

Report to: East Sussex Health and Wellbeing Board
Date: 23 July 2013
By: Becky Shaw, Chief Executive, East Sussex County Council
Title of report: Health and Wellbeing Board Governance review
Purpose of report: To present proposals on governance arrangements

RECOMMENDATION

The Board is recommended to:

- 1. Confirm the current membership of the Health and Wellbeing Board; to invite the Police and Crime Commissioner to continue as an observer with speaking rights; and to invite NHS England to become a Health and Wellbeing Board member;**
 - 2. Include the requirement to produce a Pharmaceutical Needs Assessment in the Health and Wellbeing Board's Terms of Reference;**
 - 3. Receive biannual progress and annual performance reports on the Health and Wellbeing Strategy, and an annual report on JSNA developments;**
 - 4. Note the proposals for producing a guide to the roles and relationships between the Health and Wellbeing Board, Healthwatch East Sussex and County Council Scrutiny Committees set out in para 3.1.iv below; and**
 - 5. Note proposals for sharing evidence (para 3.1.v) and information on commissioning responsibilities (para 3.1.i.vi).**
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1. Background

- 1.1. At its meeting in April 2013 the Health and Wellbeing Board (HWB) received an update on its governance arrangements and the results of a workshop, '*Preparing the Ground*', which was held to explore how new governance roles and relationships would work with other key players such as the Health Overview and Scrutiny Committee (HOSC) and Healthwatch East Sussex.
- 1.2. It was confirmed that a review would be conducted against the key priorities identified at the workshop and that the results would be reported to the Board in July 2013. It was agreed that the role of District and Borough Councils formed a part of the review. Governance arrangements were also to be reviewed to ensure they complied with statutory functions, powers and duties as set out in the Health and Social Care Act 2012 and secondary legislation, reflected best practice and addressed local needs.

2. Key priorities for consideration

- 2.1. The priorities identified at the '*Preparing the Ground*' workshop were to:
 - i. Reconsider how HWB performance will be measured beyond action plan monitoring;
 - ii. Develop protocols between the HWB, HOSC, Healthwatch East Sussex and other partnerships to guide decisions about 'who does what and when' and how communications will be handled;
 - iii. Clarify the role of Healthwatch East Sussex on the HWB and HOSC to ensure that stakeholders and the public understand as well as to avoid any potential conflicts of interest or challenges to due process;
 - iv. Encourage NHS England, as commissioner of specialised NHS services, to take an active role in the HWB's work alongside the Clinical Commissioning Groups;
 - v. Design and agree a process for sharing available evidence amongst the many parties that could draw on or benefit from sharing evidence; and

- vi. Share information about commissioning responsibilities for different services including joint and lead commissioning arrangements in East Sussex.

3. Proposals

- 3.1. The proposals are set out in detail in Appendix 1. In summary it is proposed that:
- i. Membership: District and Borough Council's should continue as observers with speaking rights; and the HWB should invite the Sussex Police and Crime Commissioner to continue as an observer with speaking rights. Since the '*Preparing the Ground*' workshop NHS England has nominated a representative from their Surrey and Sussex Area Team as an observer with speaking rights. It is proposed that the HWB invites NHS England to become a HWB member;
 - ii. Delivering statutory functions, powers and duties: The 'Role and Function' section of the HWB's Terms of Reference should be updated to include the preparation of a Pharmaceutical Needs Assessment once every three years;
 - iii. Measuring and reporting HWB performance: The HWB should receive biannual progress reports on the Health and Wellbeing Strategy, an annual performance report on the Strategy action plan outcome indicators and an annual report on JSNA developments. These reports would form the basis of the HWB's Annual Report to a full meeting of the County Council on its work and achievements, and be published and shared with partners across the county;
 - iv. HWB, HOSC, Healthwatch East Sussex and other partnerships – roles and relationships: A document has been drafted for the HWB's consideration (Appendix 2). Following consideration by the HWB, they should be agreed with Healthwatch East Sussex, HOSC and other named bodies, signed off and published;
 - v. Sharing evidence: Rather than design a new system, the HWB and others should continue to make use of the JSNA and support its ongoing development and continue to engage with the HWB Assembly - providing its members with bulletins and an annual event; and
 - vi. Information on commissioning responsibilities: The summary of 'who commissions what' locally and nationally at Appendix 3 should be circulated to the HWB Assembly.

