NHS public health functions agreement 2016-17

Public health functions to be exercised by NHS England

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Author:

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Introduction

The NHS has a critical part to play in securing good population health and disease prevention. This agreement between the Secretary of State for Health and NHS England enables NHS England to commission certain public health services that will drive improvements in population health.

NHS England has a specific role to commission those public health services set out in this agreement and to hold to account providers to ensure that they deliver the contracts that have been agreed. The Department of Health (DH) is the overall steward of the system. Direct commissioning of public health services by NHS England is based on national service specifications that have been produced by Public Health England (PHE) and agreed with NHS England, drawing on the best evidence in order to provide the public with evidence-based, safe and effective services. NHE England is supported by information and expert advice, capacity and support from PHE.

This agreement sets out outputs and outcomes to be achieved by NHS England and arrangements for funding from the public health budget. The spirit of this agreement is a shared commitment to protect and improve the public's health. DH, NHS England and PHE share the vision of working in partnership to achieve the benefits of this agreement for the people of England. In line with the Government's strategies for the NHS and the public health system, we aim to:

- improve public health outcomes and reduce health inequalities
- contribute to a more sustainable public health, health and care system

This agreement sets out shared expectations for future years in order to assist effective planning. The Secretary of State expects that the objectives stated in Chapter 1 will remain largely stable from year to year.

1. NHS public health functions 2016-17

1.1. This agreement sets out the arrangements under which the Secretary of State delegates to NHS England responsibility for certain elements of the Secretary of State's public health functions, which add to the functions exercised by NHS England under the National Health Service Act 2006 ("the 2006 Act"). This agreement is made under section 7A of the 2006 Act.

1.2. This agreement focuses on achieving positive health outcomes for the population and reducing inequalities in health, through provision of the services listed in Annex A [("s.7A services")]. This reflects the two high level outcomes set out in the Public Health Outcomes Framework ("PHOF") referenced in Annex B.

1.3. NHS England is accountable to the Secretary of State for how well it performs its responsibilities under this agreement, and how well it drives improvement in s.7A services. In particular NHS England has agreed to achieve the following objectives.

1.4. NHS England's **first objective** under this agreement is to commission high quality public health services in England, with efficient use of s.7A resources, seeking to achieve positive health outcomes and reducing inequalities in health. Achieving this objective would mean that:

- NHS England have agreed contracts with providers that are registered with the Care Quality Commission for those services within the contract, that these contracts deliver the s.7A agreement and that NHS England effectively manage these contracts to deliver the required performance
- the national level of performance for each s.7A service has been improved or at least maintained, in relation to the relevant indicator or indicators set out in Annex B
- variation in local levels of performance between different geographical areas will have been reduced (while national and local levels of performance have been improved or maintained)
- Patients have been able to access quality services delivered by providers with a suitably qualified workforce
- NHS England will have shown evidence in relation to high quality of services that:
    - service specifications are in place with providers
    - the quality of patient experience will have been assessed as being both satisfactory and improving (to the extent that suitable data are available)
    - NHS England will have commissioned those public health services set out in this agreement within the financial allocations described in Chapter 4 (Finance). Those allocations have been set at levels that reflect expectations of efficiency gains in commissioning.

1.5. NHS England has responsibility to deliver changes in s.7A services from those provided in 2015-16. NHS England's **second objective** is to implement planned changes in s.7A services in a safe and sustainable manner, promptly and thoroughly. Achieving this objective for 2016-17 would mean that:

- Stop Smoking services will have been increased in order to support the move towards a smoke free environment in prisons in England
- Opt-out BBV testing will have been rolled out across adult prison estate in England to full implementation by the end of 2016/17
- The Men ACWY immunisation programme, introduced in August 2015 via a variation to the 2015-16 agreement, will continue to be commissioned
- The Men B immunisation programme, introduced in September 2015, will continue to be commissioned
- The rollout of the shingles vaccination programme will continue, and from 1 September 2016, shingles vaccine should be offered to patients who are aged 70 years on 1 September 2016 and as a catch up to those patients aged 78 years on 1 September 2016.
- Measles, mumps and rubella (MMR) vaccination uptake will continue to have been improved, with the aim of bringing those areas with low uptake up to the current average, and with a specific focus on MMR vaccination coverage for one dose (5 year olds).
- Influenza immunisation will have been rolled out to all children aged 2, 3 and 4; and to all children of appropriate age for school years 1, 2 and 3
- NHS England will take forward responsibility for commissioning operational bowel scope screening centres [as at 1 April 2016] as part of the NHS Bowel Cancer Screening Programme.
- NHS England will work with PHE, who will continue to take responsibility for ensuring the final wave 3 bowel scope screening centres are operational by the end of December 2016.

