

Your Ref:  
Our Ref: S7A Statement 2013/14 (BH.2014.097)

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Dr Felicity Harvey  
Director General for Public Health  
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**By e-mail only**

3 September 2014

Dear Felicity,

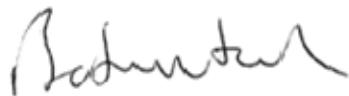
**NHS Public Health Functions Agreement – NHS England Annual Assurance Statement**

The NHS Public Health Functions Agreement (S7A) requires NHS England to report annually to the Secretary of State on its achievement against the expected deliverables set out in the agreement.

The NHS PH Steering Group in May agreed that a separate Annual Assurance Statement would be provided by NHS England to comply with this requirement. PHE have provided the table on key deliverables which has been incorporated into the statement.

I attach to this letter an Annual Assurance Statement that constitutes this report for NHS England.

Yours sincerely,



**Dame Barbara Hakin**  
**National Director: Commissioning Operations**  
**NHS England**

## **NHS England Annual Assurance Statement for NHS Public Health Functions (S7A) Agreement for 2013-14**

1. The Secretary of State delegates' responsibility for commissioning certain public health functions to NHS England. The NHS Public Health Functions Agreement 2014-15 (S7A agreement) sets out in detail programmes that are commissioned by NHS England, these are:
  - National immunisation programmes
  - National screening programmes
  - Children's public health services from pregnancy to age 5 (until 1st October 2015)
  - Child Health Information Systems
  - Public health care for people in prison and other places of detention
  - Sexual assault services
2. The NHS Public Health Functions Agreement (S7A) requires NHS England to report annually to the Secretary of State on its achievement against the expected deliverables set out in the agreement. This letter constitutes the NHS England Annual Assurance Statement for the S7A

### **Key messages for 2013-14**

3. Current available data show that performance of these public health programmes was not affected by the transition to new responsibilities in April 2013 and that NHS England has improved or maintained the national level of annual performance for each key deliverable.
4. Governance arrangements for the programme have been established through the NHS Public Health Functions Senior Oversight Group and the sub group of the NHS Public Health Steering Group. NHS England internal governance mechanisms have been established through the Public Health Oversight Group, as a sub group of the Directly Commissioned Services Committee, a committee of the NHS England Board.
5. A new agreement for 2014-15 has been signed by NHS England and the Department of Health (DH). This new agreement strengthens ambitions by NHS England to narrow health inequalities by reducing the range of variation.

**Key deliverables:**

6. The S7A agreement sets out key deliverables which NHS England are expected to achieve over the course of the agreement. These deliverables set baselines using historic performance of the programmes and are matched as far as possible to measures used in the Public Health Outcomes Framework and are the measures of how well NHS England performs its responsibilities under the agreement
7. The agreement in 2013/14 stated that where baselines are included in the agreement, NHS England will seek to improve or at least maintain the national level of annual performance for each key deliverable shown.
8. A high level summary of key deliverables that are set out in the 2013/14 agreement and reported progress against baselines has been provided by PHE and is shown in **Appendix A**. Key deliverables and supporting indicators are used at a national level for the purposes of accountability, as set out in the agreement. A number of baseline data was not available for the purposes of the 2013-14 agreement. This includes circumstances where robust data was not available for a full year .Note progress on the following indicators:
  - a. Breast screening coverage to September 2013 is 76.1% which is a decline from the deliverable of 76.9%. As this is less than 1 percentage point the deliverable has been rated amber.
  - b. There is a historical declining trend in the coverage for cervical screening. The provision in the S7A agreement in relation to the national level of annual performance does not apply to any indicator where the trend is declining. The screening programme board is undertaking a deep dive on cancer screening coverage rates.
  - c. There is a decrease in the coverage for Meningitis C at 16 weeks. The COVER report states that this appears to be related to the removal of the second dose of MenC at age 16 weeks from the routine schedule for infants from 1 June 2013. The schedule change will adversely impact on future quarterly MenC2 coverage evaluations until the April to June 2013 quarter when infants exclusively offered one dose of MenC will be evaluated.
  - d. April 2014 data shows a national overachievement of 59 FTE health visitors (+1%) against plans. The data for April 2014 shows an

increase in the national health visitor workforce of 22 FTE to 10,424 FTE from March 2014.

