1%	↓
5	PCV vaccination coverage (12 mths)	90%	95%	2018/19	92.8%	93.3%	↓
6	DTap / IPV / Hib vaccination coverage (2 years old)	90%	95%	2018/19	94.2%	95.1%	↓
7	Hib/Men C booster vaccination coverage (2 years old)	90%	95%	2018/19	90.4%	91.2%	↓
8	PCV booster vaccination coverage (2 years old)	90%	95%	2018/19	90.2%	91.0%	↓
9	MMR vaccination coverage for one dose (2 years old)	90%	95%	2018/19	90.3%	91.2%	↓
10	Men B booster vaccination coverage (2 years old)	90%	95%	2018/19	87.8%		
11	Hib / Men C booster vaccination coverage (5 years old)	90%	95%	2018/19	92.2%	92.4%	↓
12	MMR vaccination coverage for one dose (5 years old)	90%	95%	2018/19	94.5%	94.9%	↓
13	MMR vaccination coverage for two doses (5 years old)	90%	95%	2018/19	86.4%	87.2%	↓
14	DTaP/IPV/Hib vaccination coverage (5 years old)	90%	95%	2018/19	95.0%	95.6%	↓
15	DTaP/IPV booster vaccination coverage (5 years old)	90%	95%	2018/19	84.8%	85.6%	↓
Other Immunisation Programmes							
16	HPV vaccination coverage one dose (females 12-13 year olds)	80%	90%	2017/18	86.9%	87.2%	↓
17	HPV vaccination coverage two doses (females 13-14 year olds)	80%	90%	2017/18	83.8%	83.1%	↑
18	Men ACWY vaccination coverage (13-14 year olds)	60%	70%	2017/18	86.2%	83.6%	↑
19	PPV vaccination coverage (aged 65 and over)	65%	75%	2018/19	69.2%	69.5%	↓

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20	Shingles vaccination coverage (70 years old)	50%	60%	2017/18	44.4%	48.3%	↓
21	Shingles vaccination coverage (catch-up cohort 78-year olds)	50%	60%	2017/18	46.2%	49.4%	↓
22	Flu vaccination coverage, pre-school age (2-3 years old) including those in risk groups	40%	48%	2018/19	44.9%	44.0%	↑
23	Flu vaccination coverage, children school age (Years 1-3) including those in risk groups	50%	65%	2018/19	61.8%	59.7%	↑
24	Flu vaccination coverage, at risk individuals 6 months to under 65 years	50%	55%	2018/19	48.0%	49.7%	↓
25	Flu vaccination coverage, aged 65 and over	70%	75%	2018/19	72.0%	72.9%	↓
Cancer and Adult Non-Cancer Screening Programmes							
26	Breast cancer screening 3 year coverage (age 50-70)	70%	80%	2018/19	71.6%	72.1%	↓
27	Cervical cancer screening 3.5 or 5.5 year coverage (age 25-64)	75%	80%	2018/19	72.6%	71.7%	↑
28	Bowel cancer screening 2.5 year coverage (age 60-74)	55%	60%	2018/19	60.5%	59.6%	↑
29	Abdominal aortic aneurysm screening coverage (AA2)	75%	85%	2018/19	78.0%	77.6%	↑
30	Diabetic eye screening uptake (DE1)	70%	80%	2018/19	81.9%	82.7%	↓
Antenatal and Newborn Screening Programmes							
31	Fetal anomaly screening (fetal anomaly ultrasound) coverage (FA2)	90%	95%	2017/18	98.9%		
32	Infectious diseases in pregnancy screening - HIV coverage (ID1)	95%	99%	2018/19	99.7%	99.6%	↑
33	Infectious diseases in pregnancy screening - Syphilis coverage (ID4)	95%	99%	2018/19	99.7%	99.5%	↑
34	Infectious diseases in pregnancy screening - Hepatitis B coverage (ID3)	95%	99%	2018/19	99.7%	99.5%	↑
35	Sickle cell and thalassaemia screening coverage (ST1)	95%	99%	2018/19	99.6%	99.5%	↑
36	Newborn blood spot screening coverage (NB1)	95%	99.9%	2018/19	97.8%	96.7%	↑
37	Newborn hearing screening coverage (NH1)	97%	99.5%	2018/19	98.8%	98.5%	↑
38	Newborn and infant physical examination screening coverage (NP1)	95%	99.5%	2018/19	96.4%	95.2%	↑

*For indicators 16 to 18, the time period is the academic year.

