Funding and Commissioning Consultation

Notes to be used alongside question table A

Question 1.

- Ring-fenced Public Health budgets will be allocated to local authorities by Public Health England
- This will include a Health Premium for authorities with greatest levels of deprivation and inequalities
- Public Health budget will not include functions which are already carried out by local authorities such as housing, leisure, social care – which will continue out of council's existing budgets
- The Health and Wellbeing Board will have flexibility and power to pool other budgets together as required
- Shadow Public Health budget to be provided April 2012
- Final budget allocated April 2013

Question 2.

- What processes/powers/functions/policies (for example) would help local authorities to engage and use the capacity within the voluntary and independent sectors to support local plans for improving health
- How can local authorities ensure a wide range of partners are supported and used to provide health and wellbeing services locally
- The Ring-fenced budget is intended to give opportunities for local authorities to involve new partners when contracting for services

Question 3.

- Public health expertise will inform the commissioning of NHS funded services
- This will be underpinned locally by ensuring Directors of Public Health are able to advise the GP consortia on public health issues and nationally via the relationship with the Secretary of State, Public Health England and NHS Commissioning Board

Question 4.

- GP practices are currently the preferred provider for a range of public health services under GP contract (such as childhood immunisations, contraception services, cervical cancer screening)
- These arrangements will continue and will be funded through the public health budget
- There may be a case for Public Heath England and local authorities in the future to have greater flexibility to chose how such services are commissioned

Question 5.

- Equality impact assessments can found on the following webpage: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122242.pdf

Question 6.

- See the table on page 16 – 19 of the 'Consultation on the funding and commissioning routes for public health' document - second column
- These services are those which are already funded through PCT public health funding and therefore through the ring-fenced public health budget which will be allocated and will be at no extra burden to local authorities

Question 7.

- Third column of the table as above outlines the proposed commissioning routes

Question 8.

- Looking at the proposed activity and commissioning routes (in table) – which services should be mandatory for local authorities to either provide or commission out

Question 9.

- The ring-fenced budget will carry some conditions about how it is to be used
- These conditions should ensure the budget is spent appropriately, ensuring value for money
- For example, conditions should describe purpose of the grant and address what sort of services should or should not be provided

Question 10.

- Government intend to ask the independent Advisory Committee on Resource Allocation (ACRA) to support the detailed development of the approach to allocating resources to local authorities
- They will also support the creation of a formula that can be used to calculate each local authorities target allocation for improving population health

Question 11.

- Allocations will not be set immediately at the 'target' allocation as this may involve cutting allocations in some areas or some areas seeing a rapid increase in available funding
- Rather, Government propose to move actual allocations from current spend towards target allocations over a period of time
- For PCT allocations this is known as the pace-of-change policy

Question 12.

- The premium will be driven by a formula developed with key partners, representatives of local government, public health experts and academics.

Question 13 & 14 .

- The Public Health Outcomes Framework will have elements used for deciding the health premium
- The health premium needs to incentivise health improvements that are spread across the local authority's population so that inequalities are reduced as overall health improves

Question 15.

- Potentially an area that makes no progress might receive no growth in funding for those services, but other that losing the opportunity of the incentive payment, there would be no automatic financial detriment to not making progress on the indicators
- Thee would also be a sliding scale depending on the size and extent of a local authority's progress

Question 16.

- Some of the issues the group will have to consider include:
    - The sensitivity of indicators and outcomes to public health interventions,
    - The possibility of changes in indicators and outcomes for reasons unconnected with public health interventions
    - The relative focus on the long-term outcomes and progress in the shorter term on those factors that drive these outcomes
    - The frequency of reporting
    - The relative ease of making a difference to an indicator or outcome, and how this varies between areas with different characteristics