1.6. There will have been improvements to the NHS Screening Programme as per the national service specifications. See table of key deliverables (List B2).

1.7. Where the first objective mentions local levels of performance, this refers to data of national levels of performance that are routinely published in disaggregated form appropriate to the collection, such as data for local authority areas.

1.8. In the longer term, in relation to those public health services which the parties expect to be commissioned by NHS England beyond 2017, there is a shared aspiration that over a period of years NHS England will, where possible, seek to raise national levels of performance in those services. While this is not an objective for which NHS England is accountable, it may influence the manner in which reporting is carried out under the arrangements described in Chapter 3 (Accountability and Partnership).

2. Legal framework

2.1. Pursuant to this agreement, NHS England will exercise functions of the Secretary of State described in sections 2, 2A, 2B and 12 of the 2006 Act so as to provide or secure the provision of s.7A services (as described in paragraph 1.3). Where NHS England exercises these functions, they may be referred to in this document as "NHS public health functions".

2.2. NHS England was established as the National Health Service Commissioning Board by section 1H (1) of the 2006 Act. NHS England is a commissioning organisation, as made clear by its principal functions set out in section 1H(3) of the 2006 Act.

2.3. The services listed in Annex A are to be provided or secured from 1 April 2016 to 31 March 2017.

2.4. The provision of the services listed in Annex A are steps which the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health, and may therefore be provided and arranged pursuant to the Secretary of State's duty under section 2A of the 2006 Act. Alternatively or in addition, with the exception of screening programmes and cancer screening programmes, the provision of the services listed in Annex A are steps the Secretary of State considers appropriate to improve the health of the people of England and may therefore be provided or arranged pursuant to the Secretary of State's power under section 2B of the 2006 Act.

2.5. This agreement is intended to include functions of the Secretary of State mentioned in paragraph 2.1 above. By virtue of section 13Z4 of the 2006 Act (interpretation), references in the statutory provisions listed in that section to NHS England's functions include functions exercisable under section 7A arrangements. The effect is that the provisions listed in section 13Z4; including the provisions on NHS England's general duties as to improvement in quality of services and reducing inequalities, apply to the functions exercised by NHS England under this agreement as they do to its other functions.

2.6. This agreement is separate from and in addition to the objectives set for NHS England by virtue of the Mandate published by the Secretary of State under section 13A of the 2006 Act ("the Mandate").

2.7. Furthermore, this agreement applies only to the exercise of Secretary of State public health functions referred to in paragraph 2.1 above and does not apply to other functions of NHS England including in particular:

i. arranging the provision of services under NHS England's primary care functions, that is arrangements made under the following provisions of the 2006 Act:

- sections 83, 84 and 92 (primary medical services)
- sections 99, 100 and 107 (primary dental services)
- section 115 and 117 (primary ophthalmic services)
- sections 126 127, 132 and 144 (pharmaceutical services)

ii. Arranging the provision of services under regulations made under section 3B of the 2006 Act (specialised and other services), and high secure psychiatric services (section 4 of the 2006 Act),

iii. NHS England's responsibilities for emergency preparedness or emergencies, including steps taken and arrangements made under section 252A of the 2006 Act, and

iv. NHS England's responsibilities in relation to clinical commissioning groups, including functions under Chapter A2 of Part 2 of the 2006 Act.

2.8. NHS England may, however, exercise its other functions in order to deliver the objectives set out in Chapter 1, as described in paragraph 3.8 below.

2.9. In exercising the Secretary of State's public health functions referred to in paragraph 2.1 above, NHS England must comply with the Public Sector Equality Duty (section 149 of the Equality Act 2010).

2.10. NHS England's duty to make an annual report on how it has exercised its functions (section 13U of the 2006 Act) applies to the functions exercised under this agreement. NHS England may include any part of the statement required under paragraph 3.15 as part of that annual report or as a separate document provided to DH no later than the date on which that annual report is laid before Parliament.