- e. Area teams being supported to deliver transformed service, 13-14 Q3 figures show 93% delivery of new birth visit.
  - f. The key deliverable does not match the description of the indicator for Low Birth Weight. The deliverable set was 7.1% which refers to all live births (both at term and pre-term) the PHOF uses babies born at term which is current 2.8% and was 2.9% in 2009
  - g. March 2014 data shows that 1,650 new FNP places were commissioned and began operating bringing the overall total number of NHS England funded FNP places<sup>1</sup> to 13,150 at the end of 2013/14. This is above the commitment within the FNP Commissioning Strategy<sup>12</sup> and Government's ambition for 13,000 places at end of 13/14, as progress towards 16,000 places by end of 2014/15
  - h. While baselines were not available for non –cancer screening programmes in 2013-14, the coverage shows that with the exception of newborn bloodspot NHS England is exceeding the acceptable standards.
9. To be confirmed is shown in appendix A where baseline data was not available for the purposes of this section 7A agreement. This includes circumstances where robust data is currently not available for a full year. This includes key deliverables for Sexual Assault Referral Centres (SARCs) and Public Health for People in Places of Detention.
10. For 2014-15, quality indicators have been developed by NHS England and in partnership with all stakeholders for all 36 SARCs
11. Current Health and Justice Indicators have been updated and reviewed in partnership with PHE as lead and in consultation with Area Teams and National Offender Management Services. These focus on S7A service delivery as well as other aspects of public health.

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<sup>1</sup> This includes a small number of places within the 13,150 funded by non NHS England FNP resource, largely local authority, health visiting and other health commissioners (CCG, Acute Trust)

<sup>2</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/08/comm-health-child-prog.pdf>

12. Key deliverables for implementing change are set out in table 3 of the S7A agreement for 2013-14. These were to implement as far as possible planned new vaccination programmes for:
  - a. Rotavirus;
  - b. Shingles,and to develop the extension of the seasonal influenza vaccination programme to children by partial implementation of the extension.
13. In 2013-14 NHS England successfully implemented the planned new programmes and implemented the extension of the childhood flu programme to all 2-3 year olds in primary care and supported PHE in the delivery of a number of pilots for childhood flu in primary schools. The full implementation of the childhood flu programme will be incremental and continue to be challenging due to the scale of the programme.

**Finance:**

14. NHS England is obliged to report against the £1,843m ring fenced sum in the S7a agreement. It is not obliged to report against the £360m primary care element in the S7a agreement.
15. Appendix B shows that £1,841m of expenditure has been quantified against the £1,843m ring fenced sum.
16. The quality of financial reporting has improved significantly since January 2014 following the issue and implementation by Area Teams of reporting guidance.
17. Under the reporting guidance no costs for additional services that are embedded in the GP contract may be charged against the ring fenced sum. They relate to the primary care element.
18. Appendix B includes some estimates and figures from off ledger returns, specifically:
  - a. Costs relating to public health have been difficult to separate from other costs in health and justice block contracts.
  - b. Costs incurred outside Area Teams have also been based on off ledger returns by Area Teams; and

- c. Public health QOF costs have proved difficult to quantify, we have reported these in line with the £169m built into the £1,843m per the S7a agreement.
- 19. The apparent shortfall of £2m (0.1%) against the S7a ring fenced sum may be explained by costs that NHS England has not been able to quantify completely because of their nature, in particular:
  - a. Costs relating to public health have been difficult to separate from other costs in health and justice block contracts. We suspect that these costs have been understated in the £1,841m;
  - b. Some S7a costs have been incurred in other organisations (e.g. CCGs and local authorities) because some funding was allocated incorrectly to those organisations when PCTs' public health responsibilities were transferred. In some cases, the organisations with the funding have continued to commission these services even though NHS England is the responsible commissioner under the S7a agreement. Area Teams have identified some of these costs but we do not believe that their identification is complete;
  - c. Some costs relating to S7a responsibilities are covered by tariff (e.g. some screening costs in the maternity pathway) and have been charged to CCGs. To date these have proved impossible to quantify. CCGs have not been recharging these costs to Area Teams; and
  - d. S7a public health commissioning costs are included in NHS England's running costs and are not separately identifiable.
- 20. Work is ongoing to improve:
  - a. The quality of financial reporting by Area Teams;
  - b. The quantification of those costs that have to date proved difficult to quantify; and
  - c. The alignment of funding and commissioning responsibilities.

**Summary from Direct Commissioning:**

- 21. Under the S7A agreement public health programmes have been successfully taken forward in 2013/14 through establishing good tripartite

working relationships and the integration of the national service specifications for each programme.