4. Conclusions

- 4.1. An assessment against a recent report on the state of play and future challenges for HWBs by the Department of Health, NHS Federation and Local Government Association (LGA) indicates that the HWB displays the characteristics of Boards that are developing well. Some minor amendments are proposed to its governance arrangements to clarify and strengthen its relationships and communication with other bodies, wider partners and the public.
- 4.2. A review of primary and secondary legislation indicates the HWB is compliant, with only one minor addition to its Terms of Reference required.
- 4.3. Biannual progress reports on the Health and Wellbeing Strategy, an annual performance report on the Strategy action plan outcome indicators and an annual report on JSNA developments will enable the HWB to maintain an oversight of progress on its three core functions and form the basis of an Annual Report to the County Council and CCGs on its work and achievements, and be published and shared with partners across the county.

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Appendix 1: Governance review

1. Membership

1.1. District and Borough Councils: The four County Councillors on the Health and Wellbeing Board (HWB) include members from Rother, Wealden, Hastings and Eastbourne, giving a reasonable spread of representation by elected members across the County and including an understanding of the needs of both urban and rural communities. As a non-executive committee of the County Council, the HWB is not a decision making body but a body of decision makers. Its success will rely on it building consensus amongst those responsible for delivering the Health and Wellbeing Strategy. It is therefore proposed that District and Borough Councils participate fully in the HWB as observers with speaking rights.

1.2. NHS England: This new national body is currently an observer represented by the Surrey and Sussex Area Team. Given the major responsibilities that NHS England has in commissioning healthcare and the impact their commissioning decisions could have on the delivery of the Health and Wellbeing Strategy and to local services, it would be helpful for NHS England to become a HWB member.

1.3. Sussex Police and Crime Commissioner (PCC): The last update to the HWB's Terms of Reference provided the PCC with an observer place until the governance review was completed. Given the important role of community safety on individual and community health and wellbeing, their contribution to the work of the HWB would be valued. It is therefore proposed that the PCC is invited to continue as an observer with speaking rights.

1.4. Delivering statutory functions, powers and duties: The HWB's Terms of Reference makes appropriate reference to all statutory functions, duties and powers assigned to it through the Health and Social Care Act 2012 and secondary legislation, except the duty to prepare a Pharmaceutical Needs Assessment once every three years. It is therefore proposed that the 'Role and Function' section of the HWB's Terms of Reference are updated to include the preparation of a Pharmaceutical Needs Assessment.

2. Measuring and reporting HWB performance

2.1. HWB performance should be measured against the delivery of its three core functions namely to assess the needs of the local population through the Joint Strategic Needs Assessment (JSNA); produce a Health and Wellbeing Strategy (HWS) to inform the commissioning of health, care and public health services in East Sussex; and promote greater integration across health and social care.

2.2. It is therefore proposed that the HWB receive biannual progress reports on the Health and Wellbeing Strategy, an annual performance report on the Strategy action plan outcome indicators and an annual report on JSNA developments. These reports would form the basis of the HWB's Annual Report to a full meeting of the County Council on its work and achievements, and be published and shared with partners across the county.

3. Protocols between the HWB, Healthwatch East Sussex and HOSC

3.1. Recent health and care reforms have introduced some new structures and processes and it is important that the HWB, its partners and the public understand the independent but complementary roles and responsibilities of the HWB, Healthwatch East Sussex and the County Council's Health and Social Care Scrutiny in particular, along with others that may from time to time be involved or have an interest in the HWB's work (and vice versa).

3.2. A guide to roles and relationships (at Appendix 2) has been drafted. It does not aim to cover every eventuality or set out detailed arrangements as the HWB and the reformed system is still new. A degree of flexibility is proposed as the most helpful way of supporting and enabling different bodies to develop their working relationships with each other and to

be able to respond to issues that might arise in a way that is most likely to add value and deliver the outcomes we all want to achieve.

3.3. If the HWB agrees these proposals in principle they could then be considered and agreed with Healthwatch East Sussex, Health Overview Scrutiny Committee (HOSC) and other named bodies before being signed off and published.

