

**Public Health
Commissioning
Intentions
2014/15**

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Contact Details for further information	<p>Glenda Webb - Business Manager Directly Commissioned Services - Operations Directorate Skipton House, 80 London Road London SE1 6LH</p> <p>glenda.webb@nhs.net</p>

Document Status

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NHS England Commissioning Intentions

Public Health Section 7A

First published: March 2014

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1 Purpose

This document sets out to healthcare providers notice of NHS England's Commissioning Intentions the Public Health Services under Section 7A for 2014/15. It should be read in conjunction with the [NHS Public Health Functions Agreement 2014/ 2015](#) – Public Health functions to be exercised by NHS England published November 2013.

The commissioning intentions provide the context for constructive engagement with providers, with a view to achieving the shared goals of improved patient outcomes, being patient centred and reducing health inequalities as enshrined in the Health and Social Care Act 2012.

NHS England is committed to improving health outcomes and ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. [The Equality Delivery System](#) (EDS) for the NHS helps all NHS organisations, in discussion with local partners including patients, to review and improve their performance for people with characteristics protected under the Equality Act. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty.

This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities it is responsible for, including policy development, review and implementation.

NHS England is committed to securing alignment across all aspects of NHS commissioning and will work with Clinical Commissioning Groups (CCGs), Public Health England (PHE), Department of Health (DH), and Local Authorities along with other partner NHS oversight bodies as appropriate to secure the best possible outcome for patients and service users within available resources.

2 Context

An agreement under Section 7A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, created a new set of responsibilities for the delivery of Public Health Services. In England, although the local leadership for improving and protecting the public's health will sit with local government, the reforms provide specific roles for the National Health Service England (NHS England) and Public Health England (PHE) for the commissioning of certain public health services as part of the wider system design to drive improvements in population health.

The Section 7A agreement sets out the arrangements under which the Secretary of State for Health delegates to NHS England the responsibility for certain elements of public health functions, which add to the functions exercised by NHS England under the National Health Service Act 2006 ("the 2006 Act"). This agreement is made under Section 7A of the 2006 Act as inserted by the Health and Social Care Act 2012 ("the 2012 Act").

Pursuant to this agreement, NHS England will exercise functions of the Secretary of State under sections 2, 2A, 2B and 12 of the 2006 Act so as to provide or secure the provision of the services, which the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health, and, with the exception of screening

programmes and cancer screening programmes, considers appropriate to improve the health of the people of England. NHS England's 27 Area Teams will commission these services. Specialist screening and immunisation leads employed by PHE are embedded within Area teams and provide accountability and system leadership for the commissioning of screening and immunisation programmes (refer to Section 3 for list of services). For further information about screening refer to the [National UK Screening Committee Screening Portal](#).

Our 2014/15 Commissioning Intentions build on the progress that has been made during 2013/14, with an emphasis on addressing the strategic challenges faced by NHS England in delivering improved outcomes for patients and communities within a fixed resource as part the Section7A agreement [NHS Public Health Functions Agreement 2014/ 2015](#) described above.

Significant achievements have been made through the collaborative work of commissioners and providers however it is clear that a step change is needed in our shared pursuit of effectiveness, efficiency and the engagement of patients and staff. An example is the introduction of bowel scope screening services by PHE that could impact on the capacity of both symptomatic services (commissioned by CCGs) and the bowel screening programme (commissioned by NHS England). To achieve our aim of securing high quality care for all, both now and for future generations the commissioning of the whole health economy needs to be considered.

3 The Scope of Public Health Services Covered by Section 7A

Part C of the [Public Section 7A Agreement](#) lists the programmes and services to be commissioned by NHS England. Each programme is underpinned by a number of service specifications. The programmes and services specifications are listed below:

Programme category or programme	Services (Service specifications)	Publication date
Immunisation programmes	Neonatal Hepatitis B immunisation programme	Nov 2013
	Pertussis pregnant women immunisation programme	Nov 2013
	Neonatal BCG immunisation programme	Nov 2013
	Respiratory syncytial virus (RSV) immunisation programme	Nov 2013
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib	Nov 2013
	Rotavirus immunisation programme	Nov 2013
	Meningitis C (MenC) immunisation programme	Nov 2013

	Hib/MenC immunisation programme	Nov 2013
	Pneumococcal immunisation programme	Nov 2013
	DTaP/IPV and dTaP/IPV immunisation programme	Nov 2013
	Measles, mumps and rubella (MMR) immunisation programme	Nov 2013
	Human papillomavirus (HPV) immunisation programme	Nov 2013
	Td/IPV (teenage booster) immunisation programme	Nov 2013
	Seasonal influenza immunisation programme	Nov 2013
	Seasonal influenza immunisation programme for children	Nov 2013
	Shingles immunisation programme	Nov 2013
Screening programmes	NHS Infectious Diseases in Pregnancy Screening Programme	Nov 2013
	NHS Down's Syndrome Screening (Trisomy 21) Programme	Nov 2013
	NHS Foetal Anomaly Screening Programme	Nov 2013
	NHS Sickle Cell and Thalassaemia Screening Programme	Nov 2013
	NHS Newborn Blood Spot Screening Programme	Nov 2013
	Newborn Hearing Screening Programme	Nov 2013
	NHS Newborn and Infant Physical Examination Screening Programme	Nov 2013
	NHS Diabetic Eye Screening Programme	Nov 2013
	NHS Abdominal Aortic Aneurysm Screening Programme	Nov 2013
Cancer screening programmes	Breast Screening Programme	Nov 2013
	Cervical Screening	Nov 2013
	Bowel Cancer Screening Programme	Nov 2013
Children's public health services	Healthy Child Programme and Health Visiting (universal offer)	Nov 2013

