NHS England Annual Accountability Statement for NHS Public Health Functions (Section 7A) Agreement for 2017/2018 and 2018/2019

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Version number: 1.0

First published:

Publication Approval Number: 000019

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Classification: OFFICIAL

Contents

1 Background

1. NHS England commissions certain public health services that drive improvements in population health through the Section 7A (S7A) Public Health Functions Agreement. The Secretary of State, through the S7A agreement, delegates responsibility to NHS England to commission the following programmes:

    - National immunisation programmes including public flu vaccination
    - National screening programmes – cancer and non-cancer
    - Child Health Information Services
    - Public health care for people in prison and other places of detention
    - Sexual assault referral services

2. As part of the requirements in the S7A, NHS England is asked to report to the Secretary of State on its achievement in delivering the expected objectives set out in the Agreement. This document is the NHS England Annual Accountability Statement for the S7A covering delivery in 2017/18 and 2018/19.

2 Objectives of S7A agreement 2017/18 and 2018/19

3. The S7A agreement aim is to continue to ensure robust delivery of outcomes, improving uptake and reducing variation across existing programmes, together with ensuring delivery of any required change programmes.

4. The two objectives set for NHS England under the Agreement are:
    - to provide high quality S7A services with efficient use of resources, seeking to achieve positive health outcomes and reducing inequalities in health.
    - to implement planned changes in S7A services in a timely, safe and sustainable manner. The key deliverables for implementing change from services provided the previous year are listed in Section 7a and b (from page 8).

3 Statutory duties in relation to equality and health inequalities

5. In recognition of our commissioning responsibilities NHS England worked to continue to address inequalities in service delivery and to monitor 13Q requirements plus health equity audits during the period covered by this statement.

4 Programme Delivery - NHS England achievement of S7A objectives

2017/2018

6. NHS England public health commissioners delivered the Agreement by continuing to work with key stakeholders including NHS providers, CCGs and LA commissioners, Public Health England and NHS Improvement to:

    - reduce performance variation in local areas across England
    - ensure that service specifications are implemented in contracts with providers
    - monitor performance of agreed standards and provide high quality services delivered by a trained workforce
    - improve the quality of patient experience - where local changes may occur, such as a change in the venue that a service is provided, then 13Q assessments are undertaken and patients/public are involved in local decision making

7. The indicators set out in the Agreement and reported below use agreed 'standards' as comparators. In the Agreement the desired level of achievement is described as the 'standard'. Screening standards have two targets for assessment; acceptable (lower threshold) and achievable (standard) to allow for continuous improvement, enabling providers and commissioners to identify where improvements are needed. The acceptable threshold is the level of performance screening services are expected to attain to assure patient safety and service effectiveness. The achievable standard is an aspirational target that services should aspire towards. All screening services should exceed the acceptable threshold, and where they are not local areas need to develop plans to deliver sustained improvements.

8. The 17/18 Public Health Functions Agreement deliverables are listed from page 8. 29 of the 38 standards were met.

9. The 18/19 Public Health Functions Agreement deliverables are listed from page 15. 29 of the 38 standards were met.

5 Improving uptake and reducing variation

10. S7A programmes continued to develop and are a key part of the prevention agenda including improved access and participation in cancer screening and immunisation programmes. See Appendix 1a and b for scope of S7A indicators that support the prevention agenda.

6 Finance

2017/2018 and 2018/2019

11. Under paragraph 3.12 of the 2017/18 and 2018/19 S7A agreements, NHS England is obliged to report its “total expenditure attributable to the performance of functions pursuant to” the agreement.

12. Appendix 2a shows £1,193m of expenditure was incurred in 2017/18.

13. This compares to the ring-fenced sum of £1,152m “that may be used only for expenditure attributable to the performance of functions pursuant to this [S7A] agreement” per paragraph 4.1.

14. Similarly, Appendix 2b shows £1,272m was incurred in 2018/19 compared to the ring-fenced sum of £1,205m.

15. This means that NHS England met its obligation to use the ring-fenced funding in accordance with paragraph 4 in both years – expenditure was £41m more than the ring-fenced sum in 2017/18 and £67m more in 2018/19.

16. The reported expenditure includes:
    a. The costs of contracts relating to S7A programmes with NHS and third-party providers;
    b. Vaccines ordered by GPs and 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 (e.g. colposcopies);
    d. The S7A element of health and justice contracts; and
    e. Immunisation target payments and enhanced service payments to GPs.

17. The reported expenditure does not include:
    a. Those elements of the GP global sum and Quality and Outcomes Framework (QOF) payments to GPs which directly relate to S7a services;
    b. Non-cancer screening and immunisation costs in the maternity tariff (and incurred by CCGs);
    c. S7a commissioning and administration costs incurred by NHS England;
    d. Any allowance for NHS England’s general overheads;
    e. Costs incurred by Public Health England in support of S7a programmes which include: centrally procured vaccines, health promotion, pilot studies relating to potential future S7a programmes and administration, e.g. IT systems, quality assurance and reporting.