3.4. In summary, the key proposals are that:

- i. As a member of the HWB Healthwatch East Sussex can ensure patients', service users', carers' and the public's views are embedded at the heart of the process of strategic commissioning for health and wellbeing. Through its seat on the HWB, it will be able to present information for the JSNA and discuss and agree the Health and Wellbeing Strategy with other HWB members.
- ii. HOSC scrutinises decisions in relation to the use of NHS money (whoever is the provider) in East Sussex. The County Council's Scrutiny Committees are charged with scrutinising the decisions of the Cabinet in relation to the Council's functions. The HWB Terms of Reference state that the HWB can direct issues to and receive reports from the appropriate County Council Scrutiny Committee and is likely to do so where there is a clear link to the delivery of the Health and Wellbeing Strategy and the alignment of relevant commissioning plans.
- iii. To avoid any potential conflict of interests, HWB members and observers with speaking rights would not be members of HOSC.
- iv. Healthwatch East Sussex will not be a member of HOSC (or any other Scrutiny Committees) but can decide or be invited by HOSC to provide evidence to it and can also decide or be invited to provide evidence to other County Council Scrutiny Committees. Scrutiny, including HOSC, might also commission Healthwatch East Sussex to undertake specific pieces of work to inform their activities.
- v. To avoid duplication or conflicts of interest between Healthwatch East Sussex's role on the HWB and its contributions to Health and Social Care Scrutiny ongoing liaison on forward plans and emerging topics/issues will be established, primarily through the Healthwatch East Sussex Advisory Group, of which both the Scrutiny Lead Officer and HWB support officer will be members.
- vi. Communications with other bodies such as local safeguarding boards (adults and children), East Sussex Strategic Partnership, and the Joint Commissioning Board would be through the HWB members who sit on those boards and partnerships.

4. The role of Healthwatch East Sussex on the HWB and HOSC

4.1. This is summarised above and set out in more detail in the draft guide to roles and relationships document at Appendix 2.

5. Sharing evidence

5.1. A JSNA already exists and, following a stakeholder event in 2011, has an identified development programme to ensure it can continue to be an effective source of evidence for the HWB, commissioners and others. Rather than designing a new system, it is proposed that the HWB and others continue to make use of the JSNA and support its ongoing development.

5.2. In addition, the HWB has established a HWB Assembly as a key mechanism for the HWB to engage, consult, involve - and share information and best practice with - a wide range of organisations, partnerships and forums involved in commissioning and delivering health and wellbeing services in East Sussex and those who represent patients, service users, carers and local communities. It is proposed that the HWB Assembly is provided with bulletins and an annual event.

6. Information on commissioning responsibilities

6.1. A summary of 'who commissions what' has been produced (at Appendix 3) including joint and lead commissioning arrangements in East Sussex.

Appendix 2: DRAFT - A Guide to Roles and Relationships between the Health and Wellbeing Board, Healthwatch East Sussex and County Council Scrutiny

1. Introduction

1.1. Local authorities, other public services providers, the NHS and the voluntary and community sector have been working together for many years in East Sussex to develop and deliver a more joined up and integrated approach to health and wellbeing and improve the experience of patients, service users and their carers. Recent health and care reforms have introduced new structures and processes and it is important that the Health and Wellbeing Board (HWB), its partners and the public understand the independent but complementary roles and responsibilities of the HWB, Healthwatch East Sussex and County Council Scrutiny in particular, along with other partnerships and boards that may from time to time be involved or have an interest in the HWB's work (and vice versa).

1.2. This document does not aim to cover every eventuality or set out detailed arrangements as the system is still new and there needs to be flexibility to enable the different bodies to develop their working relationships and respond to issues in a way that is most likely to add value and deliver the outcomes we all want to achieve.

2. Summary of key roles and relationships

2.1. The HWB is a non-executive committee of East Sussex County Council, bringing together Local Government, the NHS and the people of East Sussex to improve health and wellbeing across East Sussex. It has a number of statutory powers and duties but it is not a decision making body, but a body of decision makers.

2.2. As a member of the HWB, Healthwatch East Sussex can ensure patients', service users', carers' and the public's views are embedded at the heart of the process of strategic commissioning for health and wellbeing. Through its seat on the HWB, it will be able to present information for the Joint Strategic Needs Assessment (JSNA) and discuss and agree the Health and Wellbeing Strategy with other HWB members.