(from pregnancy to age 5)	Family Nurse Partnership (nationally supported targeted offer)	Nov 2013
Child Health Information Systems	Child Health Information Systems	Nov 2013
Public health care for people in prison and other places of detention	Public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate	Nov 2013
Sexual assault services	Sexual assault referral services	Nov 2013

Outside the 2013-14 Section 7A, PHE is working closely with NHS England to pilot two services that will become part of the Section 7A in future years. These are the flexible sigmoidoscopy bowel screening programme which is a Prime Ministerial commitment, and the seasonal flu vaccination for children of school age.

The commissioning of the Children's Public Health (with the exception of the child health information system) service will transfer to local government by October 2015 enabling local government to integrate 0 to 5 year olds with the commissioning of public health services for 5 to 19 year olds that they currently undertake. See Section 7 below.

4 Operating Model for Public Health Section 7A

Within the system for the delivery of public health services, each partner organisation has a set of responsibilities:

Department of Health (DH) is responsible for national strategic oversight, policy and finance for programmes which includes overall system stewardship, based in part on information provided by PHE, and for holding NHS England and PHE to account through their respective framework agreements, the Mandate and the Section 7A agreement.

NHS England is responsible for the routine commissioning of the programmes under the terms of the Section 7A agreement, and the collection of information on disease and coverage. Leadership for the commissioning of screening and immunisations requires local agreement about specific roles and responsibilities between the Screening and Immunisation Lead and the Area Teams Heads of Public Health. Management and access to the data for the Section 7A programmes by Area Teams is in development. For example rights of access, the establishment of data flows and access to information collected by PHE and other organisations, and guidance and updates for delivery. Updates and guidance about these developments is available from the Central Support Team.

Public Health England (PHE) is responsible for supporting both DH and NHS England, with system leadership, policy and service specification development, national planning, and implementation, (including the procurement of vaccines and immunoglobulins), piloting and initial roll-out when agreed, ensuring consistency in efficacy and safety of the immunisations

and screening programmes across the country. PHE will also support the Directors of Public Health in local authorities in their role as leaders of public health locally.

Local Government is the leader of the local public health system and is responsible for improving and protecting the health of local people and communities.

Providers of services need to deliver programme as outlined by the national service specifications.

Clinical Commissioning Groups (CCGs) have a duty of quality improvement and this extends to primary medical care services delivered by GP practices such as immunisation and screening services. As commissioners of treatment services that receive screen positive patients, CCGs will have a crucial role in commissioning pathways of care that effectively interface with screening services, have adequate capacity to treat screen positive patients and meet quality standards. CCGs will also hold the contracts for maternity services, and are providers of antenatal & new-born screening

Detailed information on the operating models for screening and immunisations can be found on: <http://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf>

5 The Role of Public Health England

Public Health England PHE is an executive agency of DH. The general function of PHE is to fulfil the Secretary of State for Health's statutory duty to protect health and address inequalities, and promote the health and wellbeing of the nation. PHE operates through its 15 Centres that work with NHS England's 27 Area Teams, and 4 Regions, and nationally, (including the Screening and Quality and Assurance Teams and the Knowledge and Intelligence Teams). Specific PHE staff are embedded as part of the Public Health Commissioning Team in each NHS England Area Team. PHE is responsible for producing the service specifications for the Section 7A services, ensuring that there is professional public health advice for NHS England's public health commissioning teams and publishing the Public Health Outcomes Framework. PHE support NHS England in its commissioning responsibilities through the provision of scientific, rigorous impartial advice, evidence and analysis. Embedded PHE staff commission screening and immunisation services. For more information refer to [Framework Agreement between the Department of Health and Public Health England](#).

Clinical advice for the 0-5 healthy child programme should be sought from the Nursing and Medical Directorate within NHS England and from PHE for Screening and Immunisations Programmes. These arrangements are currently under review as part of a wider stocktake exercise between PHE and NHS England to determine what is working well with the new system and areas that can be improved. Phase one of the stocktake has been completed and stages two and three are due for completion and initial analysis by end April 2014.

6 Patient and Public Engagement

In upholding the NHS Constitution, NHS England is committed to ensuring that patients are at the centre of every decision that NHS England makes. Putting patients first needs to be a shared principle in all that we do. NHS England, through the Area Teams will ensure that this is demonstrated in the way care is provided and monitored through our formal contracting process with providers.

We expect all providers to demonstrate real and effective patient participation, both in terms of an individual's treatment and care, and on a more collective level through patient groups/forums; particularly in areas such as service improvement and redesign.

It is essential that all providers of public health Section 7A services demonstrate the principles of transparency and participation and offer their patients the right information at the right time to support informed decision making about their treatment and care.

Providers of public health Section 7A services should look to provide accessible means for patients to be able to express their views about, and their experiences of services, making best use of the latest available technology and social media as well as conventional methods.

