NHS England

Public Health – Immunisations and Military Commissioning Intentions 2014/15

London Region

THE NHS CONSTITUTION
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NATIONAL CONTEXT

2013/14 was a year of collaboration between NHS England, CCGs and providers to implement the NHS England single national operating model whilst seeking to maintain service and financial stability. London Region will continue to work with providers, CCGs and Local Authorities to ensure local practice is transitioned to the single national operating model and evidenced consideration of "most capable provider" in commissioning and funding decisions.

Key areas of focus for 14/15 are:

- Tightening key areas of the agreement. We have given further clarity to what NHS England is accountable for. More outcome measures are now set against numerical baselines – refer to Appendix 1.
- Beginning to deliver further ambitions NHS England inherited historic variations in contractual arrangements and local levels of service performance. The S7A 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.

IMMUNISATIONS

Nationally we said…	**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 (menB) vaccines in 2014-15. Planned programme changes with additional costs that are proposed to proceed for 2014-15 include: ▪ Continuing phased introduction of the children's seasonal flu immunisation programme ▪ MenC catch-up programme for university entrants ▪ MMR catch-up programmes ▪ Continuation of temporary programme of pertussis immunisation for pregnant women **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.

What this means to us in the London team is …	
Memorandum of Understanding	Developing **Memorandum of Understanding** with CCGs to support: 1. Delivery of immunisations to registered at risk cohorts 2. Collaborative commissioning of Health Visiting, Family Nurse Partnership and Child Health Information System due to the CCGs operating the NHS Standard Contracts. NHSE England are using Heads of Agreement with providers to supplement the NHS Standard Contracts. 3. Collaboration in respect of the GP-to-CHIS data transfer of COVER and other immunisation data
Integrated Governance Framework	Developing **Integrated Governance Framework** with Local Authorities to profile: 1. The joint scrutiny of immunisation and early years new Minimum Data Set on 0-5 children living or educated in each Borough. 2. The onward transfer of early years commissioning to each Local Authority by March 2015, and subject to the DH and LGA technical guidance.
Public Health Action Plans	We need to create **Public Health Action Plans** for each programme across the CCG, Local Authority, Public Health England and NHS England partnership to ensure London achieves, or exceeds the national target for uptake and coverage, especially in the non-registered and most vulnerable cohorts.
Specific priorities in London	**Specific priorities** across London will be: 1. The secure and timely transfer of Anta-Natal and New Born screening results from Peri-Natal service to GPs and onwards transfer to Child health Information Systems. 2. Joint training and development opportunities for immunisations in general practice. 3. Implementing a joint immunisation “failsafe” system for Neonatal HepB, Neonatal BCG, Seasonal Flu in mental health patients and pregnant women 4. Sustain the GP-to-CHIS data linkage programme to improve the effectiveness and resilience of immunisation surveillance. 5. Develop a Contract Variation model to support the delivery of immunisation for housebound non-active caseload patients

EARLY YEARS

Nationally we said…	Planned growth in other S7A programmes includes trajectories for Health Visitors and Family Nurse Partnerships. There is an expectation that the health visiting programmes should be delivered in partnership with primary care and early years services, in the context of joint health and wellbeing strategies, for full delivery of the universal elements of the healthy child programme and the new model of health visiting as set out in the health visitor implementation plan (https://www.gov.uk/government/publications/health-visitor-vision 2013), by April 2015. To include agreement of improvements in specified Public Health Outcomes (e.g. breastfeeding, smoking at time of delivery, MMR rates). Specifically; (1) by co-commission with local authorities - this may range from closely involving them in

	commissioning to joint commissioning. (2) establishing systems to deliver good quality and timely information as set out in the provider performance framework, (3) building on the continuing requirement to increase the health visitor workforce, including providing the required training, service transformation to deliver the new model of health visiting as set out in the updated health visitor implementation plan. 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 NHS England has been engaging with stakeholders to inform the development of a revised NHS Standard Contract for use in 2014/15
What this means to us in the London team is …	
	A Head of Agreement annual contractual framework which is subject to the National Health Visiting Specification (July 2013), the Early Years Minimum Data Set from September 2013 and controlled budget planning. 415 extra health Visitors in 2014 and another 206 additional Health Visitors during 2015.

MILITARY HEALTH

Nationally we said…	The Armed Forces Covenant ~ https://www.gov.uk/the-armed-forces-covenant The armed forces covenant sets out the relationship between the nation, the state and the armed forces. It recognises that the whole nation has a moral obligation to members of the armed forces and their families and it establishes how they should expect to be treated. It exists to redress the disadvantages that the armed forces community faces in comparison to other citizens and to recognise the sacrifices that they have made. At the local level, 'community covenants' are being signed across the country bringing military and civilian communities together. And The Community Covenant ~ https://www.gov.uk/armed-forces-community-covenant#the-community-covenant Local authorities and the armed forces community are encouraged to work together to establish a community covenant in their area in order to: • encourage local communities to support the armed forces community in their areas and to nurture public understanding and awareness among the public of issues affecting the armed forces community • recognise and remember the sacrifices faced by the armed forces community • encourage activities which help to integrate the armed forces community into local life • to encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement
What this means to us in the London team is …	