2.3. The Health Overview Scrutiny Committee (HOSC) scrutinises decisions in relation to the use of NHS money (whoever is the provider) in East Sussex. The County Council's Scrutiny Committees are charged with scrutinising the decisions of the Cabinet in relation to the Council's functions. The HWB Terms of Reference state that the HWB can direct issues to and receive reports from the appropriate County Council Scrutiny Committee and is likely to do so where there is a clear link to the delivery of the Health and Wellbeing Strategy and the alignment of relevant commissioning plans. To avoid any potential conflict of interests, HWB members and observers with speaking rights would not be members of HOSC.

2.4. Healthwatch East Sussex will not be a member of HOSC (or any other Scrutiny Committees) but can decide or be invited by HOSC to provide evidence to it regarding healthcare in East Sussex and can also decide or be invited to provide evidence to other County Council Scrutiny Committees. Scrutiny, including HOSC, might also commission Healthwatch East Sussex to undertake specific pieces of work to inform their activities.

2.5. To avoid duplication or conflicts of interest between Healthwatch East Sussex's role on the HWB and its contributions to Health and Social Care Scrutiny ongoing liaison on forward plans and emerging topics/issues will be established, primarily through the Healthwatch East Sussex Advisory Group, of which both the County Council's Scrutiny Lead Officer and HWB support officer will be members.

2.6. Communications with other bodies such as local safeguarding boards (adults and children), East Sussex Strategic Partnership and the Joint Commissioning Board would be through the HWB members who sit on those boards and partnerships and reports can be requested or provided as and when required.

3. The East Sussex Health and Wellbeing Board (HWB)

3.1. The HWB is a non-executive committee of the County Council. It brings together Local Government, the NHS and the people of East Sussex. Members include local GPs, County Councillors, senior County Council officers overseeing Public Health, Adult Social Care and Children's Services and Healthwatch East Sussex.

3.2. The HWB took on its statutory role on 1 April 2013. Its main functions are to:

- i. Assess the needs of the local population through the Joint Strategic Needs Assessment (JSNA);
- ii. Produce a Joint Health and Wellbeing Strategy (HWS) to inform the commissioning of health, care and public health services in East Sussex; and
- iii. Promote greater integration across health and social care.

3.3. Health and Wellbeing Boards are also responsible for publishing and updating a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

3.4. Members of HWB are bound by the codes of conduct applicable to local authority committees and therefore need to declare any personal or pecuniary interests on appointment and whenever there is a relevant agenda item.

4. Healthwatch East Sussex

4.1. Each local area in England has set up a local Healthwatch as the local consumer champion for health and social care representing the collective voice of people who use services, their carers and the public. As a member of the HWB Healthwatch East Sussex can ensure patients', service users', carers' and the public's views are embedded at the heart of the process of strategic commissioning for health and wellbeing. Through its seat on the HWB, it will be able to present information for the JSNA and discuss and agree the Health and Wellbeing Strategy with other HWB members.

4.2. Healthwatch East Sussex will not be a member of HOSC but can provide evidence to it regarding NHS services, providers and commissioners and can also provide evidence and report concerns on County Council services to other County Council Scrutiny Committees. It will do this by engaging with local communities including networks of local voluntary organisations, people who use services and the public to build up a local picture of community needs, aspirations and assets and the experience of people who use services. It will also present information to Healthwatch England (the national umbrella organisation for local Healthwatch) to help form a national picture of health and social care.

4.3. Healthwatch East Sussex has established an Advisory Group which includes the County Council's Scrutiny Lead Officer and HWB support officer. Through this all parties will be able to liaise and collaborate to identify potential overlaps and duplication in their respective forward plans so that these can be discussed and resolved.

5. East Sussex County Council (ESCC) Scrutiny

5.1. The work of Scrutiny in the County Council is divided between five Scrutiny Committees which each meet four times a year (in March, June, September and November) in County Hall. Four committees broadly mirror the County Council's Cabinet portfolio responsibilities and a fifth, the Health Overview and Scrutiny Committee (HOSC), scrutinises services commissioned by the NHS and its local bodies.

5.2. All five committees will review different aspects of health, care and wellbeing in East Sussex:

- i. Children's Services Scrutiny Committee looks at issues that affect children and young people including social care, state education and children's health services exercised by the County Council.

