



## **NHS England Annual Accountability Statement for NHS Public Health Functions (S7A) Agreement for 2015-2016**

As part of the requirements of the NHS Public Health Functions Agreement (S7A), NHS England is asked to report annually to the Secretary of State on achievement against the expected deliverables set out in the agreement. Please accept this correspondence as the NHS England Annual Accountability Statement for the S7A for 2015/2016. This statement is later than we would ordinarily provide and you should expect to receive the 2016-2017 statement in more timely fashion.

### **Requirements of S7A agreement 2015/2016**

The S7A in 2015/16 agreement set out key deliverables which NHS England was expected to achieve over the course of the year, this included continued stability of delivery and outcomes across existing programmes, together with a number of significant change programmes.

Consequently our first objective under the agreement was to provide high quality S7A services with efficient use of resources, seeking to achieve positive health outcomes and reducing inequalities in health. NHS England's second objective was to implement planned changes in S7A services in a safe and sustainable manner, promptly and thoroughly.

In 2015/16 NHS England worked to deliver the Agreement within the financial envelope and:

- reduce variation in local levels of performance between different geographical areas (while national and local levels of performance have been improved or maintained)
- show evidence of the high quality of services
- fully implement the specifications in contracts with providers
- assess the quality of patient experience as being both satisfactory and improving (to the extent that suitable data are available)

### **NHS England achievement of S7A Requirements in 2015/2016**

I am pleased to report, generally good progress in delivering S7A in 2015/16. Detail is provided below but key achievements in 2015/16 include:

- Delivery of public health outcomes for the population of England, through systematic commissioning of the agreed S7A public health services:
  - Commissioning of three cancer screening, two non-cancer screening and six maternity and new-born screening programmes
  - Immunisations for children and adults
  - Child Health Information Service
  - Sexual Assault Referral Services
  - Public health care for people in prison and other places of detention.
  
- Introduction of a number of new programmes including:
  - Roll out the national childhood flu immunisation
  - The introduction of Hep B which alongside the high coverage of other childhood vaccination made a major contribution to the prevention of sepsis.
  - Roll out of the Men C programme for university entrants.
  - The successful and safe transfer of commissioning of 0-5s children's public health services from NHS England to local government on 1 October 2015.

### ***Ongoing public health programmes delivery in 2015/16***

In respect of our responsibility for ongoing delivery of public health outcomes, NHS England continued to commission a high standard of public health services in England throughout the year, with national immunisation and screening programmes remaining world class. Appendix 1 provides detail on specific progress against the S7A key deliverables. By implementing the ambitions in the S7A agreement approximately 30 million children, adolescents and adults have access to screening and immunisation programmes each year, which impacts significantly on the wider prevention programme and supports the changes required to implement 'a radical upgrade in prevention and public health' as set out in the Five Year Forward View (FYFV). During 2015 to 2016 NHS England commissioned public health screening programmes which resulted in:

- More than 21 million screening tests for all conditions.
- More than 450,000 individuals required further testing or treatment following positive screening test results.

- 3.1 million women screened for cervical abnormalities.
- Cervical screening saved an estimated 5,000 lives.
- 2.4 million people with diabetes had eye screening.
- 7,500 people with sight-threatening diabetic retinopathy referred for further treatment.
- Over half a million pregnant women screened for a foetal anomaly, hepatitis B, HIV, syphilis, sickle cell disease and thalassaemia.
- The millionth man in England was screened for abdominal aortic aneurysm.

*Source: NHS Screening Programmes in England 2015 - 2016, Public Health England*

NHS England continued to commission Child Health Information Services (CHIS) in 2015-16. CHIS provides a critical role in the scheduling, recording and monitoring of public health programmes for children, including vaccination delivery and immunisation status of children in England. During the year there was particular focus on continual improvement of CHIS in the context of transfer of commissioning of 0-5 services from NHS England to Local Authorities and continued focus on risk reduction following findings of the CHIS national incident team.

In relation to commissioning Sexual Assault Services, we developed performance indicators for SARCs in 2015/16 which will be monitored via a management information stipulated template, Sexual Assault Referral Centre Indicators of Performance (SARCIPs). This is a significant step as historically there has been no nationally acceptable minimum data set for Sexual Assault Referral Centres (SARCs). Indicators were trialled during 2015/16 and this approach will allow NHS England to commission SARCs providers to deploy a system appropriate to the provision, but still meet national reporting requirements for assurance.