London Regions commitment statement	NHS England's London Regions commitment statement ~ *NHS England commissioners commit to implement the Military Covenant and afford all veterans the opportunity for access to a GP practice, an NHS Dentist and a Community Pharmacy within 3 months of being discharged, or within four weeks of requesting.* NHS England will create briefings across the London AFN web-portals which allow veterans and their families to understand the local health & care system and signpost them to healthcare, peer-support services and welfare agencies. NHS Choices to be kept updated.
London Armed Forces Network	The London Armed Forces Network (AFN) will 1. Ensure adequate communication from Defence Medical System is sent to registered GP upon transition discharge. London AFN will work to empower the person in transition. NHS Numbers to be used 2. Support the effective commissioning of the existing community mental health service for veterans until March 2020. 3. Collate personal journeys to underpin effective person-centred commissioning decisions and be exemplar for best practice for clinical referrers. 4. Move towards being a trail-blazer for the secure transfer of Defence Medical Service record to chosen GP by April 2014. 5. Profile and Social Care agenda with all H&WBB and HO&SCs to ensure the wider determinants of health and well being are considered, such as accommodation, employment, finance & Income

Appendix 1

Background Updates for Public Health 7a

Programme category or programme	**Services**
Immunisation programmes	Pertussis pregnant women immunisation programme
	Neonatal BCG immunisation programme
	Respiratory syncytial virus (RSV) immunisation programme
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
	Rotavirus immunisation programme
	Meningitis C (MenC) immunisation programme
	Hib/MenC immunisation programme
	Pneumococcal immunisation programme
	DTaP/IPV and dTaP/IPV immunisation programme
	Measles, mumps and rubella (MMR) immunisation programme
	Human papillomavirus (HPV) immunisation programme
	Td/IPV (teenage booster) immunisation programme
	Seasonal influenza immunisation programme
	Seasonal influenza immunisation programme for children
	Shingles immunisation programme
Children's public health services (from pregnancy to age 5)	Healthy Child Programme and Health Visiting (universal offer) Health Visitor Call to Action Trajectories (415 in 2014 and 206 in 2015)
	Family Nurse Partnership (nationally supported targeted offer)
Child Health Information Systems	Child Health Information Systems
Military Health	Military and Community Covenant

Section 7A changes

NHS England will:

a) continue to commission provision of childhood flu vaccination for all 2 and 3 year olds;

b) expand this provision to include 4 year olds;

c) continue delivery to primary school aged children (5-11 year olds) in the current pilot areas; and

d) commence delivery of the programme to children of secondary school age, as outlined below.

e) Implement as far as reasonably practicable the planned new MenC immunisation programme for university entrants.

Key deliverables and performance monitoring (shown in bold) and supporting indicators	**Baselines**
Immunisation programmes	
Pertussis vaccine uptake for pregnant women www.gov.uk/government/uploads/system/uploads/attachment_data/file/211582/Pertussis_Survey_March_2013_Figures_for_publish.pdf	57.2%
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
3.3iv: MenC vaccination coverage (1 year olds)	93.9%
3.3v: PCV vaccination coverage (1 year olds)	94.2%
3.3vi: Hib/MenC booster vaccination coverage (2 and 5 year olds)	92.3% at age 2 88.6% at age 5
3.3vii: PCV booster vaccination coverage (2 year olds)	91.5%
3.3viii: MMR vaccination coverage for one dose (2 year olds)	91.2%
3.3ix: MMR vaccination coverage for one dose (5 year olds)	92.9%

3.3x: MMR vaccination coverage for two doses (5 year olds)	86.0%
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%
3.3xiii: PPV vaccination coverage (aged 65 and over)	68.3%
3.3xiv: Flu vaccination coverage (aged 65 and over)	73.4%
3.3xv: Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding pregnant women)	51.3%
Children's public health services (from pregnancy to age 5)	
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. Health Visiting Minimum Data Set	9,133 FTE qualified health visitors (ESR and non-ESR)]
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.	11,475 FNP places as at 1 March 2013
Low birth weight of term babies (as defined by the Public Health Outcomes Framework indicator 2.1) 2.1: Percentage of all live births at term with low birth weight	2.85%
Breastfeeding (as defined in Public Health Outcomes Framework indicator 2.2) 2.2i: Breastfeeding initiation 2.2ii: Breastfeeding prevalence at 6-8 weeks after birth	74.0% 47.2%
Excess weight in 4-5 year olds (as defined in the Public Health Outcomes Framework indicator 2.6) 2.6i: Percentage of children aged 4-5 classified as overweight or obese	22.6%
Hospital admissions caused by unintentional and deliberate injuries in under 18s (as defined in the Public Health Outcomes Framework indicator 2.7) 2.7: Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in age 0-17 years, per 10,000 resident population.	To be confirmed
Infant mortality (as defined in the Public Health Outcomes Framework	

indicator 4.1 - shared indicator with NHS Outcomes Framework 1.6i) 4.1: Crude rate of infant deaths (persons aged less than 1 year) per 1,000 live births **Tooth decay in children aged five (as defined in the Public Health Outcomes Framework indicator 4.2)** 4.2: Rate of tooth decay in children aged 5 years 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) **Maintain and extend coverage of local delivery of the Healthy Child Programme, moving towards delivery of the full service specification.**	4.2 deaths per 1,000 live births To be confirmed
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.**	

Pilot Flu Programme

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). Pilots this year (Autumn 2013) are looking at how the programme can be extended to pre-schools and primary schools (i.e. up to the age of 11 years). The current plan is to extend the roll out in 2014/15, with further piloting looking to roll out the programme to secondary schools.

The children's seasonal flu immunisation programme is the largest change in S7A costs for NHS England and, when fully implemented, it 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