As well as capturing patient experience feedback from a range of insight sources, providers should demonstrate robust systems for analysing and responding to that feedback.

7 Strategic Direction

In exercising the Secretary of State's functions under the Section 7A agreement, NHS England will:

- Seek to improve or at least maintain the national level of annual performance for each key deliverable and supporting indicator wherever a previous level of performance is shown as a baseline in Table 1, or
- Seek to achieve the highest practicable national level of performance in relation to each key deliverable shown in Table 1, Table 2, or Table 3 appended to this document within the available resources.
- NHS England is accountable to the Secretary of State for these key deliverables. NHS England will seek to sustain local levels of performance where these are above the national level of annual performance.

Programmes under Section 7A are directly commissioned by NHS England in order to develop a single approach to commissioning. Some flexibility and innovation is allowed in order to address specific challenges faced by some communities, and to ensure consistency of standards within available resources. This will help reduce inequalities and improve services across England.

For many of these services, 2013/14 was the first time there was a single national commissioner it was important to ensure that each framework took into account factors such as patient need, required changes to service provision, technological advancement and engages with the pace of change programme to reach national standards. (See Section 11).

Commissioning the Healthy Child 0-5 Programme

The commissioning of the Children's Public Health service will transfer to local government by October 2015 enabling local government to integrate commissioning for 0-5 year olds with commissioning for 5-19 year olds. Arrangements are being developed through a task and finish group of the Children's Health and Wellbeing Partnership, of which both NHS England and DH are members. In relation to this agreement, NHS England is expected to continue its engagement with partners and planning for safe and effective transfer of commissioning arrangements, acknowledging the challenge that adaptation of plans may be necessary as steps proceed. NHS England is expected to explore, in particular, opportunities for sign-off of commissioning plans for 2014-15 with local authority Chief Executives as described in Service

Specification No.27 Children's Public Health Services (from pregnancy to age 5). DH will retain responsibility for system assurance and due diligence for the transfer of responsibilities to local government.

8 Programme and Treatment Interface

Commissioners within the Local Health Economies (CCGs, PHE, Local Authorities and NHS England) will work together across the whole pathway to develop evidence based pathways, e.g. bowel cancer and bowel scope screening to diagnosis, ensuring clarity of access for the relevant cohort across commissioning responsibilities. These pathways can be used in contracting with providers, aligning incentives and accountability for outcomes. The approach of engaging commissioners will be the basis of future whole pathway commissioning. This will not only result in improved equity of access for patients, but will also ensure a more effective and focused use of resources.

9 Commissioning Resources

Public Health services as part of Section 7A, as in 2013/14, will be funded directly by NHS England. NHS England will set budgets at an Area Team level for all programmes undertaken by providers in their geographical area within the allocation for the Section 7A agreement.

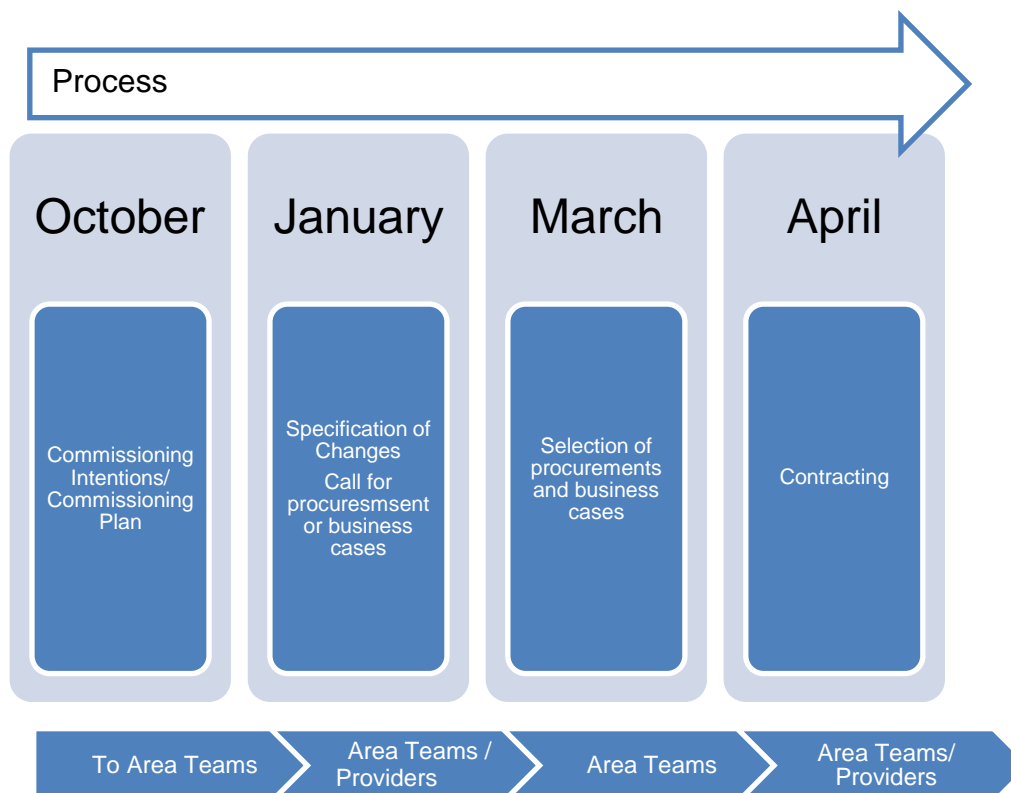
High quality Public Health Section 7A services will be effectively managed within this finite resource by NHS England and providers working together.