2.11. This agreement is not a contract in law and should not be regarded as giving rise to contractual rights or liabilities. The Secretary of State and NHS England will jointly aim to resolve any dispute that might arise in relation to this agreement as quickly as possible through the processes outlined in this agreement.

2.12. As set out in section 7A(5) of the 2006 Act, any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by NHS England of any functions exercisable by it by virtue of this section are enforceable by or against that body (and no other person).

2.13. In this agreement, references to "DH" are to the parts of the Department of Health other than PHE.

2.14. The Secretary of State and NHS England may be referred to in this document as "the parties" where this is convenient.

3. Accountability and partnership

3.1. Critical elements of the relationship between DH and NHS England are defined in the Framework Agreement concluded between them in 2014. The agreed set of shared principles that supports development of the relationship is:

- Working together with each other, and with the Department's other arm's length bodies, for patients, people who use services and the public, demonstrating our commitment to the values of the NHS set out in its Constitution;
- Respect for the importance of autonomy throughout the system, and the freedom of individual organisations to exercise their functions in the way they consider most appropriate;
- Recognition that the Secretary of State is ultimately accountable to Parliament and the public for the system overall. NHS England supports the Department in the discharge of its accountability duties, and the Department supports NHS England in the same way;
- Working together openly and positively. This will include working constructively and collaboratively with other organisations within and beyond the health and social care system.

3.2. The DH, Public Health England and NHS England will continue to work with those Combined Authorities and local areas who are considering how the devolution[1] agenda can support the improved delivery of s.7A services to their local population.

Oversight arrangements

3.3. DH will convene meetings of an oversight group which will be chaired by the DH Director General for Public Health. The oversight group is currently known as the "NHS public health functions senior oversight group". The oversight group:

- provides arrangements for accountability in relation to this agreement
- may make recommendations to the Secretary of State and NHS England, including any recommendations in relation to proposed updates of or variations to this agreement.

3.4. Membership of the oversight group will include NHS England and PHE. Membership otherwise will be determined by the chair of the oversight group with the consent of NHS England.

[1] The implementation of the devolution agenda is subject to the *Cities and Local Government Devolution Bill* that is due to get Royal Assent by end of 2015.

3.5. The oversight group will determine its own working arrangements, including the functions of any subgroups. There is currently one general subgroup, known as the "NHS public health s.7A functions steering group", which has functions that include implementing arrangements for effective partnership working.

3.6. The oversight group will ensure that systems are in place to provide advanced information in relation to all priorities for s.7A services so that these are considered wholly or mainly as part of an annual commissioning cycle. This will include discussing plans at a formative stage so as to inform programme decisions by the Secretary of State on prospective changes, such as:

- a new or changed service that would be requested to be commissioned by NHS England under the functions mentioned in paragraph 2.1
- a request for roll-out by NHS England of a service or a pilot phase, or
- consideration by DH or PHE of a pilot for a service, or an extension to a service, that in future would be requested to be commissioned by NHS England under these functions.

3.7. The oversight group is expected to have regard to the views of NHS England on the exercise of functions by NHS England under this agreement having regard to its other functions including those mentioned in paragraphs 2.5 to 2.7. Arrangements in relation to consideration of a prospective variation to this agreement are given in paragraphs 3.17 to 3.22.

3.8. The parties recognise that the objectives set out in Chapter 1 of this agreement which are terms of this agreement may be delivered by a combination of the performance by NHS England of functions under this agreement and the exercise of its other functions, including primary care functions. For purposes of accountability, the Secretary of State and NHS England recognise that the funding provided under this agreement in accordance with paragraph 4.1 below is intended to provide the resources necessary to achieve the objectives of this agreement having regard to contributions expected to be made by the exercise of NHS England's other functions.

Assurance and reports

3.9. Assurance in relation to performance under this agreement will be consistent with the principles mentioned in paragraph 3.1, without imposing excessive burdens. In particular, 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.

