



Commissioning Board

Public health functions to be exercised by the NHS Commissioning Board

November 2012

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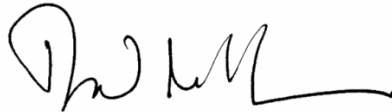
The agreement

This agreement is made under section 7A of the National Health Service Act 2006 between the Secretary of State for Health and the National Health Service Commissioning Board.



Anna Soubry

Parliamentary Under Secretary of State
for Public Health



David Nicholson

Chief Executive, NHS Commissioning
Board

November 2012

Part A – General

A1. The NHS has a critical part to play in securing good population health. This agreement between the Secretary of State for Health and the National Health Service Commissioning Board (“NHS CB”) enables the NHS CB to commission certain public health services as part of the system design to drive improvements in population health.

A2. The spirit of this agreement is a shared commitment to protect and improve the public’s health, in line with the Government’s strategies for the National Health Service and the public health system. The Secretary of State for Health and the NHS CB will jointly aim to resolve any possible dispute that might arise in relation to this agreement as quickly as possible with the processes outlined in this agreement

A3. This agreement is made under section 7A of the National Health Service Act 2006 (“the 2006 Act”) as amended by the Health and Social Care Act 2012. It sets out the arrangements under which the Secretary of State for Health delegates to the NHS CB responsibility for certain elements of public health functions, which add to the functions held by the NHS CB under the 2006 Act. This agreement is not intended to be a contract in law and should not be regarded as giving rise to contractual rights or liabilities.

A4. In this agreement, references to Public Health England (“PHE”) are references to the executive agency of the Department of Health known by that name. References to the Department of Health (“DH”) are to the parts of the Department other than the agency.

A5. Pursuant to this agreement, the NHS CB will exercise the functions of the Secretary of State under sections 2, 2A, 2B and 12 of the 2006 Act so as to provide or secure the provision of the services listed in Part B Table 1 column 2 from 1 April 2013 to 31 March 2014 for the benefit of the public in England. Similar agreements under section 7A of the 2006 Act are expected to be made for each financial year from now on. The Government expects to transfer commissioning responsibilities for children’s public health services from pregnancy to 5 to local authorities by 2015

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A6. This agreement has the effect of including those functions of the Secretary of State within the framework of other responsibilities of the NHS CB. By virtue of section 13Z4 of the 2006 Act (interpretation), references in the statutory provisions listed in that section to the functions of the NHS CB include its functions exercisable under section 7A arrangements. The effect is that these provisions, including the NHS CB's general duties as to improvement in quality of services and reducing inequalities, apply to the functions exercised by the NHS CB under this agreement as they do its other functions.

A7. This agreement is separate from and in addition to the requirements imposed in relation to the NHS CB by virtue of the mandate published by the Secretary of State under section 13A of the 2006 Act. Furthermore, this agreement applies only to the exercise of the Secretary of State public health functions referred to in paragraph A5 above and does not apply to the other functions of the NHSCB, including in particular:

- a) arranging the provision of services under the NHS CB'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 and 127 (pharmaceutical services)
 - sections 134 and 127 (pharmaceutical services)
- b) arranging the provisions of services under regulations made under section 3B of the 2006 Act (specialised and other services),
- c) the NHS CB's responsibilities for emergency preparedness or emergencies, including arrangements made under section 252A of the 2006 Act.

A8. Part C of this agreement sets out requirements for and evidence underpinning each service to be commissioned (referred to as "service specifications"). PHE will have responsibility for keeping service specifications under review as part of its role in offering scientifically rigorous and impartial advice, evidence and analysis to support the NHS CB's functions. The NHS CB and DH may jointly agree to update the provisions of Part C (the service specifications) of this agreement as described below (paragraph A18).

A9. The DH and the NHS CB will continue to work in partnership to develop future agreements under section 7A of the 2006 Act. This will be led by the DH Director General for Public Health and the NHS CB National Director of Policy. This agreement will be kept under review particularly in the light of new evidence and developments.

Accountability and Oversight

A10. In exercising the Secretary of State's functions under this agreement, the NHS CB will seek to achieve the key deliverables listed in Part B Table 2 and Table 3. The NHS CB is accountable to the Secretary of State for these key deliverables. The key deliverables are focused on achieving positive health outcomes for the population and reducing inequalities in health. There are key deliverables for services and key deliverables for implementing change.

