

Question	(Draft) Response
<p>1. Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?</p>	
<p>2. What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?</p>	
<p>3. How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?</p>	
<p>4. Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved?</p>	
<p>5. Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?</p>	
<p>6. Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A (pg 16)?</p>	
<p>7. Do you consider the proposed primary routes for commissioning of public health funded activity (the third column) to be the best way to: a) ensure the best possible outcomes for the population as a whole, including the most vulnerable; and b) reduce avoidable inequalities in health between population groups and communities? If not, what would work better?</p>	
<p>8. Which services should be mandatory for local authorities to provide or commission?</p>	

9. Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?	
10. Which approaches to developing an allocation formula should we ask ACRA to consider?	
11. Which approach should we take to pace-of-change?	
12. Who should be represented in the group developing the formula?	
13. Which factors do we need to consider when considering how to apply premium?	
14. How should we design the health premium to ensure that it incentivises reductions in inequalities?	
15. Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?	
16. What are the key issues the group developing the formula will need to consider?	