3.10. NHS England will provide or secure the following information for assurance at regular intervals:

- regular reports of relevant indicators of the Public Health Outcomes Framework (available at http://www.phoutcomes.info/) in relation to national levels of performance of s.7A services
- reports of progress in relation to achievement of objectives of this agreement in relation to reducing variation in local levels of performance, and securing the full

implementation of service specifications in contracts with providers (subject to 3.11 below)

- reports of financial information of the financial year that show a breakdown of planned and actual expenditure on s.7A services

3.11. The oversight group may determine what if any further information is suitable for the purpose of assurance of progress in relation to achievement of the objectives of this agreement.

3.12. Within the S7A governance structure, there are other boards and groups which are recognised as contributing information and advice to the oversight group, whether or not this is one of their main responsibilities.

3.13. During the period of this Agreement, a review of all s.7A governance arrangements will take place, led by DH with support from NHS England and PHE.

3.14. The oversight group expects to receive assurance reports on performance in relation to the first objective, as outlined in paragraph 1.4. The oversight group or, as appropriate, the steering group may determine what, if any, further information is suitable for the purpose of assurance of progress in relation to achievement of the objectives of this agreement.

3.15. NHS England will report annually to the Secretary of State in relation to this agreement on its achievement of the objectives set out in Chapter 1 of this agreement. 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. This annual statement will include a breakdown showing expenditure for each programme category or programme listed in Annex A.

3.16. A further provision for the annual statement is that it may include performance information for a period before 31 March 2016, where this is necessary for effective reporting (for example, where indicators of the Public Health Outcomes Framework are reported at annual intervals).

Changes

3.17. This agreement reflects consideration of priorities for an annual commissioning cycle, as mentioned in paragraph 3.6. This agreement may be varied by the Secretary of State and NHS England by written agreement. However such variations can never be routine, and the parties note that the achievement of the objectives of this agreement could potentially be jeopardised by unplanned changes. No variation or update for 2016-17 is expected.

3.18. Exceptional circumstances may however require consideration of a prospective variation to this agreement and the oversight group may recommend a variation. A prospective variation will include any prospective change that would have an impact on the commissioning obligations of NHS England under this agreement. The

circumstances in which a prospective variation to this agreement may be considered include:

- a significant new threat to the health of the people of England, or
- an unexpected and significant new opportunity to protect their health

3.19. Consideration of a prospective variation should address the following factors, which are similar to considerations made before reaching this agreement:

- evidence of impact, cost-effectiveness and cost saving
- other evidence of rationale, including obligations under the NHS Constitution and NHS England Mandate
- assessment of deliverability within existing operational resources, including commissioning capacity
- any mitigating measures, such as lower expectations of performance in other services while delivery is implemented
- any alternative options or timelines for delivery
- affordability and confirmation of the availability of sufficient financial resources for delivery

3.20. The parties would expect to engage in thorough consideration of the affordability and financial matters mentioned in paragraph 3.19. DH expects that this will involve the views of the DH Director General of Policy, Strategy and Finance and the NHS England Chief Financial Officer at a formative stage before recommendations on programme decisions are considered by Ministers.

3.21. It is noted that under section 13B of the 2006 Act, if the Secretary of State varies the amount of money specified under section 223D(2) (total revenue resource use), the Secretary of State must revise the Mandate accordingly. The resource limit for NHS England is specified in paragraph 4.4.

3.22. The parties are committed to undertaking timely and efficient consideration of any prospective variation. The parties consider that public announcements about the likelihood of any additional commissioning being implemented by a prospective variation should be avoided until a recommendation has been made by the oversight group. DH will seek to ensure that PHE's public communications are consistent with this approach in relation to advisory committees' advice or recommendations on s.7A services or any prospective variation to this agreement.

3.23. NHS England will publish national service specifications for the s.7A programmes set out in appendix A. The service specifications will be kept under review by PHE to ensure they are evidence based and support safe and effective service delivery. All current service specifications are available at http://www.england.nhs.uk (search for 'public health commissioning').

Information

3.24. To fulfil the purposes of this agreement, DH, PHE and NHS England should each have the same timely and objective information available to them. It is necessary that public health experts and officials responsible to the Secretary of State, including the Government's Chief Medical Officer, receive information in relation to matters of expert, clinical or Parliamentary concern at the earliest possible time.

3.25. DH will ensure that PHE shares information about emerging evidence and the work of its advisory committees, in line with the arrangements described in paragraph 3.6.