18. S7A costs in other organisations and in health and justice contracts are based on returns completed by NHS local teams in Q3 2017/18.

19. The main reason for the fall in costs in other organisations from £124m in 2017/18 to £75m in 2018/19 is the transfer of responsibility for payment of adult flu vaccine from some CCGs to NHS England.

20. Appendix 2a and b shows the total costs before and after reclassifying the costs in other organisations against specific programmes.

Section 7A Key deliverables set out in 2017/18 S7A agreement

Key Deliverable	NHS England Delivery
NHS Newborn Blood Spot Screening Programme In 2017-18, NHS England will: Introduce Saturday morning checking of results and appropriate action for Medium-chain acyl-CoA dehydrogenase deficiency (MCADD), isovaleric acidaemia (IVA) and maple syrup urine disease (MSUD).	NHS England commissioned Newborn Blood Spot Screening Programme according to the national specification. Saturday morning checking of results and appropriate action was introduced during 17-18.
NHS Cervical Screening Programme In 2017-18 NHS England will: • Work with PHE to develop mitigation plans to ensure local service delivery during the development of planning to introduce HPV primary screening. • Ensure that local action plans are developed in response to the spotlight session on cervical cancer screening uptake held in April 2016 and that progress is made in implementing these plans, including actions on addressing inequalities and promoting informed consent.	NHS England worked closely with PHE throughout 2017-18 to develop mitigation plans, including: •**National mitigation:** whereby HPV pilot sites are converting more of their screening population to HPV primary to free up cytology capacity for struggling laboratories to use. •**Local mitigation:** where backlogs are transferred between existing Trusts via service level agreements. Alongside this, some labs have been allowed to convert to HPV primary if they have identified all other options for reducing backlog and these have not proved successful. PHE and NHS England continue to work closely to action the outcomes from the spotlight report on cervical screening to support data intelligence and an increase in coverage and uptake.

Key Deliverable	NHS England Delivery
NHS Fetal Anomaly Screening Programme In 2017-18 NHS England will: • Work with PHE to pilot a KPI to measure coverage of the screening for Down's, Edwards' and Patau's syndromes to improve the safety and quality of the programme so that women who have accepted the offer of screening do not miss screening. • Drive quality and improvement by implementing a change to the Down's Syndrome Screening Quality Assurance Service sonography flag allocation. • Work with PHE to develop education and training resources, standards and information development to prepare for the possible introduction of an additional test to the current screening pathway.	The coverage KPI pilot for FA3 –screening for Down's syndrome, Edwards' syndrome and Patau's syndrome – coverage, was completed in 2017/18 and it was agreed by SDG that this KPI be included in the 2018/19 KPI collection. Data returns against this KPI are currently being monitored as a "shadow" KPI as per the agreed process (that is, the data is not yet included in the quarterly KPI publications but is monitored and reviewed internally by PHE). Changes to the flag allocation to datasets has been completed and is being reported in the 6 monthly DQASS reports to sonographers, this means datasets are now allocated a red flag if there is a bias of more than 0.3mm (this was previously 0.4mm). Training at a national level has been delivered and completed. Cascade training at a local level has commenced. Work, led by PHE, was undertaken on eLearning and provision of professional and public information. This was complete during 18-19.
NHS Diabetic Eye Screening programme In 2017-18 NHS England will work with PHE on a framework around improvements in the quality of grading to support moving to extended intervals. Routine measures using available data will be needed to pro-actively support services and individual graders to improve the quality of their grading in preparation for moving to extended intervals.	NHSE England commissioned diabetic eye screening programme according to the national specification. NHS England worked with PHE to develop a grading framework to support the planning for move to extended intervals, including planning with commissioners.

Key Deliverable	NHS England Delivery
NHS Newborn and Infant Physical Examination Programme In 2017-18, NHS England will work with PHE to plan and develop the standards/pilot stages of an agreed model for delivering the 6-8 weeks examination.	PHE updated the clinical guidance for 6-8 week exam in the 18-19 iteration of the NIPE Handbook https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook - the standards are yet to be developed.
NHS Breast Cancer Screening Programme In 2017-18, NHS England will ensure that local action plans are developed in response to the spotlight session on breast cancer screening uptake held in January 2016 and that progress is made in implementing these plans, including actions on addressing inequalities and promoting informed consent.	The spotlight focused on breast screening programme included a range of stakeholders, produced a report to summarise the findings and set out proposed actions. These actions were consolidated into a Partnership Action Plan.
NHS Bowel Cancer Screening Programme In 2017-18 NHS England will: • Continue to commission bowel scope screening centres to an agreed trajectory as part of the NHS Bowel Cancer Screening Programme. • Take responsibility for commissioning wave 3 bowel scope screening centres as at 1 April 2017. • Work closely with PHE to prepare for the implementation of the Faecal Immunochemical Test (FIT) to replace FOBt.	NHS England commissioned bowel scope screening in line with available capacity and taking responsibility from Public Health England for the commissioning of wave 3 bowel scope screening centres as at 1 April 2017. The last centre to become operational was in autumn 2017. In March 2018, PHE reported to NHS England that following legal advice they had to abandon the procurement they were leading on behalf of the Hub Providers for the procurement for the managed service contract for the kits, analysers, distribution and IT middleware for FIT. It was then agreed that NHS England would facilitate another procurement, working closely with PHE and the Hub Providers.