Public Health S7A indicators have also been integrated into the Health and Justice Indicators of Performance (HJIPs) management tool. In 2015/16 ongoing reporting and intelligence has helped to establish trend data patterns from national level down to individual providers in prisons, enabling better informed commissioning decisions.

All local commissioners of public health services for people in places of detention in 2015/16 used the national specifications to commission services. Preliminary data from the Health and Justice Indicators of Performance (HJIPs) for financial year 2015-16 indicates that 16,425 tests were carried out for hepatitis B infection, 18,967 for hepatitis C infection and 40,705 for HIV infection. 8 of out 11 pathfinder prisons stated that they identified positive results on individuals who would have hitherto remained undiagnosed under previous

testing approach and describe a near doubling of testing for blood borne viruses following the introduction of the opt-out testing approach.

An NHS Health Checks audit carried out across the prison estate indicated more work is required on the quality of health checks, but that uptake was of a similar level to the general population (24% in February 2015). In September 2015, a review of deaths from natural causes in the preceding 12 months showed deaths at 153 – a rise from 136 in the preceding year and a significant rise from 61 in 2000. In response, a national plan has been drawn up to support commissioners to increase health checks quality and uptake.

Despite many achievements in 2015/16, NHS England recognised persistent declines in some programmes, mirroring in some instances international trends, taking steps to address these. Areas of focus in 15/16 included:

- Maintaining and improving vaccination uptake and coverage;
- Improving quality and coverage and reducing inequality in uptake of national screening and immunisation programmes;
- Ensuring that S7A programmes are delivered in line with agreed service specifications
- Delivering S7a programmes within the financial constraints of the Spending Review

Any area that did not meet baseline during the year, was recognised as a programme with improvement requirements and was under particular scrutiny, a key component of the S7A assurance process. In addition to local action, overseen by NHS England's Public Health Oversight Group, three key areas which did not achieve required outcomes, were identified for a tri-partite spotlight in 2015/16. The tri-partite spotlight brings NHS England, PHE and the DH together to consider a programme in more detail, recognising that the actions across the tripartite are more likely to have impact than actions by individual organisations. A breast cancer screening spotlight took place in January 2016 and spotlights for cervical screening and childhood immunisations early in 16/17. The spotlight resulted in an action plan for implementation during 2016/17 and subsequently.

### ***New Programme Delivery***

NHS England successfully implemented or prepared for a number of new change programmes in 2015/16.

The safe transfer of £860M public health commissioning contracts from NHS England to local authorities was completed in October 2015. This followed significant focus by NHS England on the health visitor recruitment programme which delivered one of the biggest percentage professional growth achieved in the NHS.

The childhood flu programme was a significant focus in 2015/16 with phase 2 of national rollout delivered. The 2015/16 programme offered vaccination to children aged 2-4 years old delivered via General Practice and, predominantly via school based provision, vaccination to children of appropriate age for school years 1 and 2, with the continuation of the previous primary school pilots. The estimated uptake of influenza vaccine is set out in appendix 1, and we should note the continual improvement of this new programme. Approximately 1,200,000 extra children of primary school age were offered vaccination in 2015/16 as the cohort extended.

In 2015 we introduced the new Hep B vaccination, which alongside the high coverage of other childhood vaccination, made a major contribution to the prevention of sepsis. Men B, meningococcal serogroup C and pneumococcal infection has not only protected the children who are vaccinated but has also reduced the circulation of these organisms in the community that can cause sepsis. Vaccination against viral infections – including measles and influenza – has also reduced the risk of secondary bacterial infection. We also rolled out Men C to university entrants over the summer of 2015, at considerable speed.

Finally preparations for the transfer of the Bowel Scope Screening Pilot Programme from Public Health England to NHS England for 2016 and beyond required a significant commitment from NHS England commissioners during 2015/16 in operational planning, contracting and assurance.

