

NHS England Annual Accountability Statement for NHS Public Health Functions (S7A) Agreement for 2016-2017

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Prepared by: Sam Cramond

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Contact Details for further information Public Health Commissioning Team
Public Health Commissioning
Quarry House
Leeds
LS2 7UE
7900715379

<https://www.england.nhs.uk/commissioning/pub-hlth-res/>

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1 Background

1. NHS England through the S7A public health functions agreement commissions certain public health services that drive improvements in population health. The Secretary of State through the S7A agreement delegates responsibility to NHS England to commission the following programmes:
 - National immunisation programmes
 - National screening programmes
 - Child Health Information Service
 - Public health care for people in prison and other places of detention
 - Sexual assault referral services
2. As part of the requirements in the NHS Public Health Functions Agreement (S7A) NHS England is asked to report annually to the Secretary of State on its achievement against the expected deliverables set out in the agreement. This document constitutes the NHS England Annual Accountability Statement for the S7A for 2016/2017.

2 Requirements of S7A agreement 2016/2017

3. The S7A agreement aimed to continue to ensure stability of delivery and outcomes across existing programmes, together with a number of significant change programmes.
4. The S7A agreement sets out key deliverables which NHS England is expected to achieve over the course of the agreement. NHS England's first objective under the agreement is 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 is to implement planned changes in S7A services in a safe and sustainable manner, promptly and thoroughly.
5. NHS England has 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)
6. The deliverables set out in the Agreement and reported below use a new agreed 'standards' as comparators. In 2016 directors asked partners to reconsider this methodology to take into account the recognised clinical targets for the programmes. NHS England worked with the Department of Health (DH) and Public Health England (PHE) to agree new 'standards'. Programmes had desirable levels of achievement described in different ways such as 'targets' and 'achievable levels'. In the Agreement the desired level of achievement is now described as the 'standard'.

3 NHS England Achievement of S7A Requirements in 2016/2017

7. The key achievements for 2016/17 include:

- Delivery of public health outcomes for the population of England, through systematic commissioning of the agreed S7A public health services including:
 - 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
- Implementing programme changes including:
 - Roll out the national childhood flu immunisation programme to primary school age children increasing the offer of vaccination to all children aged two to seven years
 - Commissioning of bowel scope screening to agreed trajectory

8. NHS England has continued to commission a very high standard of public health services in England. During 2016/17 NHS England recognised persistent declines in some programmes and is taking steps to address these.

9. During 2016 to 2017 NHS England commissioned public health screening programmes which resulted in:

Examples:

- Screening 3 million women for cervical abnormalities
- 2.2 million people with diabetes had eye screening
- Around 460,000 individuals required further testing and treatment following positive screening test results
- **We referred around 9,000 people** with severe sight-threatening diabetic retinopathy for further treatment
- **We screened 2.6 million people for bowel cancer**
- We screened about 660,000 pregnant women for a fetal anomaly, hepatitis B, HIV, syphilis, sickle cell disease and thalassaemia
- We screened around 670,000 babies for 15 conditions (14 for baby girls)
- Around 230,000 men were screened for an abdominal aortic aneurysm
- There was a **3% increase in the uptake of bowel screening** since the previous year

Source: NHS Screening Programmes in England 2016 - 2017, PHE

10. By implementing the ambitions in the S7A agreement approximately 30 million children, adolescents and adults have access to screening and immunisation programmes each year. This 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) and Achieving World Class Cancer Outcomes: Taking the Strategy Forward, 2016.

4 Statutory duties in relation to equality and health inequalities

11. NHS England continues to recognise the positive impact commissioning can have on equality and health inequalities. Building on actions in 2015/16, in 2016/17 all screening and immunisation service specifications included specific asks for programmes to be delivered in a way which addresses local health inequalities, tailoring and targeting interventions when necessary:

- A Health Equity Audit Impact Assessment should be undertaken as part of both the commissioning and review of screening and immunisation programmes, including equality characteristics, socio-economic factors and local vulnerable populations
- The service should be delivered in a culturally sensitive way to meet the needs of local diverse populations
- User involvement should include representation from service users with equality characteristics reflecting the local community including those with protected characteristics
- Providers should exercise high levels of diligence when considering excluding people with protected characteristics in their population from the programme and follow equality, health inequality and screening/immunisation guidance when making such decisions

5 Programme Delivery

12. NHS England has responsibility to deliver changes in S7A services from those provided in 2015/16. NHS England's second objective is to implement planned changes in S7A services in a safe and sustainable manner, promptly and thoroughly. In 2016/17 NHS England:

- Increased stop smoking services in order to support the move towards a smoke free environment in prisons in England. In 2016/17, NHS England increased smoking cessation provision across four Early Adopter sites and 12 Phase One sites. Planning and resource allocation was also made to 23 Phase Two sites to enable preparation for Smoke Free status
- Rolled out opt-out blood born virus testing across adult prison estate in England to full implementation by the end of 2016/17, Full implementation was delayed, due to some roll out issues with earlier Phases taking longer than anticipated. Final stage of roll out will now take place by the end of 2017/18
- Continued to commission the MenACWY immunisation programme, introduced in August 2015 via a variation to the 2015/16 agreement
- Continued to commission the Men B immunisation programme, introduced in September 2015

- Continued to commission the rollout of the shingles vaccination programme to patients who are aged 70 years and as a catch up to those patients aged 78 years
 - Rolled out influenza immunisation to all children aged two, three and four; and to all children of appropriate age for school years one, two and three
 - NHS England took responsibility for commissioning operational bowel scope screening centres as at 1 April 2016 as part of the NHS Bowel Cancer Screening Programme
 - NHS England worked with PHE, who continued to take responsibility for ensuring the final wave three bowel scope screening centres were operational by the end of December 2016
 - NHS England continued to work to improve measles, mumps and rubella (MMR) vaccination uptake with a specific focus on MMR vaccination coverage for one dose (for five-year-olds)
13. The developed and trialled performance indicators for SARCS – Sexual Assault Referral Centre Indicators of Performance (SARCIPS) commenced roll out across England during 2016/17. This has led to opportunities for improved reporting and data quality. This approach has led to NHS England commissioning SARCS providers to deploy a system appropriate to the provision, but still meet national reporting requirements for assurance.
14. Public Health S7A indicators have also been integrated into the Health and Justice Indicators of Performance (HJIPs) management tool. In 2016/17 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.
15. All local commissioners of public health services for people in places of detention in 2016/17 used the national specifications to commission services.
16. NHS England continued to commission the Child Health Information Service (CHIS). The 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.

6 Improving uptake and reducing variation

17. S7A services will continue to develop in the context of the 'Five Year Forward View' but within a more constrained financial environment. The Five Year Forward View describes 'getting serious about prevention'. S7A services are a key dimension in this prevention agenda, for example, in access to cancer screening and immunisation programmes.
18. Despite many achievements, there have also been challenges and areas that continue to need further improvement. The areas of focus are:
- 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

19. For a number of areas which are under achieving a tri-partite spotlight has been undertaken. 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 an impact than actions by individual organisations. NHS England is able to escalate through its own assurance processes those areas where wider solutions would be more effective. A breast cancer screening spotlight took place in January 2016 and spotlights for cervical screening and childhood immunisations took place in summer 2016. The spotlights resulted in an action plan which was implemented during 2016/17.

7 Finance

20. Under the 2016/17 S7A agreement, NHS England is obliged to report against the £1,069m ring fenced sum

21. Appendix 2 shows £1,157m of expenditure has been quantified against the £1,069m ring fenced sum (i.e. £88m more than the ring fenced sum)

22. This means that NHS England has met its obligation to only use the ring fenced funding for expenditure attributable to the performance of functions pursuant to the S7A agreement

23. The reported ring fenced expenditure includes:

- a. The costs of contracts relating to S7A programmes with NHS and third party providers
- b. Vaccines reimbursed by CCGs on behalf of NHS England's S7A programmes (i.e. adult flu and pneumococcal)
- c. 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)
- d. The S7A element of wider health and justice block contracts;
- e. Immunisation target payments and enhanced service payments to GPs

24. The reported ring fenced expenditure does not include:

- f. Non-cancer screening and immunisation costs in the maternity tariff (and incurred by CCGs)
- g. Vaccines supplied by Public Health England
- h. Commissioning costs which are in NHS England's running costs; or
- i. Any allowance for NHS England's general overheads (which would normally be included in a full economic costing) or
- j. 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)

25. The S7A costs in other organisations and in health and justice contracts are based on returns completed by NHS local teams in June 2015.
26. Appendix 2 shows the total costs against the ring fenced sum before and after reclassifying the costs in other organisations against specific programmes.