Each Area Team will be responsible for ensuring the financial and quality performance of the contracts it holds for the whole population including relevant Armed Forces personnel based within England. NHS England will work in line with contracting and the agreement within Section 7A. Scrutiny and measurement will be via monthly finance reports from the Central Team and Area Team performance meetings.

The commissioning of pilot programmes is the responsibility of Public Health England, however Area Teams are to work with PHE to ensure that implications and impact on current Section 7A services are understood to ensure the smooth transition of commissioning responsibility of pilot programmes once agreed as part of Section 7A.

Commissioning Calendar for 2014/15

The schematic below sets out the calendar of commissioning activity and where the key points are for prioritisation work and approvals October 2014 to April 2015.



Procurement

In line with the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013, and draft guidance issued by Monitor entitled 'Substantive guidance on the Procurement, Patient Choice and Competition Regulations', NHS England is committed to ensuring that when it procures health care services it satisfies the procurement objectives laid down in the regulations, namely to act with a view to: securing the needs of the people who use the services; improving the quality of the services; and improving the efficiency in the provision of services.

10 Contracts

NHS England has engaged with stakeholders to inform the development of a revised [NHS Standard Contract](#) for use in 2014/15. There is "considerable" continuity and "significant" revisions contradicts from the Standard contract 13/14, in terms of both structure and content; however, there have been some significant revisions, to reflect stakeholder feedback and other important developments, including implementation of recommendations from the Francis report and from NHS England's review of incentives, rewards and sanctions. Work was completed in October 2013 and the NHS Standard Contract 2014/15 was published in December 2013.

Standard Contract

The 2014/15 Standard Contract will be used for all new contracts agreed from 1 April 2014 onwards. Where existing contracts do not expire at 31 March 2014, these will be updated for 2014/15 using Deeds of Variation which will be produced by NHS England early in 2014. Forms of contract other than the NHS Standard Contract will not be used.

eContract

An online system for completing the NHS Standard Contract (the eContract) was made available for the first time in February 2013 and an improved, more robust system will be available for use for 2014/15. The eContract approach has significant benefits, for instance in enabling the tailoring of contract content to reflect the specific range of services being commissioned. We anticipate that use of the eContract approach will become the norm for public health contracts for 2014/15.

Single Provider Contract

The intention for 2014/15 is that NHS England should normally only hold (or be party to) one NHS Standard Contract with any provider, which includes the five areas of direct commissioning with contract schedules for each Area Team i.e. NHS England should work with the CCG through the contract to improve performance for the benefit of our programmes. Commissioners wishing to serve to existing providers an interim service such as alternative provider of immunisations for catch up campaigns may use supplementary contract documents.

11 Service Specifications

During March 2014 NHS England, through its 4 Regions and 27 Area Teams began assessment of compliance with the service specifications (listed in section 3 of this document) for Section 7A programmes. This work will inform the pace of change:

Providers below minimum compliance level will be asked to develop action plans to achieve compliance with specifications within a defined time period. These provider action plans are supported by a 'derogation'. A derogation is a licence to operate outside a national service specification for a time-limited period.

NHS England via the Area Teams will performance monitor the delivery of provider derogation action plans through routine contract monitoring mechanisms. NHS England will utilise contract sanctions where there is significant or persistent non-delivery against these plans. Where commissioner-led service review work is required, this will be undertaken as part of the work plan, to include:

- Improved access and quality of service to the screening and immunisation programmes
- Improvement of services for healthy child programmes,
- Improved public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate,
- Improvement of the Child Health Information Systems
- Improvement of public health services provided in Sexual Assault Referral Centres (SARCS).

The pace and timing of this work will be communicated by the central support team at a later stage once assessment of the requirement has been undertaken, identifying the appropriate population or geography at which each of these service reviews would most appropriately be undertaken.

A small number of specifications require further work prior to introduction. These are described in Table 1 on page 19 'Key deliverables with supporting indicators to be confirmed'.

NHS England does not expect service specifications to drive any inflation in the overall expenditure on Public Health Section 7A. Funding has been secured to cover the cost of all programmes within the agreement.

12 Quality Assurance

Providers will participate fully in national Quality Assurance processes and respond in a timely manner to recommendations made. This will include the submission to QA teams and commissioners of:

- data and reports from external quality assurance schemes
- minimum data sets as required – these may be required to be submitted to national external bodies
- self-assessment questionnaires / tools and associated evidence
- audits or data relating to nationally agreed internal quality assurance processes

Providers will participate fully in the QA visit process where required and cooperate in undertaking ad-hoc audits and reviews as requested.

Providers will respond to QA recommendations by the submission of action plans to address identified areas for improvement and any non-conformities / deviations from recommended performance thresholds.

Where a QA team believe there is a significant risk of harm to the population, they will recommend to commissioners to suspend a service

13 Service Developments – PHE Pilots

NHS England Area Teams will support the development and delivery of screening and immunisation pilots programmes funded by Public Health England that are not part of Public Health Section 7A but could be transferred into future Section 7A agreements.