A11. The key deliverables for services are listed in Part B Table 2. They are matched as far as possible to measures used in the Public Health Outcomes Framework, supporting transparency for the public health system. Where baselines are stated in Part B Table 2, the NHS CB will seek to improve or at least maintain the national level of annual performance for each key deliverable and supporting indicator shown.

A12. The provisions of paragraph A11 in relation to the national level of annual performance do not apply to any indicator where the trend is declining according to information available either at the date of this agreement or information subsequently available for the period up 31 March 2013. For these indicators, the NHS CB will seek to improve the national level of annual performance against a projected trend agreed with DH.

A13. Where baseline data are available disaggregated to local authority areas and levels of annual performance in such an area exceeded a national baseline level prior to 1 April 2013, the NHS CB will seek to maintain and improve the national level of annual performance in the area. Local authority areas mean upper tier local authority areas, or alternative areas for which data is available.

A14. Key deliverables for implementing change are listed in Part B Table 3. The Secretary of State and the NHS CB acknowledge the delivery challenges represented by these planned new programmes. The Secretary of State and the NHS CB intend that the second year of delivery of these programmes will be subject to key deliverables for services (paragraph A11) in the next section 7A agreement, so these new programmes should be implemented fully and

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as far as possible. The NHS CB and PHE will work closely to secure full implementation, including the effective use of available vaccine stocks.

A15. The NHS CB and Secretary of State recognise that the key deliverables may be delivered by a combination of the performance by the NHS CB of functions under this agreement and the exercise of its other functions, including primary care functions. For example, the commissioning of childhood immunisations through primary care contracts. For purposes of accountability, the Secretary of State and the NHS CB recognise that the funding provided under this agreement in accordance with paragraph A30 below is intended to provide the resources necessary to achieve the key deliverables of this agreement having regard to contributions expected to be made by the exercise of the NHS CB's other functions.

A16. The DH will support and challenge the NHS CB in the exercise of its functions pursuant to this agreement. PHE will play a key role as the national expert voice and centre of advice for public health and PHE staff will have day to day relationships with counterparts in the NHS CB. PHE's working relationship with the NHS CB will be further described in a "compact" between PHE and the NHS CB that will be published in Autumn 2012.

A17. Both the Secretary of State and the NHS CB have statutory duties relating to equality and as to reducing health inequalities. Consistent with those duties, the Secretary of State and the NHS CB share the aim that there should be a clearer focus on equality and inequalities for functions carried out pursuant to this and future section 7A agreements, as information and evidence improves and methodology develops. In relation to this agreement, the NHS CB will work towards a greater understanding of effective interventions to narrow health inequalities.

A18. The NHS CB and the DH will jointly convene meetings of a Section 7A Agreement oversight group ("the oversight group") which will be co-chaired by the DH Director General for Public Health and the NHS CB Chief Operating Officer. The oversight group -

- a) will review delivery of services under this agreement and make reports and recommendations to the Secretary of State and NHS CB,
- b) may jointly agree to revise the provisions of Part B Table 2 (the key deliverables for services) in relation to baselines,

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- c) may jointly agree to revise the provisions of Part B Table 3 (key deliverables for implementing change) for example, in response to assessment of operational implications, and
- d) may jointly agree to update the provisions of Part C (the service specifications) of this agreement on behalf of the Secretary of State and NHS CB.

Membership of the oversight group will include the PHE Chief Executive and otherwise will be determined jointly by the co-chairs of the oversight group. Meetings of the oversight group will take place in each quarter, starting no later than January 2013 to assure transition for 2013-14.

A19. The oversight group will in particular review planning, performance, risks and mitigating actions, both nationally and in relation to any specific area, service or population group of concern to NHS CB or the Secretary of State. The oversight group may ask DH, NHS CB or PHE to provide reports. The oversight group will determine its own working arrangements, including the functions of any subgroups.

A20. The oversight group is expected to establish arrangements to jointly monitor delivery of services and make every effort to resolve operational issues between bodies. The oversight group may for example establish a subgroup for joint planning purposes.