Key Deliverable	NHS England Delivery
MenACWY immunisation programme In 2017-18, NHS England will: • Continue to provide the MenACWY vaccine as part of the routine adolescent schools' programme (school year 9 or 10). • Carry out a catch-up campaign for those students in school years 10-12 [Note: this will mainly be done throughout academic year 16/17 but some might be done in the summer term of 17 i.e. at the start of 17/18 financial year]. • Carry out a catch-up campaign for those students in school years 13. • Continue to offer immunisation to all first-time university entrants ("freshers") up to 25 years of age. • Continue to offer immunisation on an opportunistic basis vaccination to patients aged 19 years (at the time of vaccination) who present at a practice and who have not previously been vaccinated with MenACWY vaccine.	NHS England commissioned MenACWY immunisation programme to the national service specification. NHS England completed a catch-up campaign for those in years 10-12 and for those in year 13. NHS England continued to offer opportunistic vaccination to all first-time university entrants up to age 25.

<table>
<tr><th>Key Deliverable</th><th>NHS England Delivery</th></tr>
<tr><td>Improving MMR vaccination uptake

In 2017-18 NHS England will:
• Continue to 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 and women at their 6-week post-natal check

• Ensure that local action plans are developed in response to the spotlight session on MMR uptake held in June 2016 and that progress is made in implementing these plans.

• Improve MMR vaccination coverage for one dose (5-year olds) and for two doses (5-year olds).</td><td>The NHS continued to work to improve uptake rates for MMR. There was local work to manage out breaks and NHS England developed a joint action plan with PHE which is part of the MMR elimination group.

Coverage at 5 years for all of England 17/18:
<table><tr><th>MMR</th><th>MMR</th></tr><tr><td>1st dose</td><td>1st and 2nd dose</td></tr><tr><td>94.9%</td><td>87.2%</td></tr></table>Source: Childhood Vaccination Coverage Statistics- England 2017-18

NHS England requested local action plans from teams and worked to improve MMR coverage.

NHS England worked to maintain both the measles and rubella elimination status during 17-18; measles is no longer native (not endemic) to the UK, measles however has not disappeared.</td></tr>
<tr><td>Shingles immunisation programme

In 2017-18, NHS England will:

Continue the rollout of the shingles vaccination programme to patients aged 70 years, and as a catch-up to those patients aged 78 years. These patients, and previously eligible cohorts, will remain eligible for a single dose of vaccine until they reach the age of 80 years.</td><td>NHS England commissioned the shingles immunisation programme to the national service specification and delivered rollout of shingles vaccination programme.</td></tr>
<tr><td>Maternal pertussis programme
In 2017-18, NHS England will:
Review the commissioning arrangements for maternal pertussis vaccination to consider providing through maternity units, to improve coverage and timeliness of vaccination.</td><td>NHS England reviewed arrangements for maternal pertussis to improve outcomes for patients.

NHS England undertook additional assurance as part of flu programme regarding pertussis delivery within maternity services.</td></tr>
</table>

Key Deliverable	NHS England Delivery
HPV vaccination for men who have sex with men (MSM) In 2017-18 NHS England will: Continue to support PHE's pilot HPV vaccination programme for MSM to see if the programme can be delivered at a cost-effective price.	NHS England supported the pilot HPV vaccination programme for MSM. The outcome of the pilot was used to inform the programme roll out as part of S7A. Policy/data flow were integrated into the delivery outcomes from PHE pilot to inform the local commissioners on the best practice and engagement with Local Authorities to roll out this programme. The pilot evaluated well and was acceptable to the population.
Childhood flu immunisation programme In 2017-18 NHS England will: • Arrange provision of flu vaccine for all those aged two and three (but not four years or older) on 31 August 2017 (i.e. date of birth on or after 1 September 2013 and on or before 31 August 2015) through general practice. Arrange provision of flu vaccine for children in school years reception, 1, 2, 3 and 4. Details of the date of birth ranges for school-age cohorts will be included within Service Specification 13A and the Annual Flu Letter for 2017-18.	NHS England commissioned the childhood flu programme to the national service specification and saw improved performance • Uptake in all 2year olds was 42.8% in 2017/18, increasing from 38.9% in 2016/17. Uptake in all 3-year olds was 44.2% in 2017/18, compared to 41.5% in 2016/17 • There was school based provision for children in school years reception, 1, 2, 3 and 4in all areas, apart from the Scilly Isles which has a successful primary care-based service. Uptake increased in all year groups. This was most apparent in reception year with an increase from 62.6% to 33.9% with the move from primary care to school based delivery.
Flu immunisation programme In 2017-18, NHS England will ensure flu vaccination is offered to those patients identified as morbidly obese (BMI≥40 kg/m2, class III obesity).	NHS England commissioned the flu programme to the national service specification. To note coverage for the over 65s increased from 70.5% to 72.6% during 17-18. This was the first year that patients identified as morbidly obese were included in the specification and uptake was 39.2%.

