



Department  
of Health

# Transfer of 0-5 children's public health commissioning to Local Authorities

## Baseline Agreement Exercise

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# Transfer of 0-5 children's public health commissioning to Local Authorities

## Baseline Agreement Exercise

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## Purpose and Overview

### Transfer of 0-5 children's public health commissioning to Local Authorities: Baseline Agreement Exercise

1. This document relates to the financial aspects of the transfer of commissioning of children's 0-5 public health services from 1 October 2015-31 March 2016.
2. The purpose of this document is to set out:
  - proposed funding allocations for each Local Authority for this 6 month period; and
  - what Local Authorities need to do in response to this document.
3. The period to provide comments will conclude on 16 January 2015. Our expectation is that allocations will be confirmed with Local Authorities shortly afterwards. Where there is already a high degree of agreement over the numbers these figures should provide a good deal of certainty for Local Authorities on which to start financial planning and conversations on contracts.

### Overview

4. The government is, 'committed to improving the health outcomes of our children and young people so that they become amongst the best in the world.'<sup>1</sup>
5. As part of delivering this vision, responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1 October 2015.
6. This joins up the commissioning for children under 5 with the commissioning for 5-19 year olds and other public health functions.
7. The Government has made a substantial investment in 0-5 services. NHS England estimate that the spend for 0-5 services for 2015-16 is £840m before any change, so the Department will be investing an additional £36m, between 2014-15 and 2015-16 to pay for the full year effect of the additional health visitors and Family Nurse Partnership (FNP) places we have created.
8. For 2015-16 we will use 'lift and shift' principles as a basis for the transfer of commissioning responsibilities to support contracts which are in place and a safe mid - year transfer. In addition, as set out below, we will be including a minimum floor for Local Authorities such that no local authority is funded to a level below an adjusted spend per head (0-5) of £160.

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<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207391/better\\_health\\_outcomes\\_children\\_young\\_people\\_pledge.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf)

9. NHS England and Local Authorities have been working closely to agree how much funding should transfer in support of this transfer of responsibility. This document sets out the proposed allocations which;
  - are based on returns submitted by NHS England and Local Authorities in September 2014;
  - incorporate amendments to address issues and concerns set out in the commentary provided by Local Authorities and NHS England Area Teams.
10. Ministers have decided to provide a floor to the amount of resource transferred such that no local authority is funded to a level below an adjusted spend per head (0-5) of £160 (please see Annex 3 for more information on how we have calculated the minimum floor). This is a first step to support affected Local Authorities whilst we work towards a needs based solution for the public health grant from 2016-17 to help Local Authorities deliver the best possible outcomes for children. We estimate this will cost £2.8m and will involve additional money for Local Authorities in 2015-16.
11. The Department of Health will make available £2m additional funding to cover funding for Local Authority commissioning costs for 2015-16 to address concerns raised about this issue.
12. Concerns relating to Commissioning for Quality and Innovation (CQUIN) payment framework and inflationary pressures have been addressed, adding £5m since the 12 September 2014 return.
13. The allocation to local government for 2015-16 is therefore expected to be £425m in total. This will allow Local Authorities to deliver the full scope of NHS England's existing commissioning obligations.<sup>2</sup>
14. This Baseline Agreement Exercise is now a further opportunity for Local Authorities to review their proposed allocations ahead of finalising them early in the New Year. We are asking Local Authorities to carefully consider the allocations and issues raised, and to notify the Department of any further adjustments that can be evidenced. We are aiming for allocations to be jointly agreed between Local Authorities and NHS England. The emphasis is on local resolution of issues of concern, though advice and support through the process will be available from Public Health England and the Regional Oversight Groups who can offer sector led support. If we do not hear from Local Authorities by 16 January 2015, we will assume they do not have any significant concerns. This is set out later in the document (Next Steps – Responding to the Baseline Agreement Exercise).

