Health and Well Being

21st February 2011, Kindle Centre, Hereford

Table showing comments and suggestions offered in response to questions, during the course of the event

Question	**Comments / Suggestions**
Question a) **Role of GPs and GP practices in public health:** Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?	▪ Ensure they participate in No Wrong Door multi-agency arrangements. ▪ Ensure GP representation on H&WB – backfill time ▪ Central population databases ▪ Extra budget for young and old ▪ Make better use of extensive population data held by practices (e.g.) ▪ Save them some money ▪ Make effective use of the expertise of heal visitors and the data they hold. ▪ GP training/placements ▪ Encourage GP practices to engage with patient groups to identify priorities and communicate more effectively.
Question b) **Public health evidence:** What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?	▪ Increase engagement at locality level – use community champions/change agents. ▪ Through No Wrong Door initiative. ▪ Use every public access point (+ on line) in the county – joined up information strategy. ▪ Engage partners ▪ Utilising information held by GPs to improve intelligence about health and lifestyles of population (currently only indicators at GP surgery level used for QOF)
Question c) **Public health evidence:** How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?	
Question d) **Public health evidence:** What can wider partners nationally and locally contribute to improving the use of evidence in public health?	▪ Yes – read papers by the cohab institute ▪ Real time data and excellent forecasting ▪ Mandate to share intelligence/data ▪ Unceasing mockery! ▪ Lots! But you don't get asked. ▪ Model new board on No Wrong Door. ▪ Input : Universities

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	▪ JSNA needs to truly reflect and embrace other data sources incl. community views Funding research and proactive dissemination.
Question e) **Regulation of public health professionals:** We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?	
Question 1) Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?	▪ Yes with the right will. ▪ May cloud population well-being decisions with balancing budgets. ▪ Yes. Providing the budgets are of a size to enable decisions to be interpreted meaningfully. ▪ Yes if the group has teeth and gets things done. ▪ Only if right people round table. ▪ Only if people will be positively challenged. ▪ Yes, with correct lines of accountability. ▪ Get away from ring fencing. ▪ Yes. ▪ H&WBB must do things differently or it will be a waste of time. ▪ Yes, need to think widely about what budgets can be pooled. ▪ Should PH money be ring fenced anyway? ▪ Yes
Question 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?	▪ Invest in capability building in 3rd sector and have a 3rd sector board rep. on H&WB Board. ▪ How do we ensure best fit with locality structures? ▪ How do locality structures fit into this arrangement?

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Question 3) How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?	
Question 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?	
Question 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?	
Question 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?	
Question 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?	▪ No, positive discrimination and targeting of resources to deprived populations. ▪ No, you need a strategically driven solution. ▪ Family education and community education. ▪ Risk stratification and deprivation should be the focus. ▪ Target young families in deprived localities. ▪ Health is not really about health – H&WBB must involve other areas. ▪ Lamat (2008) – health gap between rich and poor could be halved if latter had access to parks and woodland. Green infrastructure strategy imperative to H&W.

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If not, what would work better?	
Question 8) Which services should be mandatory for local authorities to provide or commission?	▪ Sexual health in schools. ▪ Sexual health – not just young people. ▪ Health protection through regulatory services. ▪ Sport and physical activity. ▪ Health promotion. ▪ Health prevention issues starting at a young age. ▪ Depends on local needs assessments. ▪ Healthy eating – early years – weaning, breastfeeding, schools. ▪ Tier 0 and 1 mental health services (adults and children) ▪ Is Mr Pickles supporting this? ▪ Public health regulation.
Question 9) Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?	
Question 10) Which approaches to developing an allocation formula should we ask ACRA to consider?	
Question 11) Which approach should we take to pace-of-change?	▪ Limit work to what is possible rather than spreading ourselves too thinly. ▪ Ensure all parties are involved and informed along the way to ensure engagement in change. ▪ Choose correct membership of H&WB to focus on young children X high powered jobs through regeneration. ▪ Begin immediately. ▪ Go early, but don't force change to academic timelines. ▪ Accept with some flexibility
Question 12) Who should be represented in the group developing the formula?	

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Question	Comments and suggestions
Question 13) Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?	
Question 14) How should we design the health premium to ensure that it incentivises reductions in inequalities?	▪ Target children and young people's services. ▪ Engage. ▪ Early interaction with children at school e.g. 'Crucial Crew' at secondary schools re drugs, alcohol etc.
Question 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?	
Question 16) What are the key issues the group developing the formula will need to consider?	
Question 1) How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?	▪ Communication, communication, communication. ▪ Explain framework. ▪ Share knowledge and information, using data from all partners' i.e. Active People survey for health purposes. ▪ Use partner information smartly. ▪ By ensuring the H&W strategy is based in sound foundations. ▪ Outcomes framework – how complex is the measurement? Keep simple! ▪ Shared goals – accountable individuals across organisations, informed and agreed by all, time trends.
Question 2) Do you feel these are the right criteria to use in determining indicators for public health?	
Question 3) How can we ensure that the Outcomes Framework and the health	▪ Not shy anyway from tackling longer term issues in favour of short term issues. ▪ Engage young people

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premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?	▪ Look at the issues around children. ▪ Focus on children and young people.
Question 4) Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?	
Question 5) Do you agree with the overall framework and domains?	
Question 6) Have we missed out any indicators that you think we should include?	
Question 7) We have stated in this document that we need to arrive at a small set of indicators than we have had previously. Which would you rank as the most important?	
Question 8) Are there indicators here that you think we should not include?	
Question 9) How can we improve indicators we have proposed here?	
Question 10) Which indicators do you think we should incentivise through the health premium? (Consultation on how the health premium will work will be through an accompanying consultation on public health finance and systems).	
Question 11) What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?	

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Question 12) How well do the indicators promote a life-course approach to public health?	