



Response by the Association of Directors of Adult Social Services (ADASS) to the draft “Guidance to Support the Provision of Healthcare Public Health Advice to Clinical Commissioning Groups”

Background:

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils.

ADASS welcomes the opportunity to comment upon this draft guidance note and to work closely with Department of Health Working Group to develop the “Core Offer” to meet local needs and expectations within available resources.

Key Points:

- ADASS welcomes the movement of Public Health expertise to Local Authorities, creating a broad platform to support and develop health and wellbeing within local communities.
- ADASS agrees with the principle that the Core Offer between Local Authorities and CCGs will be determined by locally agreed Compacts / Memorandum of Understanding, reflecting the extent of local resources available. This relationship between expectations of the Core Offer and available resources is an important dynamic and it is imperative that all parties recognise both the opportunities of a locally determined core offer alongside realistic expectations of what can be offered within the very differing financial envelopes available to Local Authorities.
- ADASS understands the need for consistency across Local Authorities with regard to data and intelligence and whilst the core offer needs to be determined by local priorities and available resources, data and intelligence must be both transparent and transferable across Local Authorities enabling wider strategic commissioning and planning.
- ADASS welcomes the proposals to introduce transparency and accountability in how the Core Offer works locally, and supports the application of annual reports to be reviewed by the local Health and Wellbeing Board. It is important that the style and content of these annual reports are locally determined.
- ADASS understands the concepts that Core Offer maybe developed by one Local Authority on behalf of others, and welcomes this opportunity to work collaboratively. However, ADASS also seeks further exploration as to the practicalities that such approaches entail

- ADASS welcomes further discussion and clarity as to the relationship between the Core Offer and the commissioning activity of the NHS Commissioning Board and Public Health England. The opportunities that such relationships can hold is considered very powerful, but further detail is required concerning the relationship between nationally prescribed commissioning, locally determined commissioning and the access of local intelligence and analysis.
- ADASS would like to see greater clarity on the role of Public Health in dealing with individual funding requests for NHS treatments under the 'Deciding Priorities' section in the draft guidance. ADASS does not believe that Council officers (Public Health staff) should be directly involved in determining clinical need in individual cases and sees this as being a core role of the Clinical Commissioning Group.

Glyn Jones
ADASS Lead for Public Health
March 2012

For further details please contact jonathan.gardam@adass.org.uk