A21. The oversight group will consider in each quarter the availability of new evidence and data in relation to key deliverables and baselines stated in Part B Table 2, including the availability of any new or updated baselines. Any variation to baselines shall be by written agreement in accordance with paragraph A38 below.

A22. The NHS CB will apply the service specifications in Part C of this agreement, in so far as reasonably practicable, when securing services by providers and monitoring the quality of services delivered. The NHS CB and DH recognise that there is variation in the extent to which services currently comply with those service specifications, or deliver the performance against baselines required by paragraph A11 and Part B Table 2. In some circumstances, the NHS CB will seek to secure services or performance at a higher level than in accordance with a service specification or national baseline (paragraph A13). Where the NHS CB's contractual arrangements with a provider are below the level required by a service specification, or where performance is below the relevant baseline, the NHS CB must take all reasonable steps to secure improvement in that service or performance. The NHS CB and DH will agree the pace of change necessary to apply the service specifications nationally and keep this under review.

A23. In any case, or category of cases, where the NHS CB takes steps to secure improvement under paragraph A22 then the NHS CB will provide a report to the oversight group setting out steps for improving the relevant service or performance (an “improvement plan”). The NHS CB will work with providers to ensure that objectives in the improvement plan are achieved. Improvement plans will be reviewed by the NHS CB where national baselines are varied (paragraph A21) or where the pace of change is agreed or updated (paragraph A22).

Information

A24. The NHS CB will as far as is practicable share with the Health and Social Care Information Centre all information it collects, or require providers to collect, in the exercise of its functions pursuant to this agreement. The NHS CB will also ensure that relevant unpublished information is shared on a timely basis with PHE and DH for the purpose of exercising their functions. The NHS CB will agree arrangements with PHE for the supply or exchange of relevant information and analyses, and these arrangements are expected to be in the “compact”. The NHS CB will, wherever necessary, both comply with and promote its obligations under the Data Protection Act 1998 and the law relating to confidentiality.

A25. The NHS CB will work with other bodies to secure and support the safe transition of information collection arrangements related to Part B Table 2 baselines.

A26. The NHS CB will support the development and implementation of:

- a) baseline data for Part B Table 2 where this is currently not available or to be confirmed,
- b) new or improved outcome indicators for services listed in Part B Table 1 including
 - a suitable indicator for Abdominal Aortic Aneurysm screening,
 - an indicator for bowel cancer screening based on the percentage of eligible people screened in the recall period in line with current coverage,
- c) placeholder indicators for the Public Health Outcomes Framework including:
 - School readiness (1.2)

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- Child development at 2-2.5 years (2.5)
- People in prison who have a mental illness or a significant mental illness (1.7).

A27. DH, PHE and the NHS CB will share information to enable effective joint planning of future section 7A agreements, including prospective changes in services or new services that may be commissioned under a future section 7A agreement. Information should be shared when plans are at a formative stage. The plans to which this paragraph applies would include plans to pilot a changed or new service, plans for national delivery following a pilot phase, or plans to discontinue the whole or any part of a service commissioned under this agreement. DH, PHE and the NHS CB will discuss plans before a decision is taken to pilot a new service or an extension to a service, and agree plans before any decision to roll-out a service development following a pilot phase.

Reporting on delivery

A28. The NHS CB will report annually to the Secretary of State on its achievement of the key deliverables listed in Part B Table 2 and Table 3 in relation to this agreement. The NHS CB'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. The NHS CB may include the specific report required under this paragraph as part of that annual report or as a separate document provided no later than the date on which that annual report is laid before Parliament.

A29. The NHS CB will without delay inform DH in writing of any significant concerns it has in relation to the delivery of services by providers, including reports of serious failings or incidents, or major risks. The aim is to ensure 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.

Finance

A30. The Secretary of State agrees to pay the NHS CB the sum of £1,843m from the public health budget for the purposes of performing functions pursuant to this agreement during the financial year 2013-14 (in addition to the funding referred to in paragraph A32). This funding may be used only for expenditure attributable to the performance of functions pursuant to this agreement.

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A31. This does not preclude the NHS CB from choosing to allocate additional resources to prioritise public health spend within their overall resource limit(s).

