

Question 1

Do you agree that successful completion of drug treatment should be used as the pilot national incentive measure?

Yes

Question 2

What threshold should we adopt for demonstrating progress, balancing statistical significance with robustness for successful completion of drug treatment?

It is unlikely that a threshold based on statistical significance will provide sufficient incentive as numbers are relatively small. Therefore the threshold for progress should be set pragmatically in order to provide an achievable target

Question 3 (LAs only)

Which PHOF measure from the list at Annex A, would you be likely to select for a local measure of attainment when the scheme is formally launched, or would you accept the default adult smoking prevalence?

For 2014/15 we would be likely to select 3.03 Population vaccination coverage – Flu at risk individuals

Question 4 (LAs only)

Do you agree that smoking prevalence adults over 18s' should be used as the default indicator where no choice has been made from the list of approved indicators?

Yes: Use of this default indicator would provide a strong message about the public health importance of smoking prevalence.

What threshold would balance attainability and robustness?

The survey data at local authority level is a relatively small sample with wide confidence intervals. Therefore a statistically robust improvement in smoking prevalence is unlikely to be achievable in one year for most authorities. The threshold should be set at a level which incentivises achievement, which may not be statistically robust.

Question 5 (LAs only)

For future years LAs will have additional flexibilities to develop their own local indicator. Would you have developed your own local indicator and progress measure this year, had this flexibility been available?

Probably not in 2014/15 – but we would want to develop local indicators for 2015/16 as we have been establishing shared public health priorities during this year, and will be implementing action plans in 2015/16, monitored through local indicators and trajectories.

If yes, what sort of indicator would you have developed?

We will be developing indicators based on local priorities – for example, reducing rates of hospital admission for self harm amongst children and young people, increasing rates of walking and cycling in parts of the county with low physical activity, reducing road traffic injuries and deaths (using a local indicator rather than PHOF indicator). We would also like to use national PHOF indicators applied to individual districts within our county rather than the whole population – in order to address geographical health inequalities. For example smoking and inactivity prevalence are significantly above the national average in Fenland, but not for the county as whole so we will be focussing resources on Fenland to reduce health inequalities.

Question 6

Do you agree that we should adopt an approach based on point shares from a fixed pot, maximising the amount we can pay for progress, even though this means a lack of certainty on exactly how much the incentive for progress will be for each local authority?

Yes

Optional

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Would you like notification of publication? Yes