Bowel Scope Screening

The "Improving Outcomes – a Strategy for Cancer" (published in January 2011) committed to pilots for flexible sigmoidoscopy for bowel cancer screening commencing in 2011/12.

Building on the success of the pilots and the Wave 1 sites which commenced in 2013, it is expected that 60% of Bowel Scope Screening Centres will have commenced by the end of 2016.

All the NHS costs of the roll-out of bowel scope screening will be met by PHE in 2014-15. In 2015-16, either PHE will meet all the next round of roll-out costs, or NHS England will take on

responsibility for further roll-out, and then the budget to meet the costs will be transferred to NHS England via Section 7A.

Seasonal Flu Programme for Children

During 2013/14 a flu programme was extended to children aged 2 to 3 years olds and will remain the target age range for this year. This decision was informed by new additional advice from the JCVI.

Further extension of this programme will be informed by pilot sites and through collaboration between Public Health England, NHS England and the Department of Health (DH). See page 16 for further detail.

14 Service Specific Issues

Tightening key areas of the agreement. The Section 7A agreement gives further clarity as to what NHS England is accountable for. More outcome measures are now set against numerical baselines, for example the following six screening programmes have baseline measures set for the first time:

To ensure consistency throughout England, the central support team has also produced guidance for meningococcal C and for maternity payment pathways.

Beginning to deliver further ambitions NHS England inherited historic variations in contractual arrangements and local levels of service performance. The Section 7A sets out steps for NHS England to align contractual arrangements with national service specifications and, through focusing on low performers, to start reducing historic variations in local performance.

i. Planned changes in programmes

There are relatively few planned changes that are cost-saving or cost-neutral, such as reducing rescreening costs in the cervical screening programme through implementing testing for HPV (human papillomavirus), and these are proposed for inclusion. We have also described NHS England's potential role in supporting any PHE-led evaluation of meningococcal B (Men B) vaccines in 2014-15.

ii. Planned programme changes 14/15

A following programmes are proposed for 2014-15. Additional resource has been secured in the Section 7a 2014/15 for delivery of these:

- MenC catch-up programme for university entrants
- MMR catch-up programmes
- Continuation of temporary programme of pertussis immunisation for pregnant women
- Handover to NHS commissioning for age extension of bowel screening programme (funding for this will move from PHE)

Healthy Child 0-5

Planned growth in other Section 7A programmes includes trajectories for Health Visitors and Family Nurse Partnerships. There is an expectation that the Healthy Child 0-5 years Programme should be delivered in partnership with primary care and early years services. This is in the context of joint health and wellbeing strategies for full delivery of the universal and targeted elements of the programme.

The new model of health visiting is set out in the [health visitor implementation plan](#), and; delivery of the licenced model for FNP by April 2015 is outlined in [Securing Excellence in Commissioning for Healthy Child Programme 0-5 Years 2013 - 2015](#).

A number of service improvement programmes have been agreed and are specified in our Public Health Outcomes. These include:

- Health Visiting including breastfeeding, smoking at time of delivery, MMR rates and school readiness.
- FNP including reduction in children's injuries, neglect and abuse, improved parenting practices and behaviour, and fewer subsequent pregnancies).

Specifically we are working to:

- (1) co-commission with local authorities - this may range from closely involving them in commissioning to joint commissioning,
- (2) establish systems to deliver good quality and timely information as set out in the provider performance framework,
- (3) build on the continuing requirement to increase the health visitor workforce and FNP places, including providing the required training, service transformation to deliver the new model of health visiting (see above).

Children's Seasonal Flu

The children's seasonal flu immunisation programme is the largest change in Section 7A for NHS England and, when fully implemented, will be the largest immunisation programme. It presents significant challenges as there is no existing workforce with the capacity to deliver it. Work is still underway to assess workforce and logistical implications. Current proposals for 2014-15, subject to continuing negotiation, are:

- Continue provision for children aged 2 and 3, through primary care
- Expand provision to children aged 4, through primary care
- Continue provision for children in the 2013-14 pilot school sites
- Commence delivery to children of secondary school age
- Commitment to continuing development of the full delivery model

Target uptake rates for vaccination in 2014-15 are then expected to be agreed with NHS England by April 2014 as a variation to the Section 7A with a view to making maximum progress towards full roll-out.

Subject to financial assurance in relation to improvement for low performers, planned programme costs, and the outcome of negotiations, the changes included in the Section 7A will be those described above. Refer to Table 3 below for the draft agreement. As mentioned above, a subsequent variation to the Section 7A should be agreed to give target update rates for children's seasonal flu immunisation, with funding allocations agreed by DH.

iii. Changes not proceeding as part of Section 7A in 2014/15

Work with PHE has identified a number of changes that should not go forward in 2014-15. These changes either require further development for national implementation or, at this point, would pose a significant and avoidable risk to the sustainability of the system. Local commissioning arrangements already in place can continue to avoid disruption.

Working jointly PHE and NHS England, have deprioritised certain planned or potential Section 7A changes. These changes not proceeding are:

- Accelerated catch-ups for shingles immunisation programme
- Year 9 alignment of adolescent immunisations (teenage booster and menC) where local practice is Year 10 or other
- Extension of NHS Health Check provision in prisons

Shingles These proposals to acquire and deliver extra vaccine required further development and decisions on funding. Delivery would have coincided with flu pressures on the wider system.