8 Key deliverables set out through 2016/17 S7A agreement

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

Key deliverables	NHS England delivery
<p>Public Health services for adults and children in secure and detained settings in England.</p> <p>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.</p> <p>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.</p>	<p>Achieved - NHS England, in collaboration with National Offender Management Service, has commissioned appropriate smoking management services.</p> <p>NHS England has commissioned testing for blood born viruses on an 'opt-out' basis.</p>
<p>MenB immunisation programme</p> <p>In 2016/17, NHS England will implement the MenB immunisation programme for infants ensuring that immunisation is offered at two, four and 12 months of age.</p> <p>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</p>	<p>Achieved - NHS England has continued to commission the Men B immunisation programme in accordance with the national specification.</p>

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<p>infants.</p>	
<p>MenACWY immunisation programme</p> <p>In 2016/17, NHS England will:</p> <ul style="list-style-type: none"> • Arrange provision of the MenACWY vaccine as part of the routine adolescent schools programme (school year nine 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 <p>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.</p>	<p>Achieved - NHS England has commissioned the implementation of the MenACWY immunisation programme including catch-up campaigns and the university entrant offer.</p>

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<p>Improving MMR vaccination uptake</p> <p>In 2016/17 NHS England will:</p> <ul style="list-style-type: none"> • 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 (five-year-olds) <p>Improvement of MMR vaccination coverage for one dose (five-year-olds) to 95% will support the UK government's commitment to the World Health Organisation (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.</p>	<p>Achieved - NHS England has commissioned MMR vaccination in accordance with the national specification and has worked with providers and local partners to improve uptake.</p>
<p>Childhood flu immunisation programme</p> <p>In 2016-17, NHS England will:</p> <p>a) arrange provision of flu vaccination for all two, three and four years of age at 31 Aug 2016;</p> <p>b) arrange provision for flu vaccination for all children eligible for schooling in years one, two and three (i.e. five, six and seven-year-olds, including those who turn eight on or after 1 September 2016); and</p> <p>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.</p> <p>The best uptake of vaccination among five to less than 17year-</p>	<p>Achieved - NHS England continued the rollout of childhood flu immunisation.</p>

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<p>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.</p> <p>Work is being undertaken jointly by DH and NHS England, and with PHE, Health Education England and professional bodies to:</p> <ul style="list-style-type: none"> • Support workforce development of sustainable long-term solutions to ensure delivery of flu vaccination to all children aged two 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 	
<p>Shingles immunisation programme</p> <p>In 2016/17, NHS England will continue the rollout of the shingles vaccination programme. From 1 September 2016 shingles vaccine should be offered:</p> <ul style="list-style-type: none"> • To patients who are aged 70 years on 1 September 2016 • As a catch up to those patients aged 78 years on 1 September 2016 <p>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</p>	<p>Achieved - NHS England commissioned shingles immunisation according to the national specification.</p>

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<p>programme is to reduce the incidence and severity of shingles disease in older people.</p>	
<p>NHS Bowel Cancer Screening Programme In 2016/17, NHS England will:</p> <ul style="list-style-type: none"> • 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 three screening centres are operational by the end of December 2016 	<p>Achieved - NHS England has added bowel cancer screening to mainstream commissioning.</p> <p>Achieved - NHS England has worked closely with PHE to ensure wave three sites are ready to transfer to NHS England commissioning where operational.</p>
<p>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 and high prevalence areas as well as handling NHS Trust mergers.</p>	<p>Achieved - NHS England commissioned sickle cell and thalassaemia screening according to the national specification.</p>
<p>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.</p>	<p>Achieved - NHS England commissioned newborn hearing screening according to the national specification.</p>
<p>Diabetic Eye Screening Programme In 2016/17, NHS England will support IT developments and pilots of changes to the screening interval in Diabetic Eye screening (from one to two years), for those at low risk of sight loss, as part of a wider programme to improve screening effectiveness.</p>	<p>Achieved - NHS England commissioning diabetic eye screening programme to the national specification.</p>

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<p>NHS Breast Screening Programme</p> <p>In 2016/17, NHS England will work with PHE on developing a single national database during 2016/17.</p>	<p>Achieved - NHS England continued to support PHE to develop a single national database by communicating with providers about the prospective change.</p>
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9 Appendix 1: Summary of Key Indicators