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<sup>2</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192978/27\\_Childrens\\_Public\\_Health\\_Services\\_pregnancy\\_to\\_5\\_VARIATION\\_130422\\_-\\_NA.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192978/27_Childrens_Public_Health_Services_pregnancy_to_5_VARIATION_130422_-_NA.pdf)

## Background

### Healthy Lives, Healthy People: Our strategy for public health in England

15. On 30 November 2010, the Government published the White Paper *Healthy Lives, Healthy People: Our strategy for public health in England*,<sup>3</sup> which set out a bold vision for a reformed public health system.
16. Alongside the strategy document, we published consultation documents, which provided more detail on the funding and commissioning routes for public health services, and proposed how we might create a public health outcomes framework.
  - *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health*.<sup>4</sup>
  - *Healthy Lives, Healthy People: transparency in outcomes, proposals for a public health outcomes framework*.<sup>5</sup>
17. The consultation was carried out at both the national and local level and continued until 31 March 2011. Over 2000 responses were received across the different consultations.
18. In response to the consultation the Government published *Healthy Lives, Healthy People: Update and Way forward*.<sup>6</sup> It set out the Government's intention to transfer responsibility for public health and power to the local level, allowing local public health services to be shaped to meet local needs, but also set out the intention to prescribe certain services that must be commissioned or provided by Local Authorities where a greater degree of uniformity of delivery may be required.
19. It was agreed that commissioning of children's public health services from pregnancy through to 5 years would transfer in 2015, providing NHS England sufficient time to deliver on the Government's commitment to raise the number of health visitors and support improved stability of the system before the transfer of services. In 2014 it was agreed that some elements of the Healthy Child Programme (HCP), described in the 'Mandated Services' section of this document, would be prescribed for 18 months to further support a stable transfer.

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<sup>3</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216096/dh\\_127424.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf)

<sup>4</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_123114.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_123114.pdf)

<sup>5</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_123113.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_123113.pdf)

<sup>6</sup> <https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward>

### The public health grant

20. In January 2013 the Department allocated ring-fenced public health grants to Local Authorities for 2013-14 and 2014-15 to deliver their new public health responsibilities from April 2013.
21. On 9 September 2014 the government announced public health allocations for Local Authorities for 2015-16 and details of the health premium incentive scheme. Before taking into account the impact of the 0-5 programme transfer, the total allocation to Local Authorities for 2015-16 will remain at £2.79 billion (current 2014-15 level) with minor adjustments following the agreed baseline update and will continue to be ring-fenced for use exclusively on public health measures.
22. For 2015-16, the public health grant will additionally include a half year's cost of delivering the 0-5 children's public health services which are being transferred to Local Authorities.
23. From April 2016, the public health grant will include all public health responsibilities transferred to Local Authorities from 1 April 2013 including 0-5 public health services based on advice from the Advisory Committee on Resource Allocation (ACRA).

### Improving health visitor numbers

24. The Government has committed to improving the health outcomes for children, families and their communities by increasing the number of full time equivalent (FTE) health visitors by 4,200 and implementing an expanded, rejuvenated and strengthened health visiting service by April 2015. The *Health Visitor Implementation Plan 2011-15 – 'A Call to Action'*, published in February 2011,<sup>7</sup> sets out how this extra capacity will contribute to improved public health outcomes and better personalised care for all families with children under 5.

### Commissioning 0-5 public health services

25. From 1 October 2015, Local Authorities will take over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. It is not a transfer of the workforce, who will continue to be employed by providers. 0-5 public health services include commissioning of the Healthy Child Programme including delivery of the health visiting service and FNP targeted services for teenage mothers.
26. The **Healthy Child Programme** is the universal clinical and public health programme for children and families from pregnancy to 19 years of age (and up to age 25 for young people with Special Educational Needs and Disability [SEND]). The HCP, led by health visitors and their teams, offers every child a schedule of health and development reviews,

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<sup>7</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213759/dh\\_124208.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213759/dh_124208.pdf)

screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times.