Key Deliverable	NHS England Delivery
Child Health Information Services (CHIS) In 2017/18, NHS England will: • Maintain the safe, efficient and effective delivery of S7A CHIS. • Work with PHE and NHS Digital to update and deliver a refreshed S7A Service Specification (28), aligned to a refreshed CHIS Output Based Specification (OBS) and Information Requirements Specification (IRS) to reflect the children's digital strategy. Identify an indicator as part of commissioning best practice which can be used to monitor the performance and improvements of S7A CHIS without unduly increasing the burden of data reporting.	NHS England worked with PHE in relation to deliverables for CHIS. NHS England continued to work with PHE and NHS Digital to revise service specification (28). NHS England continued to contribute to the Digital Child Health Programme as the programme works towards delivering its outcomes by 2021. A new CHIS indicator was introduced for 18/19. NB4: Newborn blood spot screening – coverage (movers in) was introduced to measure improvements in CHIS operations. NB4 -Newborn blood spot screening – coverage (movers in) is part of the Newborn blood spot programme standard, therefore part of the official collection.

Section 7A Key deliverables set out through 2018/19 S7A agreement

Key deliverables	NHS England delivery
NHS Newborn Blood Spot Screening Programme In 2018-19, NHS England will, with support from PHE, work to: • Ensure Saturday morning checking of results and appropriate action for Medium-chain acyl-CoA dehydrogenase deficiency (MCADD), isovaleric acidaemia (IVA) and maple syrup urine disease (MSUD).	NHS England commissioned Newborn Blood Spot Screening Programme according to the national specification. Saturday morning checking of results and appropriate action was maintained during 18-19.

Key deliverables	NHS England delivery
NHS Cervical Screening Programme In 2018-19, NHS England will: • Continue to work with PHE to implement mitigation plans to ensure local service delivery during the development of planning to introduce HPV primary screening. • Work to take forward plans on the implementation of HPV Primary screening laboratory services across England based upon the outcome from an options appraisal. A full HPV Primary screening implementation plan will ensure a robust transition to HPV Primary Screening in 2019-20. • Ensure the new IT requirements for cervical screening are delivered safely and to time through its contractor relationship. • Continue to ensure local action plans are delivered in response to cervical cancer screening uptake and that progress is made in implementing these plans, including actions on addressing inequalities and promoting informed consent.	• As part of a nationally implemented mitigation strategy, NHS England worked closely with PHE across 2018/19 to assess and allocate cytology backlog from laboratory providers struggling to maintain their 14day turnaround time target to partaking HPV pilot site with cytology capacity. This was later expanded when in 2018/19 non-pilot sites partially converted as part of locally agreed mitigation strategies to reduce backlogs and improve performance. As of March 2019, out of the original 48 laboratories providing services, 12 had converted to HPV primary screening and 12 had identified they wanted to convert and were working through their conversion plans. • To support the national implementation of HPV primary screening into the NHS Cervical Screening Programme, an Invitation to Tender for the provision of laboratory services to support the delivery of the HPV primary screening pathway was published to the market on 26th November 2018. Following a robust evaluation and moderation process, contract award papers were submitted to the regional commissioning teams for approval in March 2019. • In 2018/19, NHS Digital were commissioned to undertake an assessment of the risks and feasibility of using NHAIS during the roll-out and full implementation of HPV Primary Screening into the programme. • Local commissioning teams continued to work on and support local initiatives and strategies to promote uptake of cervical screening. Due to the instability of the system across 2018/19, it was agreed that the primary focus would remain on supporting the resilience and viability of service delivery.

Key deliverables	NHS England delivery
NHS Diabetic Eye Screening programme In 2018-19, NHS England will: • Work with PHE on a framework around improvements in the quality of grading to support moving to extended intervals. Demonstrable evidence of improvements in the quality of grading will be necessary prior to moving to extended intervals. • Work with PHE to develop the framework and process for the implementation of extended screening intervals including the specification of data and IT requirements.	• Developed a Screening Intervals Oversight Group with NHS England and PHE representation to oversee and co-ordinate the introduction of intervals changes • Included requirements within the DESP service specification for local programmes to prepare for intervals change • Worked with PHE to identify the IT changes and assurance on quality that would be needed to introduce intervals change.