3.26. NHS England and PHE will share data as appropriate in relation to s.7A services, specifically to support NHS England's commissioning functions. PHE and NHS England will also ensure that relevant unpublished information of appropriate quality is shared on a timely basis with DH for the purpose of assisting the Secretary of State to exercise his functions. PHE should similarly share relevant unpublished information, as appropriate.

3.27. NHS England will without delay inform DH in writing of any significant concerns it has in relation to the delivery of s.7A services by providers

Dispute resolution

3.28. As indicated in paragraph 2.11, any differences should be resolved quickly and constructively. The following provisions describe procedures to be followed to resolve any dispute in relation to:

- the exercise of functions under this agreement
- any aspect of collaboration in relation to this agreement under section 7A of the 2006 Act.

3.29. At their discretion, an authorised senior representative of NHS England or DH may at any time declare a dispute under this agreement by a written notice to the chair of the oversight group. The notice should provide information about the dispute and how resolution of the matter has been attempted and failed. The day when the chair is notified is the "date of notification". The chair will have joint responsibility with the responsible NHS England Director to resolve the dispute.

3.30. Any dispute remaining unresolved after a maximum of 5 working days from the date of notification shall be reported to the Chief Executive of NHS England, the DH Director General Policy, Strategy & Finance, and the DH Permanent Secretary. They shall take steps to resolve the dispute within no more than 10 working days from the date of notification.

3.31. If the matter is not resolved in accordance with paragraph 3.30, the matter must be referred to the Secretary of State for final determination. The Secretary of State must, after consultation with NHS England, appoint a person independent of DH, PHE and NHS England to consider the dispute and make recommendations, within a period specified by the Secretary of State on appointment. The Secretary of State must make a final decision within 10 days of receiving the recommendations. DH and NHS England agree to be bound by the decision of the Secretary of State and to implement any decision within a reasonable period.

3.32. This agreement is without prejudice to the exercise of the Secretary of State's powers in respect of NHS England, including his powers in relation to any failure by NHS England to discharge, or to discharge properly, any of its functions (section 13Z2 of the 2006 Act).

4. Finance

4.1. The Secretary of State agrees to pay NHS England the sum of £1069m from the public health budget for the purposes of performing the Secretary of State's functions pursuant to this agreement during the financial year 2016-17 (in addition to the funding referred to in paragraph 4.3). This is ring-fenced funding that may be used only for expenditure attributable to the performance of functions pursuant to this agreement.

4.2. This does not preclude NHS England from choosing to allocate additional resources to prioritise public health spend within its overall resource limit(s).

4.3. As mentioned in paragraphs 3.8 and 3.9, there are contributions expected to be made by the exercise of NHS England's other functions. Accordingly there is a non-ring-fenced sum attributable to the public health budget for services provided through primary care which is included within the total allocation of resources to NHS England under sections 223B and 223D of the 2006 Act.

4.4. The revenue resource limit for NHS England for the year 2016-17, as specified in the Mandate has been set so as to take into account of the funding provided under this agreement under paragraph 4.1.

Annex A – “s.7A services”

Services to be provided 2016-17

All current service specifications are available at http://www.england.nhs.uk/ (search for ‘public health commissioning’).

List of services to be provided pursuant to this agreement

Programme category or programme	Services
Immunisation programmes	Neonatal hepatitis B immunisation programme
	Pertussis pregnant women immunisation programme
	Neonatal BCG immunisation programme
	Respiratory syncytial virus (RSV) immunisation programme
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
	Rotavirus immunisation programme
	Meningitis B (MenB) immunisation programme
	Meningitis ACWY (MenACWY) immunisation programme
	Hib/MenC immunisation programme
	Pneumococcal immunisation programme
	DTaP/IPV and dTaP/IPV (pre-school booster) immunisation programme
	Measles, mumps and rubella (MMR) immunisation programme
	Human papillomavirus (HPV) immunisation programme
	Td/IPV (teenage booster) immunisation programme
	Seasonal influenza immunisation programme