Adolescent vaccinations in schools - delivering the catch-up programme for this realignment would place additional pressure on the workforce for school-based vaccinations. Instead, realignment in a future year will benefit from current work on workforce capacity.

Extending NHS Health Checks in prison settings. Standard NHS Health Checks in prison settings will be secured prior to developing these further (see 'Beginning to deliver further ambitions' above).

Appendices

Table 1 Key deliverables and performance Monitoring for services

Refer to [Section 7A Agreement](#) for further detail.

Key deliverables (shown in bold) and supporting indicators	Baselines	Year, or time period
Immunisation programmes		
Pertussis vaccine uptake for pregnant women Health Protection Report Vol.7. No.40 http://www.hpa.org.uk/hpr/archives/2013/hpr4013.pdf	50%	Lower estimate of coverage achieved in first 9 months of the programme to June 2013
Population vaccination coverage (as defined in Public Health Outcomes Framework indicator 3.3)		
3.3i: Hepatitis B vaccination coverage (1 and 2 year olds)	To be confirmed	
3.3ii: BCG vaccination coverage (aged under 1 year)	To be confirmed	
3.3iii: DTaP/IPV/Hib vaccination coverage (1, 2 and 5 year olds)	94.7% at age 1 96.1% at age 2 To be confirmed at age 5	2011-12
3.3iv: MenC vaccination coverage (1 year olds)	93.9%	2011-12
3.3v: PCV vaccination coverage (1 year olds)	94.2%	2011-12
3.3vi: Hib/MenC booster vaccination coverage (2 and 5 year olds)	92.3% at age 2 88.6% at age 5	2011-12
3.3vii: PCV booster vaccination coverage (2 year olds)	91.5%	2011-12
3.3viii: MMR vaccination coverage for one dose (2 year olds)	91.2%	2011-12
3.3ix: MMR vaccination coverage for one dose (5 year olds)	92.9%	2011-12

3.3x: MMR vaccination coverage for two doses (5 year olds)	86.0%	2011-12
3.3xi: Td/IPV booster vaccination coverage (13-18 year olds)	To be confirmed	
3.3xii: HPV vaccination coverage (females 12-13 year olds)	86.8%	2011-12 academic year
3.3xiii: PPV vaccination coverage (aged 65 and over)	68.3%	2011-12
3.3xiv: Flu vaccination coverage (aged 65 and over)	73.4%	2012-13
3.3xv: Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding pregnant women)	51.3%	2012-13
Flu vaccination coverage (children aged two and three)	To be confirmed	
Screening programmes Access to non-cancer screening programmes (as defined in Public Health Outcomes Framework indicator 2.21) http://www.screening.nhs.uk/kpi/data-collection		
2.21i: HIV coverage: percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result	98.1%	2012-13
2.21ii :Syphilis, hepatitis B and susceptibility to rubella uptake: The percentage of women booked for antenatal care, as reported by maternity services, who have a screening test for syphilis, hepatitis B and susceptibility to rubella leading to a conclusive result	To be confirmed	
2.21iii: The percentage of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report	98.0%	2012-13
2.21iv: The percentage of babies registered within the local authority area both at birth and at the time of report who are eligible for new-born blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe	92.3%	2012-13

2.21v: The percentage of babies eligible for new-born hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programmes - NICU babies) or 5 weeks corrected age (community programmes – well babies)	97.5%	2012-13
2.21vi The percentage of babies eligible for the new-born physical examination who were tested within 72 hours of birth	To be confirmed	
2.21vii: The percentage of those offered screening for diabetic retinopathy who attend a digital screening event	80.2%	2012-13
NHS Abdominal Aortic Aneurysm Screening Programme The proportion of men eligible for abdominal aortic aneurysm screening to whom an initial offer of screening is made.	Proposed acceptable 90%	
Cancer screening programmes Cancer screening coverage (as defined in Public Health Outcomes Framework indicator 2.20)		
2.20i: The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	76.9% coverage aged 53-70	Published in 2012
2.20ii: The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	75.3% coverage aged 25 to 64	Published in 2012
Bowel cancer screening programme FOBT (faecal occult blood testing) Screening Uptake (all rounds) Source: NHS Cancer Screening Programmes	55.8%	Start of programme to end-August 2013
Children's public health services (from pregnancy to age 5)		