- ii. Adult Social Care and Community Safety Scrutiny Committee looks at issues affecting working age adults and older people including social care, social services, support for disabled people to live at home, services for people with mental health support needs; and community safety including the work of the Safer Communities Partnership.
- iii. Audit, Best Value and Community Services Scrutiny Committee scrutinises community services including community planning, libraries and public health.
- iv. Economy, Transport and Environment Scrutiny Committee looks at a range of issues including planning and development control, highways and transportation, waste management, the environment, economic development and trading standards.
- v. HOSC scrutinises local health issues and services which are commissioned through the NHS. HOSC differs from the other Scrutiny Committees in that most of its reports go directly to NHS organisations rather than the County Council's Cabinet. HOSC is the Statutory Consultee on major changes to health services which can be referred to the Secretary of State if they are not considered to be in the interests of local people.

6. Relationships between the HWB, Healthwatch East Sussex and County Council Scrutiny

- 6.1. The distinctive roles of the HWB, Healthwatch East Sussex and ESCC scrutiny are clearly defined. By working together each can make a unique yet complementary contribution to the other's work and, ultimately, to improving the health and wellbeing of people in East Sussex.
- 6.2. The HWB Terms of Reference state that the HWB can direct issues to and receive reports from the appropriate County Council Scrutiny Committee and is likely to do so where there is a clear link to the delivery of the Health and Wellbeing Strategy and related commissioning plans. The HWB develops the Health and Wellbeing Strategy based on an assessment of local needs and promotes greater integration of health and care. It will report its work and achievements to a meeting of the County Council once a year. This report will be published and could also be presented to each of the Clinical Commissioning Group (CCG) Governing Bodies.
- 6.3. Healthwatch East Sussex is a member of the HWB and as such represents the views of patients, service users, carers and the public in the work of the HWB and participates fully in the development of the JSNA and Health and Wellbeing Strategy. As the independence of Healthwatch East Sussex could be challenged if it was involved discussions at the HWB about a service whilst also involved in consulting the public about that service, they will declare any potential conflicts of interest to the HWB as and when appropriate.
- 6.4. The four County Councillor members of the HWB, as elected representatives of East Sussex residents, bring democratic legitimacy to the work of the HWB i.e. ensure the work of the HWB is properly governed and reflects the needs and wishes of the local population.

7. Relationship between Healthwatch East Sussex and County Council Scrutiny

- 7.1. Healthwatch East Sussex will not be a member of HOSC (or any other Scrutiny Committee) but could potentially have a relationship with all Scrutiny Committees for example HOSC (NHS commissioned services); Adult Social Care and Community Safety (ASC commissioned and provided services, carers services); Children's Services (children's social care commissioned and provided services, children's health issues); Audit, Best Value and Community Services (public health); and Economy, Transport and Environment (wider healthy lifestyle issues e.g. cycling, environmental quality and road safety).

7.2. The types of relationships that Healthwatch East Sussex might have with Scrutiny include:

- i. Healthwatch East Sussex referring matters to HOSC and other Scrutiny Committees, particularly if it thinks there has been an inadequate response (statutory power); providing information/evidence on public/patient/service user needs, experiences and preferences from its core work to support Scrutiny Committee agenda items and Scrutiny Reviews (on request or proactively); and using scrutiny reports/reviews to identify issues of concern or information which will help in delivering its core functions.
- ii. Intelligence from Healthwatch East Sussex core work may prompt Scrutiny to identify topics for review. Scrutiny may also consider commissioning Healthwatch East Sussex to undertake additional tailored work to inform Scrutiny activities. Scrutiny may also receive individual queries from members of the public which it may be more appropriate to refer to Healthwatch East Sussex.
- iii. Working together, Healthwatch East Sussex and Scrutiny will need to co-ordinate work programmes to avoid overlap and duplication and to make best use of resources. Healthwatch East Sussex and Scrutiny may also find it helpful to informally share information on current health and social care issues in East Sussex.

