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To: SHA Cluster CEs
SHA Cluster DsPH
RDsPH
NHS CB Director of Commissioning
NHS CB Director of Partnerships
NHS CB Regional Directors
NHS CB LAT Directors
SHA Immunisation and Screening Leads
PCT Cluster CEs
LA CEs
LA DsPH
Local Immunisation and Screening Coordinators
HPA CE
CCDCs

Gateway reference number: 18004

23 August 2012

Dear colleague,

National screening and immunisation programmes

As you may be aware, we have been working to agree the arrangements for ensuring the safe transition of screening (cancer and non-cancer) and immunisation programmes, securing systems that build on the current good performance of existing national programmes to minimise risk.

This letter sets out the agreement between the Department of Health (DH), Public Health England (PHE), the NHS Commissioning Board (NHS CB) on their roles and respective accountabilities in relation to these programmes in the new system, from 1 April 2013.

Ensuring the safe transfer of screening and immunisation programmes to the new commissioning arrangements

It is important to emphasise that PCT & SHA cluster chief executives remain responsible for the commissioning of screening and immunisation programmes until April 2013 and therefore should continue to implement nationally agreed initiatives and ensure the safety of services during the transition.

All deadlines for the roll-out of programmes highlighted in previous NHS Operating Frameworks, such as abdominal aortic aneurysm screening and the extension of the bowel cancer screening programme, should be completed within the established timescale. PCT cluster chief executives (PCT CCEs) should also ensure that any remaining functions still provided by PCTs, such as call and recall services and

immunisation coordination, are safely transferred to an appropriate provider in time for their continued delivery after 1 April 2013.

In order that PCTs can discharge their duty in this regard, they will require continued input from public health staff who provide specific expertise in screening and immunisation, and who are, in some cases, currently being aligned and re-located in local authorities. Directors of public health (DsPH) remain responsible until April 2013 for ensuring that adequate public health support is in place for the safe commissioning of screening and immunisation programmes. PCT CCEs should agree with DsPH and local authorities that staff with responsibility for screening and immunisation services should continue to provide public health advice and commissioning support to PCT clusters to ensure that these services can be safely transferred to new commissioning arrangements in April 2013.

PCT CCEs should report any concerns about levels of support or appropriate decisions for services to the SHA cluster chief executive copying in their local SHA screening or immunisation lead.

Future operation of the national screening and immunisation programmes

Strong partnership working will be needed at every level to ensure that the systems continue to deliver national screening programmes to UK National Screening Committee (UK NSC) standards; and the national immunisation programmes, to at least present levels and in accordance with the guidance outlined in *Immunisation against infectious disease* (the 'Green Book').

The agreed model for the future operation of these services sets out the specific roles for the DH, PHE, NHS CB and local authority directors of public health (LA DsPH), as follows:

The DH will continue to have overall responsibility for the strategic oversight and direction of the national screening and immunisation programmes. It will include:

- setting screening and immunisation policy based on expert advice from the NSC and the Joint Committee on Vaccination and Immunisation (JCVI) respectively
- securing the necessary funding, delegating further responsibilities to its agency PHE, and
- holding PHE and the NHS CB to account for their roles in ensuring delivery of the programmes through their respective framework agreements, the NHS CB Mandate and the section 7A agreement¹ with NHS CB.

The Director of Immunisation in DH, the Director of the English National Screening Programmes (including the role of the UK NSC Programme Director) and the Director

¹ The Health and Social Care Act 2012 inserts a new Section 7A in to the NHS Act 2006. This enables the Secretary of State to delegate his public health functions, by agreement, to the NHS CB, a local authority or a Clinical Commissioning Group. There is only one Section 7A agreement being developed and that is with the NHS CB. It will be published in October alongside the Mandate.

NHS Cancer Screening in PHE, will also provide expert advice to DH and to ministers; and to PHE, the NHS Commissioning Board and their staff, as appropriate.

PHE will be responsible for delivery of those functions within the national screening and immunisation programmes best carried out previously at national level.