### **Statutory duties in relation to equality and health inequalities**

NHS England recognises the positive impact commissioning can have on equality and health inequalities. In 2015/16 NHS England Public Health commissioning intentions for 2015/16 included a national CQUIN to increase screening and immunisation uptake in mental health, people with learning disabilities and black and minority ethnic groups (BME) including maternity cohorts. As a result, specific health improvement actions in local areas for specific population groups where there is low uptake have been implemented e.g. Bowel health promotion service redesigned their social marketing messages and communication plans to reach BME communities and the Diabetic eye screening programmes identified specific GP practices where there are low referral rates and direct engagement was been put in place to increase awareness and proactive identification of eligible patients from the GP practice risk registers.

We recorded and learned from examples of excellent work such as a targeted campaign in Nottingham which has resulted in 90% coverage for the three dose HPV vaccination programme whilst having a very diverse ethnic and religious community.

## Finance

Under the 2015/16 S7a agreement, NHS England is obliged to report against the £1,376m ring fenced sum. The ring fenced sum was reduced by £428m to £1,376m from the £1,804m in the initial 2015/16 agreement to take account of the transfer of the Children 0-5 programme to Local Authorities from 1 October 2015.

In 2015/16 £1,461m of expenditure was quantified against the £1,376m ring fenced sum, an additional £85m more than the ring fenced sum. This is set out in more detail in appendix 3.

NHS England met the obligation to only use the ring fenced funding for expenditure attributable to the performance of functions pursuant to the S7A agreement.

The reported ring fenced expenditure includes:

- The costs of contracts relating to S7A programmes with NHS and third party providers
- Vaccines reimbursed by CCGs on behalf of NHS England's S7a programmes (i.e. adult flu and pneumococcal)
- Various S7A costs incurred by other organisations but not recharged to NHS England because NHS England did not receive the funding in the 2013 PCT baseline disaggregation (e.g. colposcopies)
- The S7A element of wider health and justice block contracts;
- Immunisation target payments and enhanced service payments to GPs

The reported ring fenced expenditure did not include:

- a. Non-cancer screening and immunisation costs in the maternity tariff (and incurred by CCGs)
- b. Vaccines supplied by Public Health England
- c. Commissioning costs which are in NHS England's running costs; or
- d. Any allowance for NHS England's general overheads (which would normally be included in a full economic costing) or
- e. Those elements of the Quality and Outcomes Framework (QOF) payments to GPs which directly relate to public health (removed from the ring fenced sum in 2015/16)

The S7A costs in other organisations and in health and justice contracts are based on returns completed by NHS local teams in June 2015.

Appendix 3 shows the total costs against the ring fenced sum before and after reclassifying the costs in other organisations against specific programmes.

## APPENDIX 1 Key deliverables for 2015/16

Key deliverables in S7A for 2015/16	Key points /areas for further focus
<b>Key ambitions and deliverables</b>	
Seek to improve or at least maintain the national level of annual performance for each key deliverable	The internal NHS England governance structure (Public Health Oversight Group and Assurance Groups) has been strengthened to support delivery of s.7A; with assurance dashboards shared and reported.
Over time, to reduce the range of variation in performance (performance floors)	NHS England has set performance floors for all the S7A programmes (shown in appendix 2). The information has formed part of the reporting within data repositories for local teams to identify low levels of performance and set measurable objectives for changes in provider's performance to reduce the range of variation.
Quality of services addressing clinical effectiveness, patient safety and patient experience	NHS England has reviewed all the S7A service specifications for the screening and immunisation services to improve the contracting and guidance for delivery of services, such as: updating text for defunct and non-operational hyperlinks, improving clarity and therefore the translation of the specifications into contracts. Local teams have been tasked with capturing patient experience feedback from a range of insight sources; providers should demonstrate robust systems for analysing and responding to that feedback.