A32. Additional funding of £360m from the public health budget for services provided through primary care is included within the total allocation of resources to the NHS CB under sections 223B and 223D of the 2006 Act. Subject to paragraph A33, this funding and that referred to in paragraph A30 amount to £2,203m allocated to the NHS CB from the public health budget for the financial year 2013-14 for the delivery of the services listed in Part B Table 1.

A33. Funding in respect of the planned new programmes mentioned in paragraph A42 is included within the Board's total allocation of resources for the financial year 2013-14. Operationalising the delivery of these programmes may involve an increase in addition to the amount of funding paid under this agreement as referred to in paragraph A30, or an increase in the amount for services provided through primary care as referred to in paragraph A32, or both.

A34. The revenue resource limit for the NHS CB for the year 2013-14, as specified in the Mandate to Board provision (see sections 13A and 223D of the 2006 Act) has been set so as to take into account the funding provided under this agreement under paragraph A30. Additional controls on the use of resources are to be imposed by directions given by the Secretary of State under section 223E of the 2006 Act.

A35. The NHS CB will report to the Secretary of State after the end of each financial year on the use of the funding allocated under paragraph A30 above and if different to the amount of funding allocated, then the NHS CB will report the total expenditure attributable to the performance of functions pursuant to this agreement. This annual report will include a breakdown showing expenditure for each programme category or programme listed in Part B Table 1. The NHS CB'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. The NHS CB may include the specific report required under this paragraph as part of that annual report or as a separate document provided no later than the date on which that annual report is laid before Parliament.

A36. Other financial monitoring requirements will be determined as part of the wider financial reporting requirements between the NHS CB and DH. These requirements are expected to

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include data received on a monthly basis on the use of the funding allocated under paragraph A30 above.

A37. The NHS CB will report to the oversight group any expected underspending of the funding allocated under paragraph A30 so that DH can take account of this in HM Treasury carry forward arrangements. Any sum underspent which is made available as part of section 7A funding for the following financial year may also only be used for expenditure attributable to the performance of functions pursuant to this agreement or a similar future agreement.

Variation

A38. This agreement may be varied by the Secretary of State and the NHS CB by written agreement (including arrangements made in accordance with paragraph A18(b) and (c) above). Any such variation shall have an agreed date upon which it comes into force.

A39. The Secretary of State and the NHS CB will act decisively in the spirit of this agreement (paragraph A2 above) whenever a variation to this agreement falls to be considered, in circumstances which may include:

- a) a change of evidence or advice in relation to a service specification,
- b) the planned introduction of a new or amended service, or
- c) a new threat to the health of the people of England, or an unexpected new opportunity to protect their health.

A40. The oversight group will jointly determine any variations to this agreement in relation to the planned introduction of new or amended service, or a change of evidence or advice. To enable effective planning DH, PHE and the NHS CB will share information about all such matters at a formative stage, including information about scientific advice that is being sought, pilot schemes and the assessment of resources.

A41. As indicated in paragraph A7, this agreement does not apply to the exercise of the NHS CB's responsibilities for emergency preparedness or emergencies under section 252A of the 2006 Act. However it may be relevant to vary this agreement in relation to a new threat to the health of the people of England or an unexpected new opportunity to protect their health. For example, there may be an opportunity to arrange a new vaccination programme. A variation to this agreement in such circumstances may, among other things, provide for either or both of:

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- a) an amount of additional funding, or
- b) lower expectations of performance in other services while actions are implemented in relation to the threat or opportunity in question.

A42. The DH and the NHS CB jointly note the requirement for variations to this agreement for certain planned new programmes. These are the introduction during 2013-14 of:

- a) a new rotavirus vaccination programme,
- b) a new shingles vaccination programme, and
- c) partial implementation of the extension of the seasonal influenza vaccination programme to children.

New service specifications that are being developed for these programmes will take effect for the purposes of this agreement by means of variation agreed in writing in accordance with paragraph A38. Such a variation or variations will be informed by further assessment of the operational implications of the proposed programmes. In addition, the DH and NHS CB jointly note developments which may require variations to this agreement in respect of the prospective continuation of a pertussis vaccination programme, proposed changes to the meningitis C vaccination schedule and a proposed catch-up programme for meningitis C vaccination.