Appendix 1C: Summary of Key Indicators 2019-20

No	S7a indicator	Lower threshold	Standard	Latest period	Latest period value	Previous period value	Significant change
Early Years Immunisation Programmes							
1	Pre-natal pertussis vaccine coverage for pregnant women	50%	60%	2019/20	70.5%	69.8%	↑
2	Rotavirus vaccination coverage (two dose, 12 mths)	90%	95%	2019/20	90.1%	89.7%	↑
3	Men B vaccination coverage (12 mths)	90%	95%	2019/20	92.5%	92.0%	↑
4	DTap / IPV / Hib vaccination coverage (12 mths)	90%	95%	2019/20	92.6%	92.1%	↑
5	PCV vaccination coverage (12 mths)	90%	95%	2019/20	93.2%	92.8%	↑
6	DTap / IPV / Hib vaccination coverage (2 years old)	90%	95%	2019/20	93.8%	94.2%	↓
7	Hib/Men C booster vaccination coverage (2 years old)	90%	95%	2019/20	90.5%	90.4%	↑
8	PCV booster vaccination coverage (2 years old)	90%	95%	2019/20	90.4%	90.2%	↑
9	MMR vaccination coverage for one dose (2 years old)	90%	95%	2019/20	90.6%	90.3%	↑
10	Men B booster vaccination coverage (2 years old)	90%	95%	2019/20	88.7%	87.8%	↑
11	Hib / Men C booster vaccination coverage (5 years old)	90%	95%	2019/20	92.5%	92.2%	↑
12	MMR vaccination coverage for one dose (5 years old)	90%	95%	2019/20	94.5%	94.5%	→
13	MMR vaccination coverage for two doses (5 years old)	90%	95%	2019/20	86.8%	86.4%	↑
14	DTaP/IPV/Hib vaccination coverage (5 years old)	90%	95%	2019/20	95.6%	95.0%	↑
15	DTaP/IPV booster vaccination coverage (5 years old)	90%	95%	2019/20	85.6%	84.8%	↑
Other Immunisation Programmes							
16	HPV vaccination coverage one dose (females 12-13 year olds)	80%	90%	2019/20*	59.2%	88.00%	↓
17	HPV vaccination coverage two doses (females 13-14 year olds)	80%	90%	2019/20*	64.7%	83.90%	↓
18	Men ACWY vaccination coverage (13-14 year olds)	60%	70%	2018/19*	88.0%	86.2%	↑
19	PPV vaccination coverage (aged 65 and over)	65%	75%	2019/20	69.0%	69.2%	↓
20	Shingles vaccination coverage (70 years old)	50%	60%	2019/20	26.5%	31.9%	↓
21	Shingles vaccination coverage (catch-up cohort 78-year olds)	50%	60%	2019/20	25.8%	32.8%	↓
22	Flu vaccination coverage, pre-school age (2-3 years old) including those in risk groups	40%	48%	2019/20	44.9%	44.9%	→

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23	Flu vaccination coverage, children school age (Years 1-3) including those in risk groups	50%	65%	2019/20	62.3%	61.8%	↑
24	Flu vaccination coverage, at risk individuals 6 months to under 65 years	50%	55%	2019/20	44.9%	48.0%	↓
25	Flu vaccination coverage, aged 65 and over	70%	75%	2019/20	72.4%	72.0%	↑
Cancer and Adult Non-Cancer Screening Programmes							
26	Breast cancer screening 3 year coverage (age 50-70)	70%	80%	2019/20	70.1%	71.6%	↓
27	Cervical cancer screening 3.5 or 5.5 year coverage (age 25-64)	75%	80%	2019/20	72.3%	72.6%	↓
28	Bowel cancer screening 2.5 year coverage (age 60-74)	55%	60%	2019/20	63.8%	60.5%	↑
29	Abdominal aortic aneurysm screening coverage (AA2)	75%	85%	2019/20	76.1%	81.3%	↓
30	Diabetic eye screening uptake (DE1)	70%	80%	2019/20	81.5%	82.6%	↓
Antenatal and Newborn Screening Programmes							
31	Fetal anomaly screening (fetal anomaly ultrasound) coverage (FA2)	90%	95%	2019/20	99.1%	99.1%	→
32	Infectious diseases in pregnancy screening - HIV coverage (ID1)	95%	99%	2019/20	99.7%	99.7%	→
33	Infectious diseases in pregnancy screening - Syphilis coverage (ID4)	95%	99%	2019/20	99.7%	99.7%	→
34	Infectious diseases in pregnancy screening - Hepatitis B coverage (ID3)	95%	99%	2019/20	99.7%	99.7%	→
35	Sickle cell and thalassaemia screening coverage (ST1)	95%	99%	2019/20	99.7%	99.7%	→
36	Newborn blood spot screening coverage (NB1)	95%	99.9%	2019/20	97.9%	97.8%	↑
37	Newborn hearing screening coverage (NH1)	97%	99.5%	2019/20	97.8%	98.8%	↓
38	Newborn and infant physical examination screening coverage (NP1)	95%	99.5%	2019/20	96.6%	96.4%	↑

*For indicators 16 to 18, the time period is the academic year.

Appendix 2: Finance Summary

Public Health - Section 7a Expenditure for 2019/20

	Before reclassification £'m	Reclassification £'m	After reclassification £'m
Actual costs			
Cancer Population Screening Programmes	524.3	47.5	571.9
Immunisation Programmes	461.0	23.4	484.4
Non-cancer Population Screening Programmes	125.3	2.2	127.5
Child Health Information Systems	46.6	1.9	48.4
Sexual Assault Services – Sexual Assault Referral Centres	33.2		33.2
Estimated costs			
Public Health Services for Children and Adults in Secure and Detained Settings	95.5		95.5
S7a costs in other organisations	75.0	(75.0)	0.0
Total Section 7a Expenditure	1,360.9	0.0	1,360.9

Funding sources	
Section 7a ring fenced sum	1,271.0
Additional Expenditure outside the ring fence	89.9
Total Section 7a Expenditure	1,360.9

Notes:

1. Does not include expenditure covered by the maternity pathway payments, GP global sum or QOF
2. The NHS Cancer Screening Programmes are:
 - a. Bowel Cancer Screening Programme (including the Bowel Scope Screening Programme);
 - b. Breast Screening Programme; and
 - c. Cervical Screening Programme.
3. The Non-cancer Population Screening Programmes are all Population Screening Programmes specified in Annex A of the 2019/20 S7a Agreement except for the Cancer Population Screening Programmes.

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