	Seasonal influenza immunisation programme for children
	Shingles immunisation programme
Screening programmes	NHS Infectious Diseases in Pregnancy Screening Programme
	NHS Fetal Anomaly Screening Programme - Screening for Down's, Edwards' and Patau's Syndromes (Trisomy 21, 18 & 13)
	NHS Fetal Anomaly Screening Programme - 18+0 to 20+6 weeks fetal anomaly scan
	NHS Sickle Cell and Thalassemia Screening Programme
	NHS Newborn Blood Spot Screening Programme
	NHS Newborn Hearing Screening Programme
	NHS Newborn and Infant Physical Examination Screening Programme
	NHS Diabetic Eye Screening Programme
	NHS Abdominal Aortic Aneurysm Screening Programme
Cancer screening programmes	NHS Breast Screening Programme
	NHS Cervical Screening
	NHS Bowel Cancer Screening Programme (including the Bowel Scope Screening Programme)
Child Health Information Systems	Child Health Information Systems
Public Health services for adults and children in secure & detained settings in England	Public Health Services for Children and Adults in Secure and Detained Settings in England
Sexual assault services	Sexual Assault Referral Centres

Annex B – Performance indicators and key deliverables

Performance indicators

1 The indicators shown in the following list are to be used as evidence in relation to the achievement of the first objective in Chapter 1. Additional evidence may also be offered, including key performance indicators as described in paragraph 3.14.

2 Where a previous level of national performance is shown in the list, it records the minimum level that should be maintained for the purposes of the first objective. Any insignificant difference in the level of performance may be disregarded for that purpose, as may any insignificant differences between quarterly or monthly data and the annual level of performance for the same year.

3 Except where marked (**) the indicators mentioned in this list are indicators published in the 2013-16 Public Health Outcomes Framework or its successor. This refers to:

- the policy documents 'Improving outcomes and supporting transparency: a public health outcomes framework for England 2013-16' as updated in November 2013 www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
- the data tool www.phoutcomes.info/

Other references and sources are identified for those items marked **

4 Unless otherwise specified, all baselines refer to the financial year (April – March) e.g. 2014-15

List B1: Performance indicators for services provided pursuant to this agreement

Performance indicators	**Previous level of national performance**	**Year, or time period**
Immunisation programmes **Pertussis vaccine uptake for pregnant women** ** https://www.gov.uk/government/publications/pertussis-vaccine-coverage-in-pregnant-women-april-2014-	56.4%	2014-15

to-march-2015		
Rotavirus vaccination coverage ** https://www.gov.uk/government/publications/rotavirus-vaccine-uptake-report-for-england		
Rotavirus vaccination coverage - children evaluated at 25 weeks of age– First dose	93.3%	February 2014 – March 2015
Rotavirus – completed the two dose course	88.3%	February 2014 – March 2015
Population vaccination coverage (as defined in Public Health Outcomes Framework indicator 3.3) Also available at: http://www.hscic.gov.uk/catalogue/PUB18472		
3.3iii: DTaP/IPV/Hib vaccination coverage (1 and 2 year olds)	94.2% at age 1 95.7% at age 2	2014-15
3.3iv: MenC vaccination coverage (1 year olds)	93.9%	2012-13
3.3v: PCV vaccination coverage (1 year olds)	93.9%	2014-15
3.3vi: Hib/MenC booster vaccination coverage (2 and 5 year olds)	92.1% at age 2 92.4% at age 5	2014-15
3.3vii: PCV booster vaccination coverage (2 year olds)	92.2%	2014-15
3.3viii: MMR vaccination coverage for one dose (2 year olds)	92.3%	2014-15
3.3ix: MMR vaccination coverage for one dose (5 year olds)	94.4%	2014-15
3.3x: MMR vaccination coverage for two doses (5 year olds)	88.6%	2014-15
HPV vaccination coverage for one dose (females 12-13 years old)	89.5%	2014-15
3.3xiii: PPV vaccination coverage (aged 65 and over) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448406/hpr2615_ppv.pdf	69.8%	2014-15

Flu vaccination coverage ** https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-in-england-winter-season-2014-to-2015		
3.3xiv: Flu vaccination coverage (aged 65 and over)	72.7%	2014-15
3.3xv: Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding pregnant women)	50.3%	2014-15
Flu vaccination coverage (pregnant women)	44.1%	2014-15
Flu vaccination coverage (children aged two years old including those in risk groups)	38.5%	2014-15
Flu vaccination coverage (children aged three years old including those in risk groups)	41.3%	2014-15
Flu vaccination coverage (children aged four years old including those in risk groups)	32.9%	2014-15
Shingles vaccination coverage ** https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2014-to-2015-evaluation-report		
Percentage of age cohort vaccinated (70-year olds)	59.0%	September 2014 - August 2015
Percentage of age cohort vaccinated (79-year olds)	58.5%	September 2014 - August 2015