Key deliverables	NHS England delivery
NHS Breast Cancer Screening Programme In 2018-19, NHS England will: • Continue to ensure local action plans are developed on breast cancer screening uptake and that progress is made in implementing these plans, including actions on addressing inequalities and promoting informed consent.	In May 2018 a national breast screening incident was announced as a result of a system failure of the NHS Breast Screening Programme. We worked closely with partners to respond including ramping up capacity within providers to ensure women who missed their scheduled appointment as a result of this error received an offer of an appointment. In 2019/20, funding was made available to support providers not achieving Round length or Uptake standards to offer extended hours. NHSEI also commissioned a review of cancer screening programmes lead by Sir Mike Richards, to assess current strengths and weaknesses in the current arrangements for the national cancer screening programmes in England, and to make a series of recommendations, covering the • oversight of screening programmes • tripartite arrangements • necessary workforce • Opportunities for the use of artificial intelligence • How best to maximise take up of screening, and iron out variation • How best to integrate research and evaluation within screening. • How best to ensure that screening supports the wider efforts being led by the NHS Cancer Programme to promote early diagnosis of cancer. • Procurement of screening technologies.
NHS Bowel Cancer Screening Programme In 2018-19, NHS England will: • Continue to commission bowel scope screening centres to an agreed trajectory as part of the NHS Bowel Cancer Screening Programme. • Work closely with key partners including PHE to implement the change in test used within the Bowel Cancer Screening Programme from gFOBt to Faecal Immunochemical Test (FIT).	• NHS England continued to roll out bowel scope screening during 2018/19 across the NHS Bowel Cancer Screening Programme with 15% more people aged 55 years being invited to participate from April 2018 to March 2019. • NHS England supported NHS BCSP Hub providers to procure a managed service provider to supply FIT tests within the programme during 2018/19 with a view to implementing the change early 2019/20.

Key deliverables	NHS England delivery
Improving MMR vaccination uptake In 2018-19, NHS England will: • Continue to 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 and women at their 6 week post-natal check. • Improve MMR vaccination coverage for first dose (at two and five years) in all areas and sustain national coverage for first and second dose. • Continue to ensure that local action plans are developed on MMR uptake and that progress is made in implementing these plans.	Entered into negotiations for GP contract to support improving uptake by introducing an additional service for robust call /recall for 10- and 11-year olds. Set out plans in Commissioning Intentions to lay foundation for improved outcome in 19-20.

Key deliverables	NHS England delivery
Elimination of polio In 2018-19, NHS England will: • Improve coverage of childhood vaccines that include protection against polio to achieve 95% at 12 and 24 months as part of its contribution to the elimination of polio in the UK. This deliverable relates to the uptake of: o the 6 in 1 (hexavalent) vaccine which protects against diphtheria, tetanus, pertussis, polio, Hib and HepB (DTaP/IPV/Hib/HepB) and is offered at 8, 12 and 16 weeks; o the pre-school booster which protects against diphtheria, tetanus, pertussis and polio (DTap/IPV) and is offered at 3 years 4 months (or soon after).	NHS England worked to improve the coverage of childhood vaccines during this period. Performance packs were shared with regions – giving them indication of areas of focus for improvement. This remains an area of focus.
Shingles immunisation programme In 2018-19, NHS England will: • Continue the rollout of the shingles vaccination programme to patients aged 70 years, and as a catch-up to those patients aged 78 years. These patients, and previously eligible cohorts, will remain eligible for a single dose of vaccine until they reach the age of 80 years.	This is part of GP contract given alongside the flu programme as it is opportunistic. We worked to clarify eligibility to simplify delivery commencing from April 2020. We updated communications with aim to improve information on eligibility of the vaccine.

Key deliverables	NHS England delivery
HPV vaccination for men who have sex with men (MSM) In 2018-19, NHS England will: • Work with PHE to transfer responsibility for commissioning of the 42 pilot sites for HPV MSM to mainstream NHS commissioned services. • Develop a trajectory to enable roll out to as many providers as operationally feasible during 2018/19 with the remainder coming on line as soon as possible in 2019/20. • Identify a key performance indicator to be used to monitor the performance of HPV MSM from 2020/21.	This was a different model to other S7A services as had to be delivered in sexual health clinics, for cost-effective as outlined in the policy JCVI and PHE. We worked with the regions to ensure feasibility of the roll out with provider organisations. We developed a service specification for contracting as part of NHS service provision. We agreed the allocations to support delivery as part of the roll out. We discussed feasibility of this with the department, the department is not intending to put a KPI in the Agreement for 20-21.
Childhood flu immunisation programme In 2018-19, NHS England will: • Arrange provision of flu vaccine for all those aged two and three (but not four years or older) on 31 August 2018 (i.e. date of birth on or after 1 September 2014 and on or before 31 August 2016) through general practice. • Arrange provision of flu vaccine for children in school years reception, 1, 2, 3, 4 and 5. Details of the date of birth ranges for school-age cohorts will be included within Service Specification 13A and the Annual Flu Letter for 2018-19.	• Uptake for the pre-school children's (delivered in GP practices) influenza vaccine programme continued to increase compared to the previous season. Vaccine uptake in all 2- and 3-year olds was 44.9% in 2018 to 2019, a slight increase from the previous season of 44.0%. • a total of 79/195 CCGs achieved the national vaccine uptake ambition of 48% or more in preschool age children compared to 72/195 last season. • The 2018 to 2019 season saw the extension of the childhood programme to all those aged 9 and 10 years old, school year 5. • Transferred out to school aged provider provision for 4-year olds (to get better uptake). This resulted in uptake of 64.3% of children in reception (aged 4 rising to 5 years) compared to 62.6% during the 2017 to 2018 season.

