

Introduction

This short paper sets out what we expect to change in relation to things previously commissioned through NHS England but will become ICB commissioning responsibilities.

Summary of service portfolio analyses for transferring functions

Vaccinations, screening and child health information services (CHIS)

As public health functions of the Secretary of State for Health and Social Care, commissioning responsibility for the services listed below will be directly delegated to ICBs (in the same way they are currently delegated to NHS England):

- a) Section 7A vaccination services
- b) abdominal aortic aneurysm screening service
- c) breast screening services
- d) diabetic eye screening services
- e) bowel cancer screening hubs
- f) bowel cancer screening centres
- g) cervical screening HPV cytology laboratory services
- h) newborn bloodspot screening laboratory services
- i) Child Health Information Service (CHIS)

Local co-ordination of vaccine response to outbreaks is already the responsibility of ICBs and will remain so.

Health and justice services and sexual assault and abuse services

Responsibility and accountability for all health and justice services will transfer from NHS England to ICBs (subject to legislation).

Health and justice is the collective term used to describe NHS England commissioned healthcare services for children and adults throughout the welfare and youth justice and the criminal justice systems in England.

Health and justice services are commissioned to the 'principle of equivalence', which means that the health needs of a population constrained by their circumstances are not compromised and that they receive a level of service equal to that offered to the rest of the population. Partnership agreements and memoranda of understanding are in place with stakeholders to facilitate joint working arrangements for pathways of care.

Health and justice can broadly be split into 6 component cohorts or pathways of care:

- a) custodial adults
- b) children and young people secure estate

- c) vanguards commissioned through the framework for integrated care (community)
- d) non-custodial (pre and post custody services)
- e) immigration removal centres and migrant health
- f) sexual assault and abuse services

Specialised services

Where services are already delegated to ICBs, full accountability will transfer from NHS England to ICBs and a further set of specialised services will also transfer from April 2027 (subject to legislation). These additional services are:

- a) orthopaedic surgery: joint preservation surgery (adults)
- b) adult specialist pulmonary hypertension services
- c) Tier 4 CAMHS (children's service)
- d) Tier 4 CAMHS (MSU)
- e) mental health service for deaf children and adolescents
- f) severe intestinal failure service (adults)
- g) severe intestinal failure service HPN on-costs (adults)
- h) specialist burn care services (adults)
- i) specialist burn care services (children)
- j) spinal cord injury services (adults and children)
- k) Infected Blood Psychological Service (IBPS)

Commissioning accountability and responsibility for all 'highly' specialised services, high secure mental health services and a small number of specialised services will transfer to DHSC. The national reimbursement of high-cost tariff excluded drugs and devices will also transfer to DHSC.

Primary care services

Primary care is the collective term used for primary medical services, community pharmacy, primary dental services and ophthalmic services. These services were delegated to ICBs in July 2022 and April 2023, and accountability will transfer from NHS England to ICBs (subject to legislation). The full list of services already delegated can be found in the primary care delegation agreement. It includes aspects such as:

- a) commissioning general practice, primary dental, community pharmacy and ophthalmic services and contract management
- b) commissioning enhanced services and local incentive schemes
- c) managing poorly performing practices
- d) procuring new contracts and approving mergers, closures (and market entrance and exit in community pharmacy)
- e) handling complaints

f) responding to Freedom of Information Act and subject matter access requests, and whistleblowing

A number of related primary care functions will continue to be managed nationally and will become the responsibility of DHSC:

- a) Performers List for England
- b) responsible officers
- c) controlled drugs
- d) capital expenditure functions
- e) national contracts
- f) national support services (such as pensions and payments)

Core Components of Community Health

NHS England has also published descriptions of core components of community health services – this could be important for any LVET members delivering community health services for example, palliative care or any rehabilitation, reablement and recovery services.

<https://www.england.nhs.uk/publication/standardising-community-health-services-core-component-descriptions/>