These include:

- advising DH on the development of national service specifications
- setting quality assurance (QA) standards and providing independent QA of the provision of screening and immunisation programmes
- funding and managing the piloting and rolling out of new screening programmes and extending current ones
- procuring, storing and distributing vaccines and immunoglobulins
- gathering and analysing coverage and surveillance data
- developing and providing national communication strategies for immunisation
- providing expert public health analysis and advice to the NHS CB, and to DH, and
- supporting the independent expert advisory committees (UK NSC Cancer Screening Advisory Committees and JCVI).

PHE will play a key role as the national expert voice and centre of advice on public health. The arrangements under which its staff will supply advice and expertise to the NHS CB to support it in performing the functions for which it is accountable to DH will be described within a separate 'compact' between PHE and the NHS CB. These will include a specific role for staff within PHE in quality assurance of public health services directly commissioned by the NHS CB. PHE QA teams will also provide LA DsPH with information and expert advice on performance of the programmes to inform their scrutiny and challenge roles.

The **NHS CB** will:

- be responsible for the commissioning of screening and immunisation services on behalf of Secretary of State through a section 7A agreement which will be supported by funding from the public health ring-fenced budget
- be supported in its commissioning responsibilities through detailed service specifications for each of the programmes,² and
- be accountable to DH via the Mandate (for programmes currently delivered through the national primary medical care contract) and for population coverage and tolerance limits via the section 7A agreement.

² Including: for immunisation – targeted neonatal programmes; childhood immunisation programmes; adolescent immunisation programmes; and adult 'at risk' immunisation programmes.

For screening – antenatal, newborn and adult cancer and non-cancer screening programmes

In order to discharge its commissioning responsibilities effectively and to provide assurance on provider performance in line with its accountabilities, it has been agreed that public health expertise will be integrated within the NHS CB Local Area Teams (LATs) responsible for commissioning the public health programmes.

The teams that discharge these commissioning responsibilities will have public health expertise. Individuals will provide the system leadership and coordination functions and will be employed by PHE; they will be seconded to, integrated with and co-located within the NHS CB local area teams (LATs) responsible for commissioning the public health programmes in order to provide those activities.

Day-to-day management of these public health staff will be through the LAT. However, as holders of key public health posts, the staff will be professionally accountable to and have their professional development needs met through PHE.

LA (DsPH) will have a duty to ensure plans are in place to protect their population including through screening and immunisation. They will provide independent scrutiny and challenge of the plans of NHS CB, PHE and providers. PHE will support DsPH to hold the NHS CB to account through the provision of data and information on performance against standards. DsPH will need to assure themselves that the combined plans of all these organisations will deliver effective screening and immunisation programmes to their local populations.

The model for local leadership and coordination functions for screening and immunisation services

Further detailed work is currently being undertaken to develop and describe the detailed organisational design of public health commissioning teams within LATs of the NHS CB, including the public health expertise that will have a 'hands on' role in supporting and assuring the primary care aspects of these programmes.

We hope to be able to communicate further details on these proposals soon. The processes and timetable for recruitment to and implementation of this new structure will be in accordance with the agreed timetable for the People Transition Policy for sender and receiver organisations.

Conclusion

In the context of the changing health and care landscape emerging as a consequence of changes arising from the Health and Social Care Act, the national partners are agreed about the primary importance of:

- ensuring the continuity of existing screening and immunisation programmes
- ensuring that current programme quality and coverage does not drop during and after the transition to the new arrangements
- minimising risk
- enabling safe, secure and efficient transfer of existing services, and

- securing systems that build on the good performance of current programmes by reducing inequalities in uptake.

It is imperative that all partners at every level continue to demonstrate the shared values of openness and mutual support in the context of strong partnership working in order to achieve this, and to secure a safe transition of these critically important public health services into the new system.

Please feel free to contact

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Jo Taylor (josephine.taylor@dh.gsi.gov.uk)] (Non-Cancer Screening),

Tim Elliott (tim.elliott@dh.gsi.gov.uk) (Cancer Screening) or

Carolyn Heaney (carolyn.heaney@dh.gsi.gov.uk)

within the DH in relation to any further concerns or questions about the future arrangements for these services described in this letter.

Yours sincerely

Ian Dalton, NHS CB Deputy Chief Executive & Chief Operating Officer

Sir Bruce Keogh NHS CB Medical Director

Duncan Selbie, Chief Executive (Designate), Public Health England

Dr Felicity Harvey, Director General, Public Health (Department of Health)