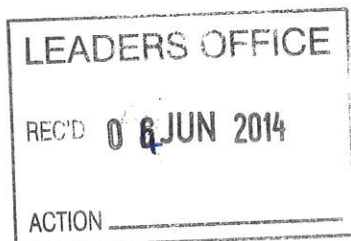




Department
of Health

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From Jane Ellison MP
Parliamentary Under Secretary of State for Public Health

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Councillor Mohammed Khan OBE and
Councillor Ron O'Keefe
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28 MAY 2014

Dear Cllr Khan and Cllr O'Keefe

Thank you for your letters of 31 March and 25 April 2014 to myself, Dame Sally Davies the Chief Medical Officer, and Duncan Selbie, the Chief Executive of Public Health England, regarding the vaccination and Immunisation services in England. Please accept this as a joint reply.

As you know, following the enactment of the Health and Social Care Act 2012, responsibility for the delivery of different aspects of health services rests with a number of different organisations.

The changes brought in by the Act are about giving local communities and patients more say in the care they receive and doctors and nurses more freedom to shape services to meet people's needs, to improve the quality of the support, care and treatment we all receive.

The changes recognise that certain public health programmes - including immunisation - would be best commissioned nationally by the NHS rather than by local authorities due to their close alignment with clinical pathways or as a result of being embedded in the GP contract. For immunisation, the changes ensure a national consistent approach to strategy and delivery in an area of healthcare where local variations in delivery would not provide maximum benefit to the public, either locally or nationally. This is delivered through the so-called Section 7A agreement between the Secretary of State for Health and NHS England.

The 2012 Act created a new set of responsibilities for the delivery of public health services for each of the partner organisations - Department of Health (DH), NHS England, Public Health England (PHE) and Local Government. In summary, for immunisation:

- DH continues to retain overall responsibility for national strategic oversight. This includes setting immunisation policy (based on expert advice from the Joint Committee on Vaccination and Immunisation), funding, and holding NHS England and PHE to account for their roles in ensuring delivery of the immunisation programme through the Mandate and the Section 7A agreement.
- NHS England is responsible for the routine commissioning of national screening and immunisation programmes under the terms of the Section 7A agreement and the national service specifications that support it. Having this one, single national commissioner is critical to driving up consistency and standards. NHS England Area Teams are responsible for commissioning primary care services locally and planning and funding public health services, including immunisation. They work closely with local authorities and Clinical Commissioning Groups (CCGs). They also have responsibility for co-ordinating and shaping healthcare locally, including ensuring the CCGs work properly, bringing together organisations, clinicians and senior managers to review the quality of local health services.
- PHE is responsible for supporting DH and NHS England, with system leadership, national planning and implementation of immunisation programmes (including the procurement of vaccines), surveillance of vaccine uptake and of vaccine preventable disease and specialist advice and information to ensure consistency in efficacy and safety across the country. PHE also works with the Directors of Public Health (DsPH) in local authorities.
- 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. DsPH provide scrutiny and challenge to NHS England on its performance and also have a role in championing immunisation, using their relationships with local clinicians and CCGs, and in contributing to the management of serious incidents.

The previous system, and the one you seem to be proposing a return to, consisted of 152 local bodies – previously Primary Care Trusts, now local councils – delivering services across England. Returning to these arrangements would dramatically increase the complexity of the delivery chain and lead to even greater variation. Some flexibility for local delivery is important, but there was considerable unacceptable variation under the previous arrangements.

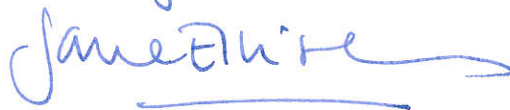
Although we are only one year into the new arrangements and they have taken time to bed in, the new system is proving most effective. During this first year we have delivered more changes to the immunisation programme than the old system was ever asked to deliver. We have introduced new vaccines against shingles and rotavirus, begun work to extend flu vaccination to include all children by immunising children aged 2 and 3 years, implemented a change to the programme for meningococcal C

vaccination and conducted an MMR catch-up campaign. These were delivered under the new system, not the old, and were a major achievement, showing the efficacy of the system and the commitment of all involved locally and nationally.

On the issue of accountability, the Section 7A agreement sets out governance, key deliverables and ambitions, including the high level governance arrangements to ensure programmes are on track and deliver. This high level governance rests with the NHS Public Health Functions Senior Oversight Group and the NHS Public Health Steering Group which supports it, both of which include senior officials from each of the partner organisations. These groups set the strategic direction for all public health programmes, including immunisation, ensure effective partnership working and hold all partners accountable for their role.

A number of programme boards report to these groups, including the Immunisation Programme Board (IPB). The IPB, chaired by the Medical Director of PHE and the secretariat for which is provided by DH, is a joint DH, NHS England and PHE group set up to ensure effective partnership working, provide strategic oversight and assurance about the national immunisation programme and keep the NHS Public Health Steering Group informed of progress on implementation and other major developments. If there are any concerns about delivery of the immunisation programme, such as those you raise in your letter, the IPB would be pleased to consider them.

I hope this letter is helpful in setting out the new arrangements, the reasoning behind them and the benefits that we see the new system delivering.

Kind regards


JANE ELLISON