Key deliverables	NHS England delivery
Hexavalent vaccine In 2018-19, NHS England will: • Continue to ensure babies are offered a 6 in 1 (hexavalent) primary infant vaccine which protects against diphtheria, tetanus, pertussis, polio, Hib and HepB. • Ensure GP practices offering the enhanced service aimed at protecting babies at increased risk of exposure to the HepB virus or complications of the disease follow the revised schedule which requires a mixed schedule of monovalent and hexavalent vaccine or a dose of monovalent vaccine at birth and at 4 weeks followed by a dose of hexavalent vaccine at 8, 12 and 16 weeks and a booster dose of monovalent vaccine at 12 months.	NHS England introduced this in 2017 and this became a routine part of childhood programme delivered in GP practice replacing the 5 in 1.

Key deliverables	NHS England delivery
Child Health Information Services (CHIS) In 2018/19, NHS England will: • Maintain the safe, efficient and effective delivery of Child Health Information Services to support the delivery of the Healthy Child Programme. • Work with PHE and NHS Digital to update and deliver a refreshed S7A Service Specification (28), which is aligned with developments for digital child health (Paperless 2020, infrastructure standards) and consistent with operating models for the Healthy Child Programme and supporting IT. • Review funding flow options for the commissioning of the electronic version of the Parent-held Child Health Record 'RedBook' (ePCHR), which is aligned with digital child health (paperless 2020, infrastructure and standards) and RCPCH standards for the PCHR.	NHS England continued to robustly support the delivery of the Healthy Child Programme by delivering service improvement measures, contributing to the development of the Digital Child Health programme and undertaking robust assurance. Activity included: • Introducing a weekly child movement report to improve the accuracy and timeliness of records transfer between CHIS, GP, maternity and community services • Issuing information on new and emerging IT requirements for inclusion in provider contracts • Undertaking a research project to provide assurance that Healthy Child Programme interventions happen soon after first eligibility • Development of a draft service specification reflecting changes to the GP contract and technology implications from the Digital Child Health programme • Working with the Digital Child Health programme to develop standards and key operating documents for CHIS transformation • Contributing to the Digital Red Book expert reference group led by the Digital Child Health programme
Health and Justice – Secure and Detained Settings In 2018-19, NHS England will: • Deliver and improve the uptake rate of the new Health Checks in Prison Programme to the eligible population. • Deliver and improve the uptake rate of the blood borne virus (BBV) opt out programme across the whole estate. • Work closely with PHE to plan and deliver a HPV vaccination pilot to opportunistically vaccinate MSM aged 45 years and under.	All 7 regions actively engaged with the **Health Checks in Prisons Programme**, with this requirement built into the contract with all providers and performance managed by regional H&J commissioners. A programme of national improvement support was commenced with North, Midlands and South West having held successful workshops. The uptake of **BBV testing** increased each quarter. In part at least, due to the Hepatitis C Elimination programme. NHSEI worked closely with PHE to plan and deliver the **HPV** vaccination.

Key deliverables	NHS England delivery
Health and Justice – Sexual Assault Referral Centres (SARCs) In 2018-19, NHS England will: • Report quarterly to the Department of Health and Social Care from April 2018 on Sexual Assault Referral Centres Indicators of Performance (SARCIP) data. • Support SARCs to ensure robust data collection and submission to influence service priorities. • Develop and agree benchmark standards for SARCIPs, based on robust national and international evidence base and clinical input from the advisory forum, for the 2019-20 agreement. • Support commissioners of SARC services to act as system leaders to work in partnership with Local Authorities, CCGs and criminal justice commissioners, to develop a high quality, integrated SAAS care pathway.	All SARC providers report the SARCIPs quarterly including the section 7A requirements. Support was offered for data collection and submission. Support included SARCIP user guide sessions. Further work was progressed by the SAAS team to support commissioners to promote buy-in of the measures and reporting. Commissioners are utilising SARCIP data to inform service priorities and associated planning. SARCIP benchmarking was agreed and developed based on evidence basis and clinical input. Benchmarking was utilised to support identification of areas of best practice/ innovation and learning. The SAAS team held dedicated Commissioner sessions to support with the development of the integrated SAAS pathway and share opportunities.