8. Relationships with Other Key Boards and Countywide Partnerships

8.1. There are a number of boards and partnerships in the county which oversee and engage in activity that has a direct link to the Health and Wellbeing Strategy. The current purpose and membership of these bodies is summarised below:

- i. Joint Commissioning Board (JCB) provides overall strategic direction for joint commissioning and develops joint commissioning strategies that reflect the priorities of the Clinical Commissioning Groups (CCGs), County Council and the Health and Wellbeing Board. The JCB will provide progress reports and recommendations to the Health and Wellbeing Board where appropriate. Its members comprise senior representatives from County Council adults, children's and public health services, the CCGs and NHS England Area Team. A Joint Commissioning Operational Group, reporting directly to the JCB, has been established to ensure JCB decisions and work programmes are implemented.
- ii. East Sussex Strategic Partnership (ESSP) is a multi-agency multi-sector partnership working to improve quality of life in East Sussex. The vision set out in the Health and Wellbeing Strategy is part of a broader partnership vision set out in ESSP's Community Strategy, Pride of Place, to create and sustain a vibrant, diverse and sustainable economy; great places to live in, visit and enjoy; and safe, healthy and fulfilling lives. Pride of Place, ESSP's membership and its Assembly, provide strong links with all the key countywide partnerships and plans tackling the wider determinants of health and wellbeing including the economy; transport; environment; housing; education and skills; community safety; health and wellbeing; community strength and leadership; and culture, sports and leisure, as well as those involved with children, young people and older people.
- iii. Children and Young People's Trust (CYPT) brings local organisations together to work closely to improve the support available to children, young people and families in East Sussex. Its members include East Sussex Youth Cabinet and the National Youth Parliament, Schools and Colleges, CCGs, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, Sussex Police, East Sussex Fire and Rescue Service, Voluntary and Community Sector organisations, District and Borough Councils and East Sussex County Council.

- iv. Adults Services Partnership Boards provide a mechanism for commissioners to engage stakeholders in developing their commissioning priorities and to remain accountable to them for delivery. These boards report directly to the JCB. The areas they cover include Mental Health, Substance Misuse, Long Term Conditions, Learning Disabilities, Physical Disability and Sensory Impairments, Older People, Children and Young People, Carers, Supported Housing and Third Sector Commissioning. A wide range of stakeholders are represented on these boards, each one linked to relevant user, carer and provider forums.
- v. Local Safeguarding Children Board works to safeguard children in East Sussex. Its members comprise senior representatives from all local organisations involved in protecting or promoting the welfare of children.
- vi. Local Safeguarding Adults Board works to protect vulnerable adults in East Sussex who are at risk of harm. Its members comprise representatives from Adult Social Care, the NHS and Police.

8.2. Relationships and communications between the HWB and these bodies would be directed through existing HWB members. This will enable boards and partnerships to raise issues they consider of interest and importance to the HWB and members of the HWB would be able to bring issues and take information back to them. Currently the links are:

- i. Joint Commissioning Board (JCB) – Keith Hinkley, Ged Rowney, Cynthia Lyons (NB. The JCB also includes CCGs and NHS England Area Team representatives and from time to time these may be the same as the HWB members)
- ii. East Sussex Strategic Partnership (ESSP) – Cllr Glazier (Vice Chairman)
- iii. Children and Young People's Trust (CYPT) – Ged Rowney
- iv. Adult Social Care Partnership Boards – Keith Hinkley
- v. Local Safeguarding Children Board – Ged Rowney
- vi. Local Safeguarding Adults Board – Keith Hinkley

Appendix 3: Health and Care Commissioning Responsibilities

Overview

- 1) Clinical Commissioning Groups (CCG), unless otherwise indicated, are responsible for commissioning services for their local population including registered patients (some of whom may live in a different area) and unregistered patients usually resident in the area. It does not include members of the armed forces, nor their families if they are registered with Defence Medical Services (DMS) rather than a NHS GP practice, nor does it include those detained in prison and other custodial settings. Local authorities will provide public health advice to CCGs on the commissioning of these services.
- 2) East Sussex County Council (ESCC) commissions a wide range of services for the benefit of the population of East Sussex. Within this it commissions some specific health and social care services for children, young people, working age adults and older people. ESCC also took on responsibility for Public Health on 1 April 2013. In addition to the functions set out in the tables below (some of which are compulsory, some discretionary), ESCC will be responsible for providing population health advice, information and expertise to CCGs to support them in commissioning health services that improve population health and reduce inequalities. ESCC will also need to ensure plans are in place to protect the health of their population and will have a supporting role in infectious disease surveillance and control and in emergency preparedness and response.
- 3) NHS England (the NHS National Commissioning Board) will commission specialised services (which tend to be located in specialist hospital trusts); primary care services; offender healthcare; and some services for members of the armed forces. NHS England will also commission some public health services on behalf of Public Health England.
- 4) Public Health England (PHE) will take the lead for public health at a national level. It will deliver a number of national health services and support the development of the public health workforce.
- 5) Joint NHS/ESCC Commissioning in East Sussex has been established for a number of years and enables key stakeholders to commission and deliver a range of joined up services. A Joint Commissioning Board (JCB) provides overall strategic direction for joint commissioning and develops joint commissioning strategies that reflect the priorities of the CCGs, County Council and the Health and Wellbeing Board and will provide progress reports and recommendations to the Health and Wellbeing Board where appropriate. A Joint Commissioning Operational Group (JCOG), reporting directly to the JCB, has been established to ensure JCB decisions and work programmes are implemented.