<p>Fully implement service specifications into national contracts and take steps to identify all cases of unacceptable or low performance by providers</p>	<p>NHS England and PHE have worked closely together to improve the quality of the service specifications.</p> <p>NHS England will embed a standardised approach to reporting on s.7A indicators through public health portfolio leads and the Public Health Oversight Group, to track progress and increase our confidence in meeting this ambition.</p>
<p>Seek to ensure that the views of service users and others are sought and taken into account in designing, planning and delivery services</p>	<p>In accordance with our responsibilities in Section 13Q of the Health and Social Care Act 2006 (as amended) the views of service users and the public play an important part of our approach to commissioning public health services. Views of service users can play a key role in designing, planning and delivery of services as evidenced through the development of the childhood flu programme.</p>
<p>Offer childhood flu vaccination to all children between 2 – 4, continue delivery primary school children in the current pilot areas. Roll out to primary school age children of appropriate age for Year 1 and 2. possible and agreed in the S7A variation</p>	<p>NHS England maintained the provision of flu vaccination for children aged 2, 3 and 4 year olds to the GP contract. Uptake was lower than aspirations for each age cohort at 35.4%, 37.7% and 30.0% respectively and we are working to reinvigorate the programme in general practice.</p> <p>We also introduced the offer of immunisation to children of appropriate age for school year one and two. Uptake was 54.4% for Year 1 and 53.9% for Year 2 age children</p>
<p>Implement as far as reasonably practicable the planned new MenC immunisation programme for university entrants.</p>	<p>NHS England implemented the new Men C ‘Freshers’ campaign’. NHS England is working with partners, to make improvements in access and awareness as part of the Men ACWY catch-up campaign.</p>
<p>To continue engagement with partners by planning for a safe and effective of transfer of commissioning arrangements for children’s public health services from 0-5 and in particular explore opportunities for sign off for</p>	<p>Working in partnership, the 0-5 Healthy Child Transfer Programme was established in NHS England to ensure the safe transfer of commissioning responsibilities for 0-5 year old children’s public health services from NHS England to Local Authorities on 1 October 2015. This equates to circa £860m annum transfer from NHS to Local Authorities in England. The programme centrally co-ordinated workstreams to assure safe transfer around finance and contracting, HR and data and information, supported by effective</p>



<p>commissioning plans for 2014-15 with local authority Chief Executives. And to develop plans, nationally and for each local area, for transferring commissioning responsibilities for children's public health services from pregnancy to age 5 to local authorities, on the basis of effective partnership with local authorities so far as this is reasonably practicable.</p>	<p>communications and delivered for safe transfer on 1 October 2015 of £430M for the last six months of the year.</p>
<p>Work with PHE to help them to deliver their 60% commitment to roll out bowel scope screening by the end of March 2015, by support the involvement and engagement of screening centres.</p>	<p>NHS England supported PHE to reach and exceed the government commitment to open 60% of the bowel scope centres, as part of the process to improve access for all the eligible population through the PHE pilot.</p>

## Appendix 2: Summary of Key Deliverables

### Section 7A position for the Annual Accountability Meeting

Programme	S7a Deliverable	2015/16 closing position	Closing position period	2014/15 closing position	Closing position period
Pertussis vaccine uptake for pregnant women (i)		60.7%	As of Mar 16	56.2%	As of Mar 15
Rotavirus vaccination coverage (children at 25 weeks) - first dose (i)		93.8%	As of Jan 16	93.3%	As of Jan 15
Rotavirus - completed the two dose course (i)		88.6%	As of Jan 16	87.9%	As of Jan 15
<b>Immunisation coverage for children</b>					
Dtap / IPV / Hib (1 year old) (ii)	94.7%	93.6%	2015/16	94.2%	2014/15
Dtap / IPV / Hib (2 year old) (ii)	96.3%	95.2%	2015/16	95.7%	2014/15
MenC (1 year old) (iii)	93.9%	95.1%	Q4 2015/16	N/A	N/A
PCV (1 year old) (iii)	94.4%	93.5%	2015/16	93.9%	2014/15
Hib / Men C booster (2 years old) (ii)	92.7%	91.6%	2015/16	92.1%	2014/15
Hib / Men C booster (5 years old) (ii)	91.5%	92.6%	2015/16	92.4%	2014/15

PCV booster (2 years old) (iii)	92.5%	91.5%	2015/16	92.2%	2014/15
MMR for one dose (2 years old) (iii)	92.3%	91.9%	2015/16	92.3%	2014/15
MMR for one dose (5 years old) (iii)	93.9%	94.8%	2015/16	94.4%	2014/15
MMR for two doses (5 years old) (iii)	87.7%	88.2%	2015/16	88.6%	2014/15
HPV coverage (females 12-13 year olds) (%) (iii)	86.1%	89.4%	2014/15	N/A	N/A
PPV coverage (65+) (%) (iii)	69.1%	70.1%	2015/16	69.8%	2014/15
Flu vaccination coverage (65+) (%) (iii)	73.2%	71.0%	2015/16	72.7%	2014/15
Flu vaccination coverage (at risk individuals from age 6 months to under 65 years old) (%) (iii)	52.3%	45.1%	2015/16	50.3%	2014/15
Flu vaccination coverage on pregnant women (iii)	39.8%	42.3%	2015/16	44.1%	2014/15
Flu vaccination coverage (children aged 2 years old) (iii)	42.6%	35.4%	2015/16	38.5%	2014/15
Flu vaccination coverage (children aged 3 years old) (iii)	39.5%	37.7%	2015/16	41.3%	2014/15
Shingles vaccination coverage (70-year olds) (iv)		51.0%	Sept 15-May 16	52.8%	Sept 14-May 15