27. The **Health Visiting Service** comprises four tiers, which assess and respond to children's and families' needs:
- **Community Services** - linking families and resources and building community capacity.
  - **Universal Services** - primary prevention services and early intervention provided for all families with children aged 0-5 as per the HCP universal schedule of visits assessments and development reviews.
  - **Universal Plus Services** - time limited support on specific issues offered to families with children aged 0-5 where there has been an assessed or expressed need for more targeted support.
  - **Universal Partnership Plus Services** - offered to families with children aged 0-5 where there is a need for ongoing support and interagency partnership working to help families with continuing complex needs.
28. Our aim is to ensure future commissioning supports sustainable health visiting services. We are using the model of '4, 5, 6'. This is, the four levels of health visiting service, the five elements we intend to mandate (described later in this document), leading to the six high impact areas:
- transition to parenthood and the early weeks;
  - maternal mental health (perinatal depression);
  - breastfeeding (initiation and duration);
  - healthy weight, healthy nutrition (to include physical activity);
  - managing minor illness and reducing accidents (reducing hospital attendance/admissions); and
  - health, wellbeing and development of the child age 2 – two year old review (integrated review) and support to be 'ready for school'.
29. The **Family Nurse Partnership** is a targeted, evidence-based, preventive programme for vulnerable first time young mothers. It is important to note that FNP is a licensed programme and therefore has a well-defined and detailed service model, which must be adhered to. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse. The family nurse plays an important role in any necessary safeguarding arrangements alongside statutory and other partners to ensure children are protected.

## Transfer of 0-5 children's public health commissioning to Local Authorities

30. The transfer of 0-5 commissioning will join-up public health services for children and young people aged 5-19 that are already delivered by Local Authorities (and up to age 25 for young people with SEND). This will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families.
31. The following commissioning responsibilities will remain with NHS England:
- Child Health Information Services (CHIS) (to be reviewed in 2020); and
  - the 6-8 week GP check (also known as Child Health Surveillance).

### Mandated services

32. The potential for mandating elements of the HCP was set out in *Healthy Lives, Healthy People: Update and Way forward*.<sup>8</sup>
33. Subject to Parliamentary approval, the Government intends to mandate the following universal elements of the 0-5 Healthy Child Programme:
- antenatal health promoting visits;
  - new baby review;
  - 6-8 week assessment\*;  
\* *Health Visitor or Family Nurse led check. The GP led 6-8 week check will continue to be commissioned by NHS England through Primary Care Commissioning.*
  - 1 year assessment; and
  - 2-2½ year review.

Evidence shows that these are the key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early those families who need extra help.

34. Regulations will be drawn up and we will continue to engage with key partners ahead of these being laid before Parliament.
35. Again subject to Parliamentary approval, the aim is that regulations are in place which provide a 'sunset clause'<sup>9</sup> at 18 months. A review within 12 months, involving Public Health England, will inform whether the sunseting needs to be amended.

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<sup>8</sup> <https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward>

<sup>9</sup> A provision in a Bill or regulations that gives them an 'expiry date' once passed into law. 'Sunset clauses' are included in legislation when it is felt that Parliament should have the chance to decide on its merits again after a fixed period.

## Transfer of 0-5 children's public health commissioning to Local Authorities

36. In designing the mandation regulations, our intention is to ensure that expectations of Local Authorities will be made very clear. Local Authorities will only be expected to take a reasonable approach to continuous improvement and the regulations are not intended to place any additional financial burden outside of the funding agreed for the second half of 2015-16 in the forthcoming financial settlement.
37. Work is ongoing to agree what information will be available to Local Authorities covering performance levels of the delivery of the mandated universal elements of the Healthy Child Programme at the point of transfer on 1 October 2015. We are clear that any ask of Local Government will be no greater than the ask of the NHS at the point of transfer.

