

Table A Funding and Commissioning

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>To an extent. The difficulty with ring fenced budgets (e.g. community care) is that they are targeted and this can limit the flexibility with which spending can be allocated. The Health and Wellbeing Board will give an opportunity to look at ring fenced budgets in the context of the wider community strategy which will enable a more strategic approach to developing preventative measures which will in turn mean that we can focus on maximising 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>	<ul style="list-style-type: none"> • Publish a clear plan (Health and Wellbeing Strategy) that indicates the direction of travel (based on need identified in JSNA , other health inequalities and the vision for Rotherham) • Evaluate current procurement / contracting procedures to ensure that they do not disadvantage small providers, voluntary sector etc through being too bureaucratic or procedure driven so that we develop a wider range of providers • Effective communication between Assessment staff and commissioners, to support the micro-commissioning or person centred commissioning of services is also vital • Grant fund on an outcomes basis to promote prevention <p>Best practice example - A multi disciplinary approach to road safety exists in South Yorkshire (The South Yorkshire Safer Roads Partnership) to direct and co-ordinate the activities of a range of providers, including those from the voluntary and independent sector. In view of its success it is proposed to continue with this approach.</p>
<p>3. How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?</p>	<p>A robust and regularly updated JSNA</p> <p>Expectation on the Director of Public Health to deliver information and advice that can be acted on in relation to commissioning of services</p> <p>In terms of road safety and sustainable / healthy travel this can be achieved by running adequately funded and resourced education,</p>

	training and publicity campaigns. Such campaigns should be multi agency funded.
<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>While identification and commissioning of specific treatments can be done by GP's as can preventative interventions such as screening and vaccination programmes, many public health problems have social routes. Area Assemblies along with strategic developments across housing, education and economic development will have just as important an impact as direct provision from the NHS. Local Strategic Partnership and Adult Boards would be best placed to take this overview of strategic commissioning and Market Management.</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>The economic outlook and particularly employment situation has become less secure since the document was originally written. An increase in long term unemployment and a slow recovery in employment rates will have major implications for long term health and financial dependency levels for many years to come.</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>Yes</p> <p>Reductions in capital (Local Transport Plan) and revenue funding have reduced the amount and scope of road safety initiatives that can be carried out. If additional funding via the public health budget can be secured for road safety related work it will enable the good progress in reducing the number of people killed and seriously injured in road accidents over the last 10 years to be maintained.</p> <p>Similarly, funding for sustainable and healthy transport has been reduced however, bids to the Local Sustainable Transport Fund may recoup some of the loss. To compile a successful bid, some evidence of match funding is required and a proportion of the public health budget ought to be earmarked for that purpose.</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>It is unclear why the Children's health (0-5) has a different commissioning route to the Children's health (5-18)</p>
<p>8. Which services should be mandatory for local authorities to provide or commission?</p>	<p>Health Protection and Resilience.</p> <p>Tackling the wider determinants of health: In particular encouraging neighbourhood renewal and economic wellbeing are important functions for local authorities. The single conversation has gone a long way towards encouraging local authorities to take a holistic view of how the local infrastructure works to contribute to wellbeing. Tackling poverty and worklessness must be at the heart of addressing health inequality and this needs a strategic approach which local authorities are well placed to take.</p> <p>Road safety – under the 1988 Road Traffic Act there is a requirement for local authorities to prepare and promote a programme of measures to promote road safety. The Education and Inspections Act places a duty of local authorities to promote sustainable school travel (cycling and walking). Much of what the public health initiative wants to achieve will probably only be realised by educating children from an early age.</p>
<p>9. Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?</p>	<p>Comprehensive, agreed, inter-agency plans for a proportionate response to public health incidents are in place and assured to an agreed standard. These are audited and assured and are tested regularly to ensure effectiveness.</p> <p>Systems failures identified through testing or through response to real incidents are identified and improvements implemented.</p> <p>Systems in place to ensure effective and adequate surveillance of health protection risks and hazards</p>

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?	The extent to which we have achieved the targets set out in action plans
14. How should we design the health premium to ensure that it incentivises reductions in inequalities?	<p>Sustaining long term employment, prevention, screening, vaccination and addressing child poverty will provide the best foundation for reducing inequalities in the long term. It is also relatively easy to identify performance indicators that can monitor progress on these areas.</p> <p>In terms of KSIs it is suggested that the rate of reduction in disadvantaged areas compared to the borough as a whole should be used. Alternatively, or in addition, the rate of reduction in the different categories of vulnerable road user groups could be compared to the overall rate of reduction.</p>
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?	Yes, this would encourage better performance however, it might worsen progress on key outcomes that prove more difficult to achieve.
16. What are the key issues the group developing the formula will need to consider?	Should look at local demographic profiles (super output areas) to identify how far behind an area is against the benchmark and the issues that are a priority for remedial action. A funding formula could then be built around this