<p>The Government's commitment to increase the number of health visitors by 4,200 against a May 2010 baseline of 8,092 and to transform health visiting services by April 2015.</p> <p>Health Visiting Minimum Data Set</p>	9,133 FTE qualified health visitors (ESR and non-ESR)]	March 2013
<p>The Government's commitment to more than double the April 2011 number of places on the FNP programme to at least 16,000 by April 2015.</p>	11,475 FNP places as at 1 April 2013	
<p>Low birth weight of term babies (as defined by the Public Health Outcomes Framework indicator 2.1)</p> <p>2.1: Percentage of all live births at term with low birth weight</p>	2.85%	2010
<p>Breastfeeding (as defined in Public Health Outcomes Framework indicator 2.2)</p> <p>2.2i: Breastfeeding initiation</p> <p>2.2ii: Breastfeeding prevalence at 6-8 weeks after birth</p>	74.0% 47.2%	2011-12 2011-12
<p>Excess weight in 4-5 year olds (as defined in the Public Health Outcomes Framework indicator 2.6)</p> <p>2.6i: Percentage of children aged 4-5 classified as overweight or obese</p>	22.6%	school year 2010-11
<p>Hospital admissions caused by unintentional and deliberate injuries in under 18s (as defined in the Public Health Outcomes Framework indicator 2.7)</p> <p>2.7: Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in age 0-17 years, per 10,000 resident population.</p>	To be confirmed	
<p>Infant mortality (as defined in the Public Health Outcomes Framework indicator 4.1 - shared indicator with NHS Outcomes Framework 1.6i)</p> <p>4.1: Crude rate of infant deaths (persons aged less than 1 year) per 1,000 live births</p>	4.2 deaths per 1,000 live births	2011
<p>Tooth decay in children aged five (as defined in the Public Health Outcomes Framework indicator 4.2)</p> <p>4.2: Rate of tooth decay in children aged 5 years</p>		

based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – decayed/missing/filled teeth (dmft)	To be confirmed	
Maintain and extend coverage of local delivery of the Healthy Child Programme, moving towards delivery of the full service specification.		
Child health information systems Maintain coverage of local delivery of Child Information Systems, with a plan to implement defined minimum standards as far as possible by April 2015 and encourage future attainment.		
Public health care for people in prison and other places of detention		
People entering prison with substance dependence issues who are previously not known to community treatment (as defined in the Public Health Outcomes Framework indicator 2.16) 2.16: Proportion of people assessed for substance dependence issues when entering prison who then require structured treatment and have not already received it in the community	To be confirmed	
The proportion of individuals in secure environments that engage in structured drug and alcohol treatment interventions who at the point of departure from that establishment either: <ul style="list-style-type: none"> • successfully completed a treatment intervention in custody and did not represent to treatment (either in custody or the community) within 6 months of release; or • successfully engaged in community based drug and alcohol treatment interventions following release; or • where they were transferred to another prison/YPSE, successfully engaged in structured drug and alcohol treatment interventions at the 	To be confirmed To be confirmed	

receiving establishment.	To be confirmed	
<p>Sexual assault services</p> <p>Assure improvement in local delivery of sexual assault referral centres as described in Table 3 in the Section 7A agreement. .</p>		

Table 2: Key deliverables for implementing change

Key deliverables (shown in bold)
<p>Immunisation programmes</p> <p>Implement as far as reasonably practicable the planned new MenC immunisation programme for university entrants.</p> <p>Develop the extension of the seasonal influenza vaccination programme to children as described in Table 4 in the Section 7A agreement, including vaccination coverage for children aged four that is as high as reasonably practicable.</p>
<p>Children's public health services (from pregnancy to age 5)</p> <p>As described in paragraphs A5 and A28 in the Section 7A agreement, arrangements in relation to transition of children's public health services from pregnancy to age 5 are being developed through a task and finish group of the Children's Health and Wellbeing Partnership, of which both NHS England and DH are members.</p> <p>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>Sexual assault referral services</p> <p>NHS England will provide by 31 March 2014 an improvement plan. The plan will set out a review of the current commissioning arrangements and aim to standardise the core offer to the victim in 2014-15, and to commission services fully in accordance with the service specification no later than 2015-16. The core offer should include roll-out of the provision of HIV starter prophylaxis in all SARC in 2014-15 in accordance with the service specification. The improvement objectives for 2014-15 may otherwise take into account an assessment of the resources required and available to undertake such improvement actions.</p>

Table 3: Phased implementation of the extension of the seasonal influenza vaccination programme to children

Key deliverables (shown in bold)
<p>In 2014-15, NHS England will:</p> <p>a) make provision of childhood flu vaccination for all 2 and 3 year olds;</p> <p>b) make provision for 4 year olds;</p> <p>c) continue delivery to primary school aged children (5-11 year olds) in the current pilot areas; and</p> <p>d) commence delivery of childhood flu vaccination to as many children of secondary school age as reasonably possible in the light of the circumstances below.</p> <p>The best uptake of vaccination among 5-16 year olds is likely to be achieved through a school-based programme. However, it is recognised that the capacity of school nursing services (where appropriate locally working with specialist immunisation services) is not currently adequate to enable the programme to be offered to all children in this way.</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 the development of sustainable long-term solutions, • ensure the availability of sufficient appropriately-trained staff, and • work with local government to develop the associated commissioning arrangements for school nursing to deliver the programme. <p>NHS England will also work with PHE to undertake an assessment of the commissioning capacity to deliver a programme of this scale.</p> <p>NHS England will work towards delivery of childhood flu vaccination to as many children of secondary school age as reasonably possible in 2014-15. However, it is recognised that full coverage may not be achievable within one year. The partners therefore intend to enter into negotiations following on the outcome of the assessments of workforce and commissioning capacity, with a view to agreeing by way of a variation to this agreement by April 2014, the extent to which the programme can be rolled-out and the expected uptake rates for vaccination in 2014-15</p>

Table 4: List of service specifications, published as separate documents to the [section 7A Agreement](#).