Dispute resolution

A43. The following provisions about dispute resolution are intended to support the spirit of this agreement (paragraph A2 above). The DH and the NHS CB share the aim of resolving any differences quickly and constructively in relation to

- a) the exercise of functions under this agreement,
- b) the prospective variation of this agreement, and/or
- c) the planning of future section 7A agreements.

A44. At their discretion, an authorised senior representative of the NHS CB, DH or PHE may at any time declare a dispute under this agreement by a written notice to the co-chairs of the oversight group that provides information about the dispute and how resolution of the matter has been attempted and failed. The day when the co-chairs are notified is the “date of notification”. The co-chairs will have joint responsibility to resolve the dispute by any means and may delegate responsibilities to named individuals.

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A45. Any dispute remaining unresolved after a maximum of 5 working days from the date of notification shall be reported to the Chief Executive of the NHS CB, the DH Director General Policy, Strategy & Finance, and the Government's Chief Medical Officer. They shall take all reasonable steps to resolve the dispute within no more than 10 working days from the date of notification.

A46. If the matter is not resolved in accordance with paragraph A45, the matter must be referred to the Secretary of State for final determination. The Secretary of State must, after consultation with the NHS CB, appoint a person independent of DH and the NHS CB 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 CB agree to be bound by the decision of the Secretary of State and to implement any decision within a reasonable period.

A47. This agreement is without prejudice to the exercise of the Secretary of State's powers in respect of the NHS CB, including his powers in relation to the failure by the NHS CB to discharge, or to discharge properly, any of its functions (section 13Z2 of the 2006 Act).

Part B – Services

B1. As described in paragraph A5:

Pursuant to this agreement, the NHS CB will exercise the functions of the Secretary of State under sections 2, 2A, 2B and 12 of the 2006 Act so as to provide or secure the provision of the services listed in Part B Table 1 from 1 April 2013 to 31 March 2014 for the benefit of the public in England. Similar agreements under section 7A of the 2006 Act are expected to be made for each financial year from now on. The Government expects to transfer commissioning responsibilities for children’s public health services from pregnancy to 5 to local authorities by 2015.

B2. The provision of the services listed in Table 1 are all 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 are therefore to be provided and arranged pursuant to the Secretary of State's duty under section 2A of the 2006 Act. In addition, with the exception of screening programmes and cancer screening programmes, the provision of the services listed in Table 1 are steps the Secretary of State considers appropriate to improve the health of the people of England and are therefore to be provided or arranged pursuant also to the Secretary of State's power under section 2B of the 2006 Act.

Table 1: List of services by programme category

Programme category or programme	Services
Immunisation programmes	Neonatal Hepatitis B immunisation programme
	Neonatal BCG immunisation programme
	Respiratory syncytial virus (RSV) immunisation programme
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
	Meningitis C (MenC) immunisation programme
	Hib/MenC immunisation programme
	Pneumococcal immunisation programme
	DTaP/IPV and dTaP/IPV immunisation programme
	Measles, mumps and rubella (MMR) immunisation programme
	Human papillomavirus (HPV) immunisation programme
	Td/IPV (teenage booster) immunisation programme
	Seasonal influenza immunisation programme
	Planned new immunisation programmes for: <ul style="list-style-type: none"> • rotavirus

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	<ul style="list-style-type: none"> • shingles • seasonal influenza (partial implementation of the extension of the programme to children)
Screening programmes	NHS Infectious Diseases in Pregnancy Screening Programme
	NHS Down's Syndrome Screening (Trisomy 21) Programme
	NHS Fetal Anomaly Screening Programme
	NHS Sickle Cell and Thalassaemia Screening Programme
	NHS Newborn Blood Spot Screening Programme
	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	Breast Screening Programme
	Cervical Screening
	Bowel Cancer Screening Programme
Children's public health services (from pregnancy to age 5)	Healthy Child Programme and Health Visiting (universal offer)
	Family Nurse Partnership (nationally supported targeted offer)
Child Health Information Systems	Child Health Information Systems
Public health care for people in prison and other places of detention	Public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate
Sexual assault services	Sexual assault referral services

B2. As described in paragraphs A10, A11 and A12:

In exercising the Secretary of State's functions under this agreement, the NHS CB will seek to achieve the key deliverables listed in Part B Table 2 and Table 3. The NHS CB is accountable to the Secretary of State for these key deliverables. The key deliverables are focused on achieving positive health outcomes for the population and reducing inequalities in health. There are key deliverables for services and key deliverables for implementing change.

The key deliverables for services are listed in Part B Table 2. They are matched as far as possible to measures used in the Public Health Outcomes Framework, supporting transparency for the public health system. Where baselines are stated in Part B Table 2, the NHS CB will seek to improve, or at least maintain the national level of annual performance for each key deliverable and supporting indicator shown.

The provisions of paragraph A11 in relation to the national level of annual performance do not apply to any indicator where the trend is declining according to information available either at the date of this agreement or information subsequently available for the period up 31 March

2013. For these indicators, the NHS CB will seek to improve the national level of annual performance against a projected trend agreed with DH.

B3. Key deliverables and supporting indicators will be used at the national level for the purposes of accountability under paragraph A10. Disaggregated data may be used for other purposes.

B4. "To be confirmed" is shown in Table 2 where baseline data is not available for the purposes of this section 7A agreement. This includes circumstances where robust data is currently not available for a full year.

Table 2: Key deliverables for services

Key deliverables (shown in bold) and supporting indicators	Baselines	Year
Immunisation programmes		
Population vaccination coverage (as defined in Public Health Outcomes Framework indicator 3.3)		
3.3i: Hepatitis B vaccination coverage (1 and 2 year olds)	To be confirmed	
3.3ii: BCG vaccination coverage (aged under 1 year)	To be confirmed	
3.3iii: DTaP/IPV/Hib vaccination coverage (1, 2 and 5 year olds)	94.2% at age 1 96.0% at age 2 To be confirmed at age 5	2010-11
3.3iv: MenC vaccination coverage (1 year olds)	93.4%	2010-11
3.3v: PCV vaccination coverage (1 year olds)	93.6%	2010-11
3.3vi: Hib/MenC booster vaccination coverage (2 and 5 year olds)	91.6% at age 2 To be confirmed at age 5	2010-11
3.3vii: PCV booster vaccination coverage (2 year olds)	89.3%	2010-11
3.3viii: MMR vaccination coverage for one dose (2	89.1%	2010-11

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year olds)		
3.3ix: MMR vaccination coverage for one dose (5 year olds)	91.9%	2010-11
3.3x: MMR vaccination coverage for two doses (5 year olds)	84.2%	2010-11
3.3xi: Td/IPV booster vaccination coverage (13-18 year olds)	To be confirmed	
3.3xii: HPV vaccination coverage (females 12-13 year olds)	84.2%	2010-11 academic year
3.3xiii: PPV vaccination coverage (aged 65 and over)	68.3 %	2011-12
3.3xiv: Flu vaccination coverage (aged 65 and over)	72.8%	2011-12
3.3xv: Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding pregnant women)	50.0%	2011-12
Screening programmes		
Access to non-cancer screening programmes (as defined in Public Health Outcomes Framework indicator 2.21)		
2.21i: HIV coverage: percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result	To be confirmed	
2.21ii :Syphilis, hepatitis B and susceptibility to rubella uptake: The percentage of women booked for antenatal care, as reported by maternity services, who have a screening test for syphilis, hepatitis B and susceptibility to rubella leading to a conclusive result	To be confirmed	
2.21iii: The percentage of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report	To be confirmed	
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	To be confirmed	

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<p>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)</p> <p>2.21vi The percentage of babies eligible for the newborn physical examination who were tested within 72 hours of birth</p> <p>2.21vii: The percentage of those offered screening for diabetic retinopathy who attend a digital screening event</p>	<p>To be confirmed</p> <p>To be confirmed</p> <p>To be confirmed</p>	
<p>Cancer screening programmes</p> <p>Cancer screening coverage (as defined in Public Health Outcomes Framework indicator 2.20)</p> <p>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</p> <p>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</p>	<p>77.2% coverage aged 53-70</p> <p>78.6% coverage 25 to 64</p>	<p>as at 31 Mar 2011</p> <p>as at 31 Mar 2011</p>
<p>Children’s public health services (from pregnancy to age 5)</p> <p>The Government’s commitment to increase the number of health visitors by 4,200 against a May 2010 baseline of 8,092 and to transform health visiting services by April 2015.</p> <p>The Government’s commitment to more than double the April 2011 number of places on the FNP programme to at least 13,000 by April 2015.</p> <p>Low birth weight of term babies (as defined by the Public Health Outcomes Framework indicator 2.1)</p>	<p>8,199 FTE health visitors recorded on the Electronic Staff Record (ESR) plus estimated 250 non-ESR</p> <p>9,200 FNP places as at Apr 2012</p>	<p>March 2012</p>

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2.1: Percentage of all live births at term with low birth weight	7.1%	2009
Breastfeeding (as defined in Public Health Outcomes Framework indicator 2.2)		
2.2i: Breastfeeding initiation	74.0%	2011-12
2.2ii: Breastfeeding prevalence at 6-8 weeks after birth	46.1%	2011-12
Excess weight in 4-5 year olds (as defined in the Public Health Outcomes Framework indicator 2.6)		
2.6i: Percentage of children aged 4-5 classified as overweight or obese	22.6%	school year 2010-11
Hospital admissions caused by unintentional and deliberate injuries in under 18s (as defined in the Public Health Outcomes Framework indicator 2.7)		
2.7: Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in age 0-17 years, per 10,000 resident population.	To be confirmed	
Infant mortality (as defined in the Public Health Outcomes Framework indicator 4.1 - shared indicator with NHS Outcomes Framework 1.6i)		
4.1: Crude rate of infant deaths (persons aged less than 1 year) per 1,000 live births	4.3 deaths per 1,000 live births,	2010
Tooth decay in children aged five (as defined in the Public Health Outcomes Framework indicator 4.2)		
4.2: Rate of tooth decay in children aged 5 years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – decayed/missing/filled teeth (dmft)	To be confirmed	
Maintain and extend coverage of local delivery of the Healthy Child Programme during 2013/14, moving towards delivery of the full service specification.		
Child health information systems		

Table 3: Key deliverables for implementing change

Key deliverables (shown in bold)
Immunisation programmes
Implement as far as possible planned new vaccination programmes for: <ul style="list-style-type: none">• rotavirus• shingles
Develop the extension of the seasonal influenza vaccination programme to children by partial implementation of the extension.

Part C – Service specifications

This part of the agreement includes the service specifications listed in Table 4 which are separate documents. Except where shown, each of these documents is dated November 2012.

Table 4 – List of service specifications

Number

Immunisation programmes:

- 1 Neonatal Hepatitis B immunisation programme
- 2 Neonatal BCG immunisation programme
- 3 Respiratory syncytial virus (RSV) immunisation programme
- 4 Immunisation against diphtheria, tetanus, poliomyelitis, pertussis, and Hib
- 5 [NOT IN USE – planned introduction of rotavirus immunisation]
- 6 Meningitis C (MenC) immunisation programme
- 7 Hib/MenC immunisation programme
- 8 Pneumococcal immunisation programme
- 9 DTaP/IPV and dTaP/IPV immunisation programme
- 10 Measles, mumps and rubella (MMR) immunisation programme
- 11 Human papillomavirus (HPV) immunisation
- 12 Td/IPV (teenage booster) immunisation programme
- 13 Seasonal influenza immunisation programme
- 14 [NOT IN USE – planned introduction of shingles immunisation]

Screening programmes

- 15 NHS Infectious Diseases in Pregnancy Screening Programme
- 16 NHS Down's Syndrome Screening (Trisomy 21) Programme
- 17 NHS Fetal Anomaly Screening Programme
- 18 NHS Sickle Cell and Thalassaemia Screening Programme.
- 19 NHS Newborn Blood Spot Screening Programme
- 20 NHS Newborn Hearing Screening Programme
- 21 NHS Newborn and Infant Physical Examination Screening Programme
- 22 NHS Diabetic Eye Screening Programme
- 23 NHS Abdominal Aortic Aneurysm Screening Programme

Cancer screening programmes

- 24 Breast Screening Programme
- 25 Cervical Screening
- 26 Bowel Cancer Screening Programme

Public health functions to be exercised by the NHS Commissioning Board

- Other programmes*
- 27 Children's public health services (from pregnancy to age 5)
 - 28 Child Health Information Systems (CHIS)
 - 29 Public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate
 - 30 Sexual assault services