Areas covered by joint commissioning infrastructure include Mental Health; Substance Misuse; Long Term Conditions, Learning Disabilities, Physical Disability and Sensory Impairments; Older People; Children and Young People; Carers; Supported Housing and Third Sector Commissioning.

The tables below list 'who commissions what'. Services that are jointly commissioned by the NHS and ESCC are emboldened and highlighted.

1. Services to be commissioned by Clinical Commissioning Groups (CCGs)

NB. Services that are jointly commissioned by the NHS and ESCC are emboldened

CCG commissioning	Related NHS England commissioning
Urgent and emergency care (including 111, A&E and ambulance services) Out-of-hours (OOH) primary medical services except where this responsibility has been retained by practices under the GP contract	Urgent care provided under GP contracts Urgent dental care
Elective hospital care	Specialised and highly specialised services
Community health services (such as rehabilitation services, speech and language therapy, continence, wheelchair and home oxygen services, but not public health services such as health visiting and family nursing)	Hospital and community dental services Public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5) including health visiting and family nursing partnership (commissioned on behalf of the Secretary of State)
Other community-based services , including (where appropriate) services provided by GP practices that go beyond the scope of the GP contract	Antenatal and newborn screening aspects of maternity services
Maternity and newborn services (excluding neonatal intensive care)	Health services (excluding emergency care) and public health services for people in prisons and other custodial settings
Children's healthcare services (mental and physical health)	Health services (excluding emergency care services) for members of the armed forces and their families (those registered with DMS)
Services for people with learning disabilities	
Mental health services (including psychological therapies)	Mental health interventions provided under GP contract Some specialised mental health services Secure psychiatric services
NHS continuing healthcare	Operation of Independent Review Panels
Infertility services	Infertility services for the armed forces and some infertility services for veterans in receipt of compensation under the Armed Forces Compensation Scheme on grounds of infertility

2. Services to be commissioned by NHS England

NB. Services that are jointly commissioned by the NHS and ESCC are emboldened and highlighted

NHS England commissioning	Related CCG commissioning
Essential and additional primary medical services through GP contract and nationally commissioned enhanced services Out-of-hours primary medical services (where practices have retained the responsibility for providing OOH services)	Out-of-hours primary medical services (where practices have opted out of providing OOH services under the GP contract) Community-based services that go beyond scope of GP contract (akin to current Local Enhanced Services)
Pharmaceutical services provided by community pharmacy services, dispensing doctors and appliance contractors	Meeting the costs of prescriptions written by member practices (but not the associated dispensing costs)
Primary ophthalmic services, NHS sight tests and optical vouchers	Any other community-based eye care services and secondary ophthalmic services
All dental services, including primary, community and hospital services and including urgent and emergency dental care	
Health services (excluding emergency care) and public health services for people in prisons and other custodial settings (adult prisons, young offender institutions, juvenile prisons, secure children's homes, secure training centres, immigration removal centres, police custody suites)	Emergency care, including 111, A&E and ambulance services, for prisoners and detainees present in your geographic area Health services for adults and young offenders serving community sentences and those on probation Health services for initial accommodation for asylum seekers
Health services for members of the armed forces and their families (those registered with DMS) Prosthetics services for veterans (Primary care for members of the armed forces will be commissioned by the Ministry of Defence)	Health services for veterans or reservists (when not mobilised), for whom normal commissioning responsibilities apply Emergency care, including A&E and ambulance services, for serving armed forces & families registered with DMS practices present in CCG area
Specialised and highly specialised services	Related services along patient pathways

3. Public health services to be provided or commissioned by East Sussex County Council (ESCC)

NB. Services that are jointly commissioned by the NHS and ESCC are emboldened and highlighted