End of year KPI summary

No	S7A indicator	Lower threshold	Standard	Latest period	Latest period value	Previous period value
Early Years Immunisation Programmes						
1	Pre-natal pertussis vaccine coverage for pregnant women	50%	60%			
2	Rotavirus vaccination coverage (two dose, 12 mths)	90%	95%	2016/17	89.6%	
3	Men B vaccination coverage (12 mths)	90%	95%			
4	Dtap / IPV / Hib vaccination coverage (12 mths)	90%	95%	2016/17	93.4%	93.6%
5	PCV vaccination coverage (12 mths)	90%	95%	2016/17	93.5%	93.5%
6	Dtap / IPV / Hib vaccination coverage (2 years old)	90%	95%	2016/17	95.1%	95.2%
7	Hib/Men C booster vaccination coverage (2 years old)	90%	95%	2016/17	91.5%	91.6%
8	PCV booster vaccination coverage (2 years old)	90%	95%	2016/17	91.5%	91.5%
9	MMR vaccination coverage for one dose (2 years old)	90%	95%	2016/17	91.6%	91.9%
10	Men B booster vaccination coverage (2 years old)	90%	95%			
11	Hib / Men C booster vaccination coverage (5 years old)	90%	95%	2016/17	92.6%	92.6%
12	MMR vaccination coverage for one dose (5 years old)	90%	95%	2016/17	95.0%	94.8%
13	MMR vaccination coverage for two doses (5 years old)	90%	95%	2016/17	87.6%	88.2%
14	DTaP/IPV/Hib vaccination coverage (5 years old)	90%	95%	2016/17	95.6%	95.9%
15	DTaP/IPV booster vaccination coverage (5 years old)	90%	95%	2016/17	86.2%	87.3%
Other Immunisation Programmes						
16	HPV vaccination coverage one dose (females 12-13 year olds)	80%	90%	2015/16	87.0%	89.4%
17	HPV vaccination coverage two doses (females 13-14 year olds)	80%	90%	2015/16	85.1%	
18	Men ACWY vaccination coverage (13-14 year olds)	60%	70%			
19	PPV vaccination coverage (aged 65 and over)	65%	75%	2016/17	69.8%	70.1%
20	Shingles vaccination coverage (70 years old)	50%	60%	2015/16	54.9%	59.0%

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21	Shingles vaccination coverage (catch-up cohort 78-year olds)	50%	60%	2015/16	55.5%	57.8%
22	Flu vaccination coverage, pre-school age (2-4 years old) including those in risk groups	30%	40%	2016/17	38.1%	34.4%
23	Flu vaccination coverage, children school age including those in risk groups	50%	65%	2016/17	55.4%	53.6%
24	Flu vaccination coverage, at risk individuals 6 months to under 65 years	50%	55%	2016/17	48.6%	45.1%
25	Flu vaccination coverage, aged 65 and over	70%	75%	2016/17	70.5%	71.0%
Cancer and Adult Non-Cancer Screening Programmes						
26	Breast cancer screening 3 year coverage (age 50-70)	70%	80%	2016/17	72.3%	72.3%
27	Cervical cancer screening 3.5 or 5.5 year coverage (age 25-64)	75%	80%	2016/17	72.0%	72.4%
28	Bowel cancer screening 2.5 year coverage (age 60-74)	55%	60%	2016/17	59.1%	58.2%
29	Abdominal aortic aneurysm screening coverage (AA2)	75%	85%	2016/17	78.7%	79.9%
30	Diabetic eye screening uptake (DE1)	70%	80%	2016/17	82.2%	83.0%
Antenatal and Newborn Screening Programmes						
31	Fetal anomaly screening (fetal anomaly ultrasound) coverage (FA2)	90%	95%	2016/17	95.9%	
32	Infectious diseases in pregnancy screening - HIV coverage (ID1)	95%	99%	2016/17	99.4%	99.1%
33	Infectious diseases in pregnancy screening - syphilis coverage	95%	99%	2015	98.2%	97.4%
34	Infectious diseases in pregnancy screening - Hepatitis B coverage	95%	99%	2015	98.1%	97.4%
35	Sickle cell and thalassaemia screening coverage (ST1)	95%	99%	2016/17	99.3%	99.1%
36	Newborn blood spot screening coverage (NB1)	95%	100%	2016/17	96.5%	95.6%
37	Newborn hearing screening coverage (NH1)	97%	100%	2016/17	98.4%	98.7%
38	Newborn and infant physical examination screening coverage (NP1)	95%	100%	2016/17	93.3%	94.9%

10 Appendix 2: Finance Summary

	Before reclassification £'m	Reclassification £'m	After Reclassification £'m
Per the NHS England Ledger			
Cancer Screening	392.3	62.7	455.0
Immunisation Programmes	331.7	68.3	399.9
Non cancer screening Programmes	113.8	1.4	115.3
Child Health Information Systems	47.3	4.2	51.5
Sexual Assault Services	23.0		23.0
Other	0.3		0.3
Estimates based on local team returns			
Prison public health	112.1		112.1
S7a costs in other organisations	136.5	(136.5)	0.0
Total S7a costs against the ring fenced sum	1,157.2	0.0	1,157.2
Less revised S7a ring fenced sum	1,069.0		1,069.0
Excess spend against the revised S7a ring fenced sum	88.2		88.2

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