National Screening Programmes (as defined in Public Health Outcomes Framework indicators 2.20 and 2.21) https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting 2.20i: The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period - coverage aged 53-70 2.20ii: The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period - coverage aged 25 to 64 2.20iii: Cancer screening coverage – bowel cancer FOBt (faecal occult blood testing) Screening Coverage	75.4% 73.5% 57.1%	2014-15 2014-15 As at March 2015 – 2.5 year coverage: the percentage of eligible people who were screened in the 30 month period
2.21i: HIV coverage: percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result 2.21ii The percentage of pregnant women eligible for infectious disease screening who are tested for Hepatitis B, leading to a conclusive result. 2.21ii The percentage of pregnant women eligible for infectious disease screening who are tested for syphilis, leading to a conclusive result. 2.21iii: The percentage of pregnant women eligible for antenatal sickle cell and thalassemia screening for whom a conclusive screening result is available at	98.9% 97.9% 98.0% 98.9%	2014-15 2013 2013 2014-15

the day of report 2.21iv: The percentage of babies registered within the local authority area both at birth and at the time of report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe	95.8%	2014-15
2.21v: The percentage of babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programmes - NICU babies) or 5 weeks corrected age (community programmes – well babies)	98.0%	2014-15
2.21vi The percentage of babies eligible for the newborn physical examination who were tested within 72 hours of birth *(Early evidence from limited number of providers indicates* 93.3% *coverage)*	Not yet available	2014-15
2.21vii: The percentage of those offered screening for diabetic retinopathy who attend a digital screening event	82.9%	2014-15
NHS Abdominal Aortic Aneurysm Screening Programme **The proportion of men eligible for abdominal aortic aneurysm screening to whom an initial offer of screening is made. **** Source: NHS Screening Programmes	97.3%	2014-15
Sexual Assault Referral Centres **Sexually transmitted infections/blood borne viruses testing****		
% of victims tested for HIV	Not yet available	
% of victims tested for a sexual infection	Not yet available	
% of victims tested for Hepatitis B	Not yet available	
% of victims tested for Hepatitis C	Not yet available	

Clinical Suitability/Supervision % of Clients offered choice of gender of forensic medical practitioner **Response times**** % of Sexual offences examiners (SOEs) who respond to first call out of hours % of victims seen by a SOE within agreed contract times in urban areas % of victims seen by a SOE within agreed contract times in Rural areas	Not yet available Not yet available Not yet available Not yet available	
Health & Justice – Secure & Detained Indicators **The percentage/number of prisoners/detainees who access stop smoking services**** **The collective percentage/number of prisoners/detainees who undertook Blood Borne Virus Screening**** e.g. the sum of all those screened for; • HIV • Hepatitis C • Hepatitis B **The collective percentage/number of prisoners/detainees who engaged or receive Alcohol & Drug service interventions**** e.g. the sum of; • 13 week reviews • Brief Alcohol Intervention • Structured Alcohol Intervention • Clinical Alcohol Intervention	Not yet available Not yet available Not yet available	

Key deliverables

List B2: Key deliverables for implementing change from services provided in 2016-17

Key deliverables (shown in bold)
Public Health services for adults and children in secure & detained settings in England **NHS England will commission smoking management services to address the high burden of smoking tobacco in the prison population. There will be a phased approach to supporting prisoners to stop smoking through a range of smoking cessation and support including nicotine replacement therapy. The speed at which this ambition for a smoke free environment can be realised will depend on close working with National Offender Management Service.** **All people in prison will be offered testing for blood borne viruses (BBVs) on an 'opt-out programme' on a phased implementation programme to cover all prisons in England by end 2016-17, and those found to be infected to be offered referral for assessment, care and/or treatment, with continuity of referral and care from custody to community.**
MenB immunisation programme **In 2016/17, NHS England will implement the MenB immunisation programme for infants ensuring that immunisation is offered at 2, 4 and 12 months of age.** MenB immunisation for infants was successfully introduced into the routine childhood immunisation programme on 1 September 2015. The programme will have an important role in reducing cases of meningitis and septicaemia and their complications in infants.
MenACWY immunisation programme **In 2016/17, NHS England will:** • **Arrange provision of the MenACWY vaccine as part of the routine adolescent schools programme (school year 9 or 10). This is a direct replacement for the MenC vaccination.** • **Complete implementation of the catch-up campaign for current school year 10 students through schools which started in January 2016.** • **Put arrangements in place for a further catch-up campaign to cover the current school years 11 and 12 when these students reach year 13** • **Continue to offer immunisation to all first time university entrants ("freshers") up to 25 years of age** The MenACWY programme was introduced in August 2015 as an emergency programme to control a national outbreak of MenW disease. It will need to continue in 2016/17. The main aim of the programme is to control the rapid increase in MenW cases by interrupting