# Determining Local Authority allocations

## Funding for 0-5 public health services

38. NHS England will continue to commission 0-5 public health services until 30 September 2015 and Local Authorities will assume responsibility for commissioning services from 1 October 2015.
39. Therefore the allocated budget for 2015-16 for 0-5 children's public health services will be split in half, with NHS England retaining that needed to commission services for the first six months of the year, as per the arrangements set out in the Section 7A agreement between DH and NHS England, and Local Authorities receiving money to commission services for the final six months.
40. The principles of 'lift and shift' have been used to determine the allocations for 2015-16, i.e. we have identified the scope of existing NHS obligations under service specification 27 of the Section 7A agreement between the Department and NHS England and funding relating to this will provide the main basis for local authority allocations to support contracts which are in place and a safe mid-year transfer. Ministers have decided to provide a floor such that no local authority is funded to a level below a spend per head (0-5) of £160 (based on full year allocations and calculated according to weighted costs), which is described in greater detail below (see also Annex 3).
41. From 2016-17 the allocations are expected to move towards a distribution based on population needs. The fair shares formula will be based on advice from the ACRA.
42. The Secretary of State for Health in exercise of the powers conferred by section 31(4) of the Local Government Act 2003 determines that the 0-5 public health grant for commissioning of 0-5 children's public health services will be paid to Local Authorities subject to the same conditions set out in the public health ring fenced allocations to Local Authorities in 2015-16. These grant conditions are expected to be published by Christmas. For information the existing grant conditions (for 2014-15) can be found [here](#).<sup>10</sup>

## Fair funding

43. The ACRA was established in September 1997 as the successor body to the Resource Allocation Group (RAG) and the Resources Allocations Working Group established in 1976. It is an independent committee consisting of GPs, public health experts, NHS managers and academics who make recommendations on the preferred relative distribution of resources to the Secretary of State for Health and NHS England.

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<sup>10</sup> Link to existing grant conditions: <https://www.gov.uk/government/publications/ring-fenced-public-health-grants-to-local-authorities-2013-14-and-2014-15>

44. The aim of ACRA is to provide advice to the Secretary of State and NHS England on the relative distribution of CCG and public health resources. ACRA has an extensive work programme, which is driven by a remit letter from the Secretary of State.
45. ACRA has established various expert subcommittees which undertake specific technical pieces of work and report back to ACRA.
46. The public health grant allocation formula will need to be revised from 2016-17 onwards to take account of the transfer of 0-5 responsibilities. This has been included in the ACRA work programme along with their work on sexual health and substance misuse. ACRA plan to run an engagement exercise on overall changes to the public health grant formula starting in the New Year, of which 0-5 will be a part.

### Data collection methodology

47. NHS England has led the process to determine how much money they are currently spending on commissioning of 0-5 services public health services to ascertain what will transfer to Local Authorities on 1 October 2015.
48. NHS England and Local Authorities were asked to submit their second return by 12 September 2014, following an initial return completed by NHS England at the end of June. The second return refined the numbers and disaggregated costs by local authority. NHS England was asked to get sign off from Local Authorities to demonstrate that local agreement had been reached. Sharing of information across commissioners was expected using the principles of open book accounting.
49. This process has informed changes to NHS England's funding and the proposed local authority allocations set out in Annex 1 of this document.

### Issues raised

50. Through the data collection exercise a number of issues have come to light. We have worked to refine and address these as far as possible ahead of publishing this engagement document. There were three concerns that were raised by a large number of areas and where we have made adjustments to the return as shown in Annex 2:
  - **CQUIN:** 0-5 Transfer Programme Board took the decision that where CQUIN is an integral part of how providers meet 0-5 costs, then it should be included as part of the transfer and where services remain with NHS England, it should be excluded. A number of adjustments to the allocations have been made to ensure they are more in line with this principle. This amounts to £4.4m in total (half year).
  - **Inflation:** The guidance to the returns proposed that 2014-15 prices should apply in 2015-16 unless there was a good reason to do otherwise (i.e. assume that inflationary pressures are offset by efficiencies). This assumption is consistent with

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how the Department is setting the Section 7A total for NHS England as a whole, i.e. there is no difference between how we are treating local government compared to how we would have treated NHS England if they had commissioned the services for the full year. Where local areas were assuming a bigger saving by imposing a net tariff deflator, this saving has been added back into the numbers for the relevant Local Authorities. This isn't to say that the saving cannot be delivered or should not be sought, but at this point there is enough uncertainty over this to justify a more cautious approach to setting the allocations. This equals £0.7m in total (half year).