8 Appendix 1a: Summary of Key Indicators 17-18

No	S7a indicator	Lower threshold	Standard	Latest period	Latest period value	Previous period value	Significant change
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%	2017/18	90.1%	89.6%	↑
3	Men B vaccination coverage (12 mths)	90%	95%	2017/18	92.5%		
4	DTap / IPV / Hib vaccination coverage (12 mths)	90%	95%	2017/18	93.1%	93.4%	↓
5	PCV vaccination coverage (12 mths)	90%	95%	2017/18	93.3%	93.5%	↓
6	DTap / IPV / Hib vaccination coverage (2 years old)	90%	95%	2017/18	95.1%	95.1%	→
7	Hib/Men C booster vaccination coverage (2 years old)	90%	95%	2017/18	91.2%	91.5%	↓
8	PCV booster vaccination coverage (2 years old)	90%	95%	2017/18	91.0%	91.5%	↓
9	MMR vaccination coverage for one dose (2 years old)	90%	95%	2017/18	91.2%	91.6%	↓
10	Men B booster vaccination coverage (2 years old)	90%	95%				
11	Hib / Men C booster vaccination coverage (5 years old)	90%	95%	2017/18	92.4%	92.6%	↓
12	MMR vaccination coverage for one dose (5 years old)	90%	95%	2017/18	94.9%	95.0%	→
13	MMR vaccination coverage for two doses (5 years old)	90%	95%	2017/18	87.2%	87.6%	↓
14	DTaP/IPV/Hib vaccination coverage (5 years old)	90%	95%	2017/18	95.6%	95.6%	→
15	DTaP/IPV booster vaccination coverage (5 years old)	90%	95%	2017/18	85.6%	86.2%	↓
Other Immunisation Programmes							
16	HPV vaccination coverage one dose (females 12-13 year olds)	80%	90%	2016/17	87.2%	87.0%	→
17	HPV vaccination coverage two doses (females 13-14 year olds)	80%	90%	2016/17	83.1%	85.1%	↓
18	Men ACWY vaccination coverage (13-14 year olds)	60%	70%	2016/17	83.6%	84.1%	↓
19	PPV vaccination coverage (aged 65 and over)	65%	75%	2017/18	69.5%	69.8%	↓
20	Shingles vaccination coverage (70 years old)	50%	60%	2016/17	48.3%	54.9%	↓
21	Shingles vaccination coverage (catch-up cohort 78-year olds)	50%	60%	2016/17	49.4%	55.5%	↓
22	Flu vaccination coverage, pre-school age (2-3 years old) including those in risk groups	40%	48%	2017/18	43.5%	40.2%	↑
23	Flu vaccination coverage, children school age (Years 1-3) including those in risk groups	50%	65%	2017/18	59.7%	55.4%	↑
24	Flu vaccination coverage, at risk individuals 6 months to under 65 years	50%	55%	2017/18	48.9%	48.6%	↑
25	Flu vaccination coverage, aged 65 and over	70%	75%	2017/18	72.6%	70.5%	↑

Cancer and Adult Non-Cancer Screening Programmes							
26	Breast cancer screening 3 year coverage (age 50-70)	70%	80%	2016/17	72.5%	72.5%	→
27	Cervical cancer screening 3.5 or 5.5 year coverage (age 25-64)	75%	80%	2016/17	72.1%	72.8%	↓
28	Bowel cancer screening 2.5 year coverage (age 60-74)	55%	60%	2016/17	59.1%	58.5%	↑
29	Abdominal aortic aneurysm screening coverage (AA2)	75%	85%	2017/18	77.6%	78.7%	↓
30	Diabetic eye screening uptake (DE1)	70%	80%	2017/18	82.7%	82.2%	↑
Antenatal and Newborn Screening Programmes							
31	Fetal anomaly screening (fetal anomaly ultrasound) coverage (FA2)	90%	95%				
32	Infectious diseases in pregnancy screening - HIV coverage (ID1)	95%	99%	2017/18	99.6%	99.5%	↑
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%	2017/18	99.5%	99.3%	↑
36	Newborn blood spot screening coverage (NB1)	95%	99.9%	2017/18	96.7%	96.5%	↑
37	Newborn hearing screening coverage (NH1)	97%	99.5%	2017/18	98.5%	98.5%	→
38	Newborn and infant physical examination screening coverage (NP1)	95%	99.5%	2017/18	95.2%	93.5%	↑