22. For 2014/15 we will continue to pilot new models of delivery for childhood flu vaccination for school age children; manage the safe transfer of the 0-5 years health child programme commissioning to Local Authorities; improve access to SARCs including the development of a paediatric service specification and agreement on key quality indicators for co-commissioned services. It is our overall ambition to improve the delivery of public health services under S7A and reduce the variations in performance across all programmes.
23. In 2013/14 NHS England in partnership with PHE introduced four new or changed immunisation programmes; rotavirus, shingles, Men C and childhood flu for 2 & 3 year olds, plus primary schools-based pilots for childhood flu and a MMR catch up programme for 10 to 16 year olds. The impact of some of these programmes are already being realised with cases of rotavirus in infants between July 2013 to March 2014, 70% lower than the average for the same period in the seasons 2003/2004 to 2012/2013. And 95% of unvaccinated 10 to 16 year olds having had the first dose of MMR by autumn 2013, following the development of the programme late April 2013.

## Appendix A: Summary of Key Deliverables

<b>Programme</b>	<b>7a Deliverable</b>	<b>Actual</b>
<b>Vaccination (12 months)</b>		
DTaP/IPV/Hib	94.2%	94.0%
Men C	93.4%	91.8%
PCV	93.6	93.7%
Hep B		
<b>Vaccination (24 Months)</b>		
DTaP/IPV/Hib	96.0%	96.1%
PCV Booster	89.3%	92.6%
Hib/ MenC	91.6%	92.5%
MMR 1	89.1%	92.7%
Hep B		
<b>Vaccination (5 yrs)</b>		
DTaP/IPV/Hib		95.7%
MMR1	91.9%	94.2%
MMR2 Booster	84.2%	88.%
DTaP/IPV Booster		88.5%
Hib/MenC Booster		92.1%
<b>Adult and adolescent vaccination</b>		
HPV (3 doses)	84.2%	86%
PPV (65>)	68.3%	69.1%
Flu (65>)	72.8%	73.2%
Flu (at risk)	50%	52.3%

<b>Programme</b>	<b>7a Deliverable</b>	<b>Actual</b>
<b>Cancer Screening Programmes</b>		
Breast(53-70)	76.91%	76.1%
Cervical(25-64)	75.3%	74.1%
Bowel	TBC	
<b>Non-Cancer Screening Programmes</b>		
HIV		98.7%
Sickle Cell & Thalassaemia		98.3%
New born hearing) (coverage)		97.8%
New born blood spot coverage		93.0%
New Born Physical Exam		TBC
Diabetic Eye	79.6%	80.0%

<b>Programme</b>	<b>7a Deliverable</b>	<b>Actual</b>
<b>PH Services for people in detention &amp; prescribed settings</b>		
Substance dependence assessed on entry	To be confirmed	
Successfully completed treatment	To be confirmed	
Engaged in treatment in community	To be confirmed	
Engaged in treatment on transfer	To be confirmed	
<b>Children's Public Health</b>		
Health Visitor	12,354 HVs (April 2015)	
Family Nurse Partnership	At least 16,000 (places April 2015)	
Low birth weight		2.8
Breastfeed initiation	74%	74%
Breastfeed prevalence 6-8 wk	46.1%	42.3%
Obesity age 4-5	22.6%	22.2%
Infant Mortality	4.3 (2010)	4.1
Emergency admissions unintentional injury (0-17)		134.7
Tooth decay 5yr old	TBC	0.94

<b>Immunisation</b>	Childhood immunisations – date is for Q4 2013/14 HPV – data is for 2012-13 Flu – data is for Q1 Sept 2013 – 31 <sup>st</sup> January 2014 PPV – data is for 2012-13
<b>Screening</b>	Cancer Screening – data is coverage @ September 2013 Non Cancer Screening – data is for Q2 2013/14
<b>Children's Public Health</b>	Infant Mortality – data is for 2010-2012 Low birth weight – data is for 2011 Breast feeding initiation – data is for 2012/13 Breast feeding prevalence at 6-8 weeks – data is for 2012/2013 Tooth Decay in Children aged 5 – data is for 2011/12 Emergency admissions unintentional injury (0-17) – this data is for 2012/13 – 0-17 is not collected and actual data is for 0-4 yrs which is more appropriate for children's public health

## Appendix B – Summary of Expenditure for 2013/14 S7a Annual Report

		Full year expenditure £'000
Expenditure against ring fenced sum		
Per ledger		
Immunisation programmes	250,935	
Cancer Screening	294,309	
Non-cancer screening programmes	118,056	
Children 0 to 5	766,104	
Child Health Information Systems	26,831	
Screening promotion	14,402	
Other costs in Area Teams	22,378	
		<hr/>
		1,493,015
Estimated costs		
Prison public health	136,902	
Public health QOF	169,000	
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Quantified costs in Area Teams	1,798,917	
Costs estimated by Area Teams in other organisations	42,419	
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Total quantified expenditure	1,841,336	
Less S7a ring fenced sum	(1,843,000)	
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Apparent shortfall of quantified expenditure against S7a ring fenced sum	(1,664)	