transmission of MenW within the population. This is being done by targeting the teenage population, where the rates of transmission are highest, with vaccination. This will prevent onward transmission to susceptible children and adults, as well as providing direct protection to the teenagers themselves.
Improving MMR vaccination uptake **In 2016/17 NHS England will:** • **ensure 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 leavers** • **carry out a spotlight session on MMR uptake to support local action plans with a focus on one dose (5 year olds)** Improvement of MMR vaccination coverage for one dose (5 year olds) to 95% will support the UK government's commitment to the WHO European regional target to eliminate both measles and rubella infections by 2020. An increase in MMR uptake could result in treatment savings elsewhere in the NHS system by reducing the risk of morbidity from measles, mumps and rubella and the risk of onward transmission.
Childhood flu immunisation programme **In 2016-17, NHS England will:** **a) arrange provision of flu vaccination for all 2, 3 and 4 years of age at 31 Aug 2016;** **b) arrange provision for flu vaccination for all children eligible for schooling in years 1, 2 and 3 (i.e. 5, 6 and 7 year olds, including those who turn 8 on or after 1 September 2016); and** **c) Continue to arrange provision for all primary school aged children in those areas included in the 2015-16 pilots for primary school aged children**. The best uptake of vaccination among 5 to less than 17 year olds is likely to be achieved through a predominantly school-based programme, with a limited provision and second opportunity sessions in other community settings in some localities. Work is being undertaken jointly by DH and NHS England, and with PHE, Health Education England and professional bodies to: • Support workforce development of sustainable long-term solutions to ensure delivery of flu vaccination to all children aged 2 to less than 17 • Ensure the availability of sufficient appropriately-trained staff; • Disseminate good practice and lessons learned from the primary school pilot areas and delivery in General Practice; • Ensure access for all children, including those not in mainstream school, or attending schools which do not participate in the programme
Shingles immunisation programme **In 2016/17, NHS England will continue the rollout of the shingles vaccination**

programme. From 1 September 2016 shingles vaccine should be offered: · **to patients who are aged 70 years on 1 September 2016; and** · **as a catch up to those patients aged 78 years on 1 September 2016.** Shingles immunisation was introduced into the national immunisation programme in September 2013. The first few years of the programme are being run with a phased catch-up alongside a routine programme for 70 year-olds. The aim of the programme is to reduce the incidence and severity of shingles disease in older people.
NHS Bowel Cancer Screening Programme **In 2016-17, NHS England will** • **commission bowel scope screening services from the operational centres [as at 1 April 2016] so each centre delivers an agreed level of activity and thus roll-out to include more general practices in the programme and improve uptake** • **work with PHE, who will continue to take responsibility for ensuring the final wave 3 screening centres are operational by the end of December 2016**
Sickle cell and Thalassaemia Screening Programme **In 2016-17, NHS England will ensure repeat testing in every pregnancy and apply new guidance on low prevalence & high prevalence areas & handling NHS Trust mergers**
Newborn Hearing Screening **In 2016-17, NHS England will ensure Newborn Hearing Screening providers meet requirements for external peer review and quality standards for audiology services**
Diabetic Eye Screening Programme **In 2016-17, NHS England will support IT developments & pilots of changes to the screening interval in Diabetic Eye screening (from 1 to 2 years), for those at low risk of sight loss, as part of a wider programme to improve screening effectiveness**
NHS Breast Screening Programme **In 2016-17, NHS England will work with Public Health England on developing a single national database during 2016/17.**