Appendix 1B Summary of Key Indicators 18-19

No	S7a indicator	Lower threshold	Standard	Latest period	Latest period value	Previous period value	Significant change
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%	2018/19	89.7%	90.1%	↓
3	Men B vaccination coverage (12 mths)	90%	95%	2018/19	92.0%	92.5%	↓
4	DTap / IPV / Hib vaccination coverage (12 mths)	90%	95%	2018/19	92.1%	93.1%	↓
5	PCV vaccination coverage (12 mths)	90%	95%	2018/19	92.8%	93.3%	↓
6	DTap / IPV / Hib vaccination coverage (2 years old)	90%	95%	2018/19	94.2%	95.1%	↓
7	Hib/Men C booster vaccination coverage (2 years old)	90%	95%	2018/19	90.4%	91.2%	↓
8	PCV booster vaccination coverage (2 years old)	90%	95%	2018/19	90.2%	91.0%	↓
9	MMR vaccination coverage for one dose (2 years old)	90%	95%	2018/19	90.3%	91.2%	↓
10	Men B booster vaccination coverage (2 years old)	90%	95%	2018/19	87.8%		
11	Hib / Men C booster vaccination coverage (5 years old)	90%	95%	2018/19	92.2%	92.4%	↓
12	MMR vaccination coverage for one dose (5 years old)	90%	95%	2018/19	94.5%	94.9%	↓
13	MMR vaccination coverage for two doses (5 years old)	90%	95%	2018/19	86.4%	87.2%	↓
14	DTaP/IPV/Hib vaccination coverage (5 years old)	90%	95%	2018/19	95.0%	95.6%	↓
15	DTaP/IPV booster vaccination coverage (5 years old)	90%	95%	2018/19	84.8%	85.6%	↓
Other Immunisation Programmes							
16	HPV vaccination coverage one dose (females 12-13 year olds)	80%	90%	2017/18	86.9%	87.2%	↓
17	HPV vaccination coverage two doses (females 13-14 year olds)	80%	90%	2017/18	83.8%	83.1%	↑
18	Men ACWY vaccination coverage (13-14 year olds)	60%	70%	2017/18	86.2%	83.6%	↑
19	PPV vaccination coverage (aged 65 and over)	65%	75%	2018/19	69.2%	69.5%	↓
20	Shingles vaccination coverage (70 years old)	50%	60%	2017/18	44.4%	48.3%	↓
21	Shingles vaccination coverage (catch-up cohort 78-year olds)	50%	60%	2017/18	46.2%	49.4%	↓
22	Flu vaccination coverage, pre-school age (2-3 years old) including those in risk groups	40%	48%	2018/19	44.9%	44.0%	↑
23	Flu vaccination coverage, children school age (Years 1-3) including those in risk groups	50%	65%	2018/19	61.8%	59.7%	↑
24	Flu vaccination coverage, at risk individuals 6 months to under 65 years	50%	55%	2018/19	48.0%	49.7%	↓
25	Flu vaccination coverage, aged 65 and over	70%	75%	2018/19	72.0%	72.9%	↓

Cancer and Adult Non-Cancer Screening Programmes							
26	Breast cancer screening 3 year coverage (age 50-70)	70%	80%	2018/19	71.6%	72.1%	↓
27	Cervical cancer screening 3.5 or 5.5 year coverage (age 25-64)	75%	80%	2018/19	72.6%	71.7%	↑
28	Bowel cancer screening 2.5 year coverage (age 60-74)	55%	60%	2018/19	60.5%	59.6%	↑
29	Abdominal aortic aneurysm screening coverage (AA2)	75%	85%	2018/19	78.0%	77.6%	↑
30	Diabetic eye screening uptake (DE1)	70%	80%	2018/19	81.9%	82.7%	↓
Antenatal and Newborn Screening Programmes							
31	Fetal anomaly screening (fetal anomaly ultrasound) coverage (FA2)	90%	95%	2017/18	98.9%		
32	Infectious diseases in pregnancy screening - HIV coverage (ID1)	95%	99%	2018/19	99.7%	99.6%	↑
33	Infectious diseases in pregnancy screening - Syphilis coverage (ID4)	95%	99%	2018/19	99.7%	99.5%	↑
34	Infectious diseases in pregnancy screening - Hepatitis B coverage (ID3)	95%	99%	2018/19	99.7%	99.5%	↑
35	Sickle cell and thalassaemia screening coverage (ST1)	95%	99%	2018/19	99.6%	99.5%	↑
36	Newborn blood spot screening coverage (NB1)	95%	99.9%	2018/19	97.8%	96.7%	↑
37	Newborn hearing screening coverage (NH1)	97%	99.5%	2018/19	98.8%	98.5%	↑
38	Newborn and infant physical examination screening coverage (NP1)	95%	99.5%	2018/19	96.4%	95.2%	↑

9 Appendix 2a: Finance Summary 2017 - 2018

2017/18

Public Health - Section 7a Expenditure

	Before reclassification £'m	Reclassification £'m	After reclassification £'m
Actual costs incurred - based on invoices and recharges			
Cancer Screening	410.5	47.5	458.1
Immunisation Programmes	363.2	72.4	435.6
Non cancer screening Programmes	113.1	2.2	115.3
Child Health Information Systems	46.5	1.9	48.4
Sexual Assault Services	24.3	0.0	24.3
Estimates based on local team returns			
Health and justice	110.9	0.0	110.9
S7A costs in other organisations	124.0	(124.0)	0.0
Total Section 7a Expenditure	**1,192.6**	**0.0**	**1,192.6**

Appendix 2b: Finance Summary 2018-2019

2018/19

Public Health - Section 7A Expenditure

	Before reclassification £'m	Reclassification £'m	After reclassification £'m
Per the NHS England Ledger			
Cancer Screening	451.4	47.5	498.9
Immunisation Programmes	435.5	23.4	458.9
Non cancer screening Programmes	122.7	2.2	124.9
Child Health Information Systems	47.3	1.9	49.1
Sexual Assault Services	32.3		32.3
Other	0.0		0.0
Estimates based on local team returns			
Prison public health	107.9		107.9
S7A costs in other organisations	75.0	(75.0)	0.0
Total Section 7A Expenditure	**1,272.1**	**0.0**	**1,272.1**

Funding sources	
Section 7a ring fenced sum	1,205.0
Additional Expenditure outside the ring fence	67.1
Total Section 7A Expenditure	1,272.1

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