Number		Publication date
	<i>Immunisation programmes:</i>	
1	Neonatal Hepatitis B immunisation programme	Nov 2013
1A	Pertussis pregnant women immunisation programme	Nov 2013
2	Neonatal BCG immunisation programme	Nov 2013
3	Respiratory syncytial virus (RSV) programme	Nov 2013
4	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis, and Hib	Nov 2013
5	Rotavirus immunisation programme	Nov 2013
6	Meningitis C immunisation programme	Nov 2013
7	Hib/MenC immunisation programme	Nov 2013
8	Pneumococcal immunisation programme	Nov 2013
9	DTaP/IPV and dTaP/IPV immunisation programme	Nov 2013
10	Measles, mumps and rubella (MMR) immunisation programme	Nov 2013
11	Human papillomavirus (HPV) programme	Nov 2013
12	Td/IPV (teenage booster) immunisation programme	Nov 2013
13	Seasonal influenza immunisation programme (2014-15 programme)	Nov 2013
13A	Seasonal influenza immunisation programme for children (2014-15 programme)	Nov 2013
14	Shingles immunisation programme	Nov 2013
	<i>Screening programmes</i>	
15	NHS Infectious Diseases in Pregnancy Screening Programme	Nov 2013

16	NHS Down's Syndrome Screening (Trisomy 21) Programme	Nov 2013
17	NHS Foetal Anomaly Screening Programme	Nov 2013
18	NHS Sickle Cell and Thalassaemia Screening Programme.	Nov 2013
19	NHS Newborn Blood Spot Screening Programme	Nov 2013
20	NHS Newborn Hearing Screening Programme	Nov 2013
21	NHS Newborn and Infant Physical Examination Screening Programme	Nov 2013
22	NHS Diabetic Eye Screening Programme	Nov 2013
23	NHS Abdominal Aortic Aneurysm Screening Programme	Nov 2013
	<i>Cancer screening programmes</i>	
24	Breast Screening Programme	Nov 2013
25	Cervical Screening	Nov 2013
26	Bowel Cancer Screening Programme	Nov 2013
	<i>Other programmes</i>	
27	Children's public health services (from pregnancy to age 5)	Nov 2013
28	Child Health Information Systems (CHIS)	Nov 2013
29	Public health services for people in prison and other places of detention, including those held in the Children & Young People's Secure Estate	Nov 2013
30	Sexual assault services	Nov 2013

Key Contact Information

National Contacts:	Assistant Head of Public Health	Dr Sandra Anglin	s.anglin@nhs.net
	Business Manager	Glenda Webb	Glenda.webb@nhs.net

Area Team	Head of Public Health	Area Director	Director of Commissioning
North East			
Durham, Darlington and the Tees	Hilary Hall	Cameron Ward	Sue Metcalfe
Cumbria, Northumberland & Tyne and Wear	Claire Bradford	John Lawlor	Christine Keen
North West			
Cheshire, Warrington & Wirral	Richard Freeman	Moira Dumma	Alison Tonge
Greater Manchester	Rob Bellingham	Mike Burrows	Rob Bellingham
Lancashire	Jane Cass	Richard Jones	Martin Clayton
Merseyside	Julie Kelly	Clare Duggan	Anthony Leo
West Midlands			
Arden, Herefordshire and Worcestershire	Richard Yeabsley	Lesley Murphy	Sue Price
Birmingham & The Black Country	Helen Kelly	Wendy Saviour	Karen Helliwell
Shropshire & Staffordshire	Rebecca Woods	Graham Urwin	Sultan Mahmud
Yorkshire & Humber			
North Yorkshire and the Humber	Gary Lusty	Christopher Long	Julie Warren
South Yorkshire and Bassetlaw	Heather Marsh	Eleri de Gilbert	Steve Hackett
West Yorkshire	Emma Wilson	Andy Buck	Alison Knowles
East Midlands			
Derbyshire and Nottinghamshire	Jackie Williams	Derek Bray	Vikki Taylor
Leicestershire and Lincolnshire	David Giffard	David Sharpe	Peter Huskinson
South Central			
Thames Valley	Jonathan Smith	Matthew Tait	Helen Clanchy
Wessex	Nikki Osborne	Debbie Flemming	Simon Jupp
East of England			
East Anglia	Tracey Cogan	Andrew Reed	Katie Norton
Essex	Alison Cowie	Andrew Pike	Ian Stidson
Hertfordshire and the south midlands	Elaine Askew	Jane Halpin	Beverley Flowers
London:			
North East London	Maggie Luck	Paul Bennett	Vanessa Lodge
North West London	To be appointed	Alex Gordon	Sue McLellen

South London	Johan Van Wigerden	Jacqui Harvey	Sue McLellen
South East			
Kent and Medway	Trish Dabrowski	Felicity Cox	Michael Ridgwell
Surrey & Sussex	Fiona Harris	Amanda Fadero	Sarah Creamer
South West			
Bath, Gloucestershire, Swindon and Wiltshire	Julie Hughes	Ian Biggs	Debra Elliott
Bristol, North Somerset, Somerset and South Gloucestershire	Lesley Woakes	Anthony Farnsworth	Debra Elliott
Devon, Cornwall & Isle of Scilly	James Bolt	Steve Moore	Bridget Sampson