Shingles vaccination coverage (79-year olds) (iv)		51.1%	Sept 15-May 16	52.5%	Sept 14-May 15
<b>HIV coverage (eligible pregnant women) (%) (v)</b>					
HIV coverage (eligible pregnant women) (%) (v)	98.9%	98.8%	Q3 2015/16	98.7%	Q3 2014/15
Antenatal sickle cell and thalassaemia coverage (eligible pregnant women) (%) (v)	98.9%	98.8%	Q3 2015/16	98.5%	Q3 2014/15
Newborn bloodspot screening coverage (%) (v)	93.5%	94.9%	Q3 2015/16	95.4%	Q3 2014/15
Newborn hearing screening coverage (%) (v)	97.8%	98.0%	Q3 2015/16	97.7%	Q3 2014/15
Newborn physical examination (%) (v)		94.4%	Q3 2015/16	93.9%	Q3 2014/15
Diabetic retinopathy screening uptake (%) (v)	80.2%	83.6%	Q3 2015/16	82.7%	Q3 2014/15
Abdominal aortic aneurysm screening uptake (%) (v)		80.4%	Q3 2015/16	79.6%	Q3 2014/15
<b>Breast screening coverage (53-70) (%) (vi)</b>					
Breast screening coverage (53-70) (%) (vi)	76.3%	75.4%	As on 31 March 15	75.9%	As on 31 March 14
Cervical screening coverage (25-64) (%) (vi)	73.9%	73.5%	As on 31 March 15	74.2%	As on 31 March 14
Bowel screening coverage (60-74) (%) (vi)	55.4%	57.1%	As on 31 March 15	N/A	N/A
<b>Health visitors workforce statistics (vii)</b>					
Health visitors workforce statistics (vii)	10,350	11,895	Sept 15	N/A	N/A

Low birth weight of term babies (%) (viii)	2.8%	2.9%	2014	2.8%	2013
Breast feeding initiation (%) (viii)	73.9%	74.3%	2014/15	74.0%	2013/14
Breast feeding prevalence 6-8 wk (%) (viii)	47.2%	43.8%	2014/15	45.8%	2013/14
Excess weight in 4-5 year olds (as defined in the PHOF indicator 2.06) (viii)	22.2%	21.9%	2014/15	22.5%	2013/14
Hospital emergency admissions (0-4; crude rate) (viii)	134.7	137.5	2014/15	140.8	2013/14
Infant mortality (aged less than 1 year) - deaths per 1,000 live births (viii)	4.1	4.0	2012-14	4.0	2011-13
Tooth decay in children aged 5 years (viii)	0.94	0.84	2014/15	0.94	2011/12

## Appendix 3: Finance Summary

	Before reclassification £'m	Reclassification £'m	After reclassification £'m
Per the NHS England Ledger			
Children 0 to 5 - spend to 30 September 2015	416.2		416.2
Cancer Screening	331.6	62.7	394.3
Immunisation Programmes	294.3	69.3	363.6
Non cancer screening Programmes	107.8	1.4	109.2
Child Health Information Systems	44.1	4.1	48.2
Sexual Assault Services	17.2		17.2
Other	0.2		0.2
Estimates based on local team returns			
Prison public health	112.1		112.1
s7a costs in other organisations	137.5	(137.5)	0
<b>Total s7a costs against the ring fenced sum</b>	<b>1461.0</b>	<b>0</b>	<b>1461.0</b>
Less revised s7a ring fenced sum	1376.0		1376.0
<b>Excess spend against the revised s7a ring fenced sum</b>	<b>85.0</b>		<b>85.0</b>