Theme	ESCC commissioning	Related CCG commissioning	Related NHS England commissioning
Children's public health 5-19	Healthy Child Programme for school-age children, including school nursing	Treatment services for children, including child and adolescent mental health services (CAMHS)	Healthy Child programme (pregnancy to 5 yrs old), including health visiting and family nurse partnership Immunisation programmes
Sexual health (compulsory)	Contraception over and above GP contract Testing and treatment of sexually transmitted infections (excluding HIV treatment) Sexual health advice, prevention and promotion	Promotion of opportunistic testing and treatment Termination of pregnancy services (with consultation on longer-term arrangements) Sterilisation and vasectomy services	Contraceptive services commissioned through GP contract Sexual assault referral centres HIV treatment
Public mental health	Mental health promotion, mental illness prevention and suicide prevention	Treatment for mental ill health	Mental health interventions under GP contract Some specialised mental health services
Physical activity	Local programmes to address inactivity and other interventions to promote physical activity	Advice as part of other healthcare contacts	Brief interventions in primary care
Obesity programmes	Local programmes to prevent and address obesity, e.g. National Child Measurement Programme (compulsory) and weight management services	Advice as part of other healthcare contacts NHS treatment of overweight and obese patients	Brief interventions in primary care Some specialist morbid obesity services
Drug misuse	Drug misuse services, prevention	Advice as part of other healthcare	Brief interventions in primary care

Theme	ESCC commissioning	Related CCG commissioning	Related NHS England commissioning
	and treatment	contacts	
Alcohol misuse	Alcohol misuse services, prevention and treatment	Alcohol health workers in a variety of healthcare settings	Brief interventions in primary care
Tobacco control	Local activity, including stop smoking services, prevention activity, enforcement and communications	Brief interventions in secondary care and maternity care	Brief interventions in primary care
Nutrition	Any locally-led initiatives	Nutrition as part of treatment services, dietary advice in healthcare settings	Brief interventions in primary care
NHS Health Check Programme (compulsory)	Assessment and lifestyle interventions	NHS treatment following NHS Health Check assessments and ongoing risk management	Support in primary care for people with long term conditions identified through NHS Health Checks
Reducing and preventing birth defects	Population level interventions to reduce and prevent birth defects (with PHE)	Maternity services	Interventions in primary care such as pre-pregnancy counselling or smoking cessation programmes Some specialist genetic services Antenatal and newborn screening aspects of maternity services
Health at work	Any local initiatives on workplace health	NHS occupational health services	
Dental public health	Epidemiology, dental screening and oral health improvement, including water fluoridation (subject to consultation)		Oral health as part of dental contracts
Accidental injury prevention	Local initiatives such as falls prevention services		
Seasonal mortality	Local initiatives to reduce excess		Flu and pneumococcal vaccination

Theme	ESCC commissioning	Related CCG commissioning	Related NHS England commissioning
	deaths		programmes

4. Public health services to be provided or commissioned by PHE

NB. Services that are jointly commissioned by the NHS and ESCC are emboldened and highlighted

Theme	PHE	Related CCG commissioning	Related NHS England commissioning
Prevention and early presentation	Health improvement support for local authorities and NHS England Social marketing and behaviour change campaigns including those prompting early diagnosis via awareness of symptoms	Promoting early diagnosis as part of community health services and outpatient services	Promoting early diagnosis as part of primary care
Infectious disease	Current functions of the Health Protection Agency (HPA) in this area Public oversight of prevention and control, including co-ordination of outbreak management (with supporting role for local authorities)	Treatment of infectious disease Co-operation with PHE and local authorities on outbreak control and related activity	Co-operation with PHE and local authorities on outbreak control and related activity Some specialist infectious disease services
Emergency preparedness and response	Current functions of HPA Emergency preparedness including pandemic influenza preparedness (supported by local authorities)	Emergency planning and resilience remains part of the core business for the NHS	Mobilising the NHS in the event of an emergency
Health intelligence and information	Intelligence and information on health improvement and health protection (with local authorities), including many existing functions of Public Health Observatories, Cancer Registries, National Cancer Intelligence Network, HPA and National Treatment Agency for	NHS data collection and information reporting systems (for example, Secondary Uses Service)	NHS data collection and information reporting systems

Theme	PHE	Related CCG commissioning	Related NHS England commissioning
	Substance Misuse's National Drug Treatment Monitoring System		