- **Commissioning costs:** Local Authorities have a concern that they will face higher commissioning costs than NHS England because of the increase in the number of commissioning organisations. In recognition of this, DH is adding to commissioning costs identified by NHS England from central resources by £2m for 2015-16.

51. In some cases subsequent to the September returns we worked with the FNP National Unit and NHS England Area Teams to improve FNP numbers. This resulted in some changes to allocations as a whole.
52. NHS England will be able to provide detail to individual Local Authorities where adjustments have been made to the numbers for locally specific reasons. The biggest of these adjustments is to reflect updates where discussions on contract rebasing have moved on.
53. We know that a number of Local Authorities are concerned about their baseline funding position and ability to maintain the services level in 2016-17 and beyond. Some issues relate to local contracting disputes, others to historic issues with block contracts and the 2013 transfer, and others to issues about spend relative to need.
54. There will continue to need to be ongoing local dialogue about any contractual disputes and wider concerns including issues related to overheads.
55. We have asked ACRA to do a needs based formula from 2016-17 as part of the wider public health grant, but as Local Authorities may move incrementally to the formula position over several years, we understand that the starting point matters.
56. Our initial analysis, on a spend per head basis, informed our decision to support Local Authorities by putting in a minimum funding floor. We propose that Local Authorities will receive a minimum allocation of at least £160 per head of 0-5s adjusted spend in 2015-16 (based on full year cost of commissioning); please see Annex 3 for more information on how we have calculated the minimum allocation. We recognise that this is not a full analysis of all possible factors, which is where we will look to ACRA to advise.

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57. We think that an adjusted figure of £160 per head provides a reasonable costing figure to begin to help address the Local Authorities falling at the bottom of the spend per head distribution. This is a first step to support these Local Authorities whilst we work towards a needs based solution for the public health grant from 2016-17 to help Local Authorities deliver the best possible outcomes for children. We recognise that this will not address all needs based issues, nor is it a full funding formula. This is a positive step to ameliorate potential inequalities so that no child is disadvantaged before the work that ACRA does as part of the wider public health (for more information on our work on this please see Annex 5).
58. Additional money has been identified to fund this floor which is estimated to cost around £2.8m for 2015-16. However, this figure will vary as a number of the potentially affected Local Authorities are still working through contracting issues with NHS England.
59. We have considered and rejected the following options:
- to take no action for 2015-16 and continue with the transfer using only 'lift and shift' principles. We modified this option with the introduction of a floor for local authorities with the lowest spend per head which will think is a step towards addressing inequalities as described above.
  - to redistribute money from other Local Authorities in 2015-16 to those at the bottom. We rejected this option to ensure that we maintained a stable transfer and because we recognised that they may be issues around inequalities that we might inadvertently worsen without having the benefit of ACRA's work.
60. On commissioning costs, we propose adding to commissioning costs identified by NHS England from central resources. We suggest that every local authority is allocated £15,000 in 2015-16. On a full year basis this is £30,000 or half a whole time equivalent of commissioning resource. This is extra funding is a judgement based on advice from our Programme Board about the extra commissioning costs Local Authorities are likely to face. This money will form part of the overall public health grant.

## Resulting allocations

61. The refinements we have made to the numbers have led to the proposed local authority allocation set out in Annex 1 of this document.
62. We are aware that we will not have resolved every issue of concern, and there is further work to do in some areas to reach local agreement. That is a key objective of this engagement exercise. Some of the key issues on which we are aware that further local discussion is needed include:

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- **Contract rebasing:** in a number of areas 0-5 children's public health services have been part of a wider block contract. Separating out and agreeing a value specifically for 0-5 has proved challenging in some areas, in particular in London. These may not be resolved by January and require ongoing dialogue.
  - **Division of allocations between Local Authorities in an NHS England Area Team:** In some areas there appears to be no fundamental disagreement over the Area Team quantum as a whole, but a concern about how that total has been divided up between the Local Authorities within the Area Team.
63. There are some concerns that are being raised that do not relate to the 2015-16 allocation exercise. These include cost pressures into 2016-17 such as pay (where DH cannot give a view on 2016-17 funding onwards until the outcome of the next Spending Review is known), and concerns that the current distribution does not reflect need (where we will move Local Authorities to a fair shares distribution over time, based on advice from ACRA on the public health grant allocation formula).

### Transitional contract arrangements

64. The key consideration for national stakeholders in the transfer of commissioning responsibilities for 0-5 children's public health services is to ensure a stable transition process which will maintain service continuity and support the continued development of the service. As part of this transition, it will be important that clear and robust contractual arrangements are in place.
65. NHS England has published part one of its contracting guidance, for those contracts which expire before 31 March 2015, and will shortly publish the second part for those contracts which expired after the 30 September 2015. The guidance will support their teams on the approach they should take locally to help secure a stable transition; this guidance will also be of interest to Local Authorities and is available [here](#).<sup>11</sup>
66. Local Authorities are asked to confirm to NHS England by 22 January 2015 their preferred approach to contracting for 2014-15 and where appropriate sign a deed of novation.
67. The Department is fully supportive of an approach that puts in place contractual arrangements with providers which will secure a stable transition during 2015-16.

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<sup>11</sup> <http://www.england.nhs.uk/nhs-standard-contract/>

## Next steps

### Responding to the Baseline Agreement Exercise

68. We ask that Local Authorities review their proposed allocations, set out in Annex 1 of the Baseline Agreement Exercise, ahead of the Department setting allocations early in the New Year.
69. We are asking Local Authorities to carefully consider the allocations and issues raised. Through the process we have asked that Local Authorities and NHS England, as receivers and sender, work closely to develop a shared understanding that allocations reflect the cost of the services provided. The emphasis is on local resolution of issues of concern, though advice and support through the process will be available from Public Health England and the Regional Oversight Groups who can offer sector led support.
70. To reiterate, the aim of this exercise is to support the 'lift and shift' of commissioning funding in October 2015. Apart from the introduction of a floor, we will look to the ACRA process to address issues of relative need.
71. If you would like more information about the allocations (as set out in the table in Annex 1), in the first instance please contact your NHS England Area Team (see Annex 4 for a list of NHS England Area Team contacts), who will have the supporting detail and who we are asking to provide all relevant information to Local Authorities on an open book basis.
72. We expect that local agreement will be sufficient to resolve any outstanding queries. However where there is disagreement that the 'lift and shift' allocation correctly reflects current spend on 0-5 services, Public Health England Centre Directors and local PHE children's leads, through local networks, can assist in the process of facilitating agreements by gathering local intelligence and identifying and supporting resolutions. The Regional Oversight Groups may also be able to offer sector led support to help reach resolution.
73. Please write to the Department informing us of any factual errors in the figures or any changes that you have jointly agreed as a result of local discussions or as a result of escalation procedures to get to resolution. We encourage you to first use the escalation procedure and we will be looking for evidence that both Local Authorities and NHS England are content with any proposed changes.
74. If, after escalation, you still have concerns about the proposed allocation, please respond to the following email address [0-5Transfer-Funding@dh.gsi.gov.uk](mailto:0-5Transfer-Funding@dh.gsi.gov.uk). If we do not hear from Local Authorities by 16 January 2015, we will assume that Local Authorities do not have any significant concerns.

## Department of Health – next steps

75. The Department ultimately will need to take a decision on allocations, but view it as important that Local Authorities have an opportunity to comment before they are finalised.
76. Once responses to this exercise have been analysed and final agreements have been reached, DH aims to issue final allocations by the end of January 2015.
77. It is possible that further central adjustments may be made to the numbers following this process. However, in areas where there is already a high degree of agreement over the numbers – as there are in many parts of the country – or outstanding issues can be resolved quickly, these figures provide a good degree of certainty on which to finalise contracts with providers.
78. We recognise that further issues may be identified by local areas after the allocations are issued in the run up to the transfer. As set out in the finance principles document in the summer, we do not propose to re-open 2015-16 public health grant allocations. We would look to areas to locally agree and make adjustments to allocations. These would then be formalised as part of setting 2016-17 allocations. This mirrors the approach we have taken to correct issues in the original public health baseline allocations.

## Annex 1 – Transfer of 0-5 children’s public health commissioning to Local Authorities, proposed allocations

Area Team	Local Authority	Proposed Allocation (£'000)
Arden, Herefordshire & Worcestershire	Coventry	2,324
Arden, Herefordshire & Worcestershire	Herefordshire, County of	1,198
Arden, Herefordshire & Worcestershire	Warwickshire	3,184
Arden, Herefordshire & Worcestershire	Worcestershire	3,337
Bath, Gloucester, Swindon & Wiltshire	Bath and North East Somerset	1,387
Bath, Gloucester, Swindon & Wiltshire	Gloucestershire	3,141
Bath, Gloucester, Swindon & Wiltshire	Swindon	1,472
Bath, Gloucester, Swindon & Wiltshire	Wiltshire	2,584
Birmingham and the Black Country	Birmingham	11,224
Birmingham and the Black Country	Dudley	2,453
Birmingham and the Black Country	Sandwell	3,175
Birmingham and the Black Country	Solihull	1,393
Birmingham and the Black Country	Walsall	2,146
Birmingham and the Black Country	Wolverhampton	2,198
Bristol, North Somerset, Somerset & South Glos	Bristol, City of	3,799
Bristol, North Somerset, Somerset & South Glos	North Somerset	1,636
Bristol, North Somerset, Somerset & South Glos	Somerset	3,931
Bristol, North Somerset, Somerset & South Glos	South Gloucestershire	1,655
Cheshire, Warrington & Wirral	Cheshire East	2,353
Cheshire, Warrington & Wirral	Cheshire West and Chester	2,107
Cheshire, Warrington & Wirral	Warrington	1,467
Cheshire, Warrington & Wirral	Wirral	2,522
Cumbria, Northumb, Tyne & Wear	Cumbria	2,599
Cumbria, Northumb, Tyne & Wear	Gateshead	1,987

### Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	Proposed Allocation (£'000)
Cumbria, Northumb, Tyne & Wear	Newcastle upon Tyne	2,749
Cumbria, Northumb, Tyne & Wear	North Tyneside	1,674
Cumbria, Northumb, Tyne & Wear	Northumberland	2,547
Cumbria, Northumb, Tyne & Wear	South Tyneside	1,392
Cumbria, Northumb, Tyne & Wear	Sunderland	2,750
Derbyshire and Nottinghamshire	Derby	3,094
Derbyshire and Nottinghamshire/Greater Manchester	Derbyshire**	5,140
Derbyshire and Nottinghamshire	Nottingham	5,319
Derbyshire and Nottinghamshire/ South Yorkshire and Bassetlaw	Nottinghamshire**	5,815
Devon, Cornwall and the Isles of Scilly	Cornwall	3,670
Devon, Cornwall and the Isles of Scilly	Devon	4,509
Devon, Cornwall and the Isles of Scilly	Isles of Scilly	37
Devon, Cornwall and the Isles of Scilly	Plymouth	2,573
Devon, Cornwall and the Isles of Scilly	Torbay	1,493
Durham, Darlington & Tees	County Durham	4,894
Durham, Darlington & Tees	Darlington	1,215
Durham, Darlington & Tees	Hartlepool	761
Durham, Darlington & Tees	Middlesbrough	1,398
Durham, Darlington & Tees	Redcar and Cleveland	1,117
Durham, Darlington & Tees	Stockton-on-Tees	1,403
East Anglia	Cambridgeshire	3,861
East Anglia	Norfolk	6,893
East Anglia	Peterborough	1,563
East Anglia	Suffolk	4,206
Essex	Essex	10,981
Essex	Southend-on-Sea	1,355
Essex	Thurrock	1,956
Greater Manchester	Bolton	2,835

### Transfer of 0-5 children's public health commissioning to Local Authorities

<b>Area Team</b>	<b>Local Authority</b>	<b>Proposed Allocation (£'000)</b>
Greater Manchester	Bury	1,806
Greater Manchester	Manchester	5,441
Greater Manchester	Oldham	2,164
Greater Manchester	Rochdale	2,299
Greater Manchester	Salford	2,444
Greater Manchester	Stockport	2,426
Greater Manchester	Tameside	1,771
Greater Manchester	Trafford	1,642
Greater Manchester	Wigan	2,761
Hertfordshire and the South Midlands	Bedford	1,285
Hertfordshire and the South Midlands	Central Bedfordshire	1,893
Hertfordshire and the South Midlands	Hertfordshire	8,173
Hertfordshire and the South Midlands	Luton	2,099
Hertfordshire and the South Midlands	Milton Keynes	2,079
Hertfordshire and the South Midlands	Northamptonshire	5,016
Kent & Medway	Kent	10,816
Kent & Medway	Medway	2,608
Lancashire	Blackburn with Darwen	1,880
Lancashire	Blackpool	1,551
Lancashire	Lancashire	9,034
Leicestershire and Lincolnshire	Leicester	4,288
Leicestershire and Lincolnshire	Leicestershire	3,202
Leicestershire and Lincolnshire	Lincolnshire	4,166
Leicestershire and Lincolnshire	Rutland	195
London	Barking and Dagenham	2,410
London	Barnet	2,592
London	Bexley	1,720
London	Brent	2,307
London	Bromley	1,901

**Transfer of 0-5 children's public health commissioning to Local Authorities**

<b>Area Team</b>	<b>Local Authority</b>	<b>Proposed Allocation (£'000)</b>
London	Camden	2,121
London	City of London	60
London	Croydon	2,723
London	Ealing	2,410
London	Enfield	2,330
London	Greenwich	3,574
London	Hackney	4,024
London	Hammersmith and Fulham	1,996
London	Haringey	1,897
London	Harrow	1,577
London	Havering	1,372
London	Hillingdon	2,137
London	Hounslow	1,935
London	Islington	1,813
London	Kensington and Chelsea	1,342
London	Kingston upon Thames	1,112
London	Lambeth	4,652
London	Lewisham	3,790
London	Merton*	1,476
London	Newham	4,644
London	Redbridge	2,112
London	Richmond upon Thames	1,334
London	Southwark	3,464
London	Sutton*	1,280
London	Tower Hamlets	3,540
London	Waltham Forest	2,794
London	Wandsworth*	2,704
London	Westminster	2,242
Merseyside	Halton	1,410

**Transfer of 0-5 children's public health commissioning to Local Authorities**

<b>Area Team</b>	<b>Local Authority</b>	<b>Proposed Allocation (£'000)</b>
Merseyside	Knowsley	1,593
Merseyside	Liverpool	4,845
Merseyside	Sefton	2,216
Merseyside	St. Helens	1,582
North Yorkshire and The Humber	East Riding of Yorkshire	1,478
North Yorkshire and The Humber	Kingston upon Hull, City of	2,718
North Yorkshire and The Humber	North East Lincolnshire	1,299
North Yorkshire and The Humber	North Lincolnshire	1,078
North Yorkshire and The Humber	North Yorkshire	2,535
North Yorkshire and The Humber	York	938
Shropshire and Staffordshire	Shropshire	1,474
Shropshire and Staffordshire	Staffordshire	5,330
Shropshire and Staffordshire	Stoke-on-Trent	1,811
Shropshire and Staffordshire	Telford and Wrekin	1,262
South Yorkshire and Bassetlaw	Barnsley	2,549
South Yorkshire and Bassetlaw	Doncaster	3,450
South Yorkshire and Bassetlaw	Rotherham	2,150
South Yorkshire and Bassetlaw	Sheffield	3,724
Surrey