

Jonathan Marron

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Dear Amanda,

NHS Public Health Functions ('Section 7A') Agreement 2020/21

Given the exceptional circumstances and unprecedented challenge of managing the response to Covid-19, I am writing to put on record the arrangements for the ongoing delegated exercise of the Secretary of State's public health functions in 2020/21 which have been agreed by our respective teams.

The Government's mandate to NHS England and NHS Improvement published on 25 March 2020 set out the headline objectives and budgets for 2020 to 2021 including a high-level objective to: "Deliver the public health functions that the Secretary of State for Health and Social Care has delegated to NHS England to exercise under section 7A of the NHS Act 2006".

Delivery of the public health functions is, of course, in the context of a primary focus on the Covid-19 response and I am grateful for the very significant amount of work on clinical prioritisation that has taken place across organisations at the centre and with regional colleagues.

We have agreed that for 2020/21, NHS England will continue to commission the Section 7A services ("the Services") as listed at Annex A of this letter. These Services will be provided in accordance with the relevant individual service specifications as updated where necessary with advice from Public Health England and subject to any agreed variations due to Covid-19.

As the JCVI has stated¹ maintaining our national immunisation programmes is very important to avoid outbreaks of vaccine-preventable diseases and to avoid increasing further the numbers of patients requiring health services. Similarly, ensuring maintenance of more time-critical screening opportunities (especially antenatal and newborn screening) remains an important population health goal.

Whilst it would not be appropriate to set specific deliverables at this time, NHS England will build on the innovation and changes across the system in the response to Covid-19 and we will agree appropriate performance expectations as part of the recovery and for the 2021/22 agreement.

I understand that work is underway to advance programme plans both for recovery from the enforced constraints of Covid-19 and, where possible, the longer-term transformation of services envisaged in the NHS Long Term Plan. For example, the integration of the plans for extension of the age cohort for bowel cancer screening, into the recovery and restoration whilst addressing the existing endoscopy capacity issues, within the wider improvement of screening programmes and their supporting infrastructure.

I also note the joint work that is ongoing between the two organisations to deliver the 2020/2021 annual flu immunisation programme in the context of Covid-19, including the expansion to Year 7

¹ <u>https://www.gov.uk/government/publications/jcvi-statement-on-immunisation-prioritisation/statement-from-jcvi-on-immunisation-prioritisation</u>

school age children, household contacts of those on the shielded persons list, and (should supply allow) 50 to 64 year olds.

The two organisations will also continue to work closely alongside PHE and BEIS on the Covid-19 vaccine programme with NHS England responsible for operational delivery.

You will also be aware that we have not set a 7A ringfence in financial directions for the Services for 2020/21. Rather, the intention for this year is that NHS England will manage the provision of the Services as appropriate within the totality of mandate resources (with additional funding to be provided by the Department for agreed flu and Covid-19 vaccination costs), working closely with the Department to share spending plans and appropriate monitoring.

I would also like to take the opportunity to thank you and your teams for their continued strenuous efforts to manage the delivery of the NHS' public health offer at this very difficult time for us all as professionals and as individuals and families.

Yours sincerely,

JONATHAN MARRON
Director General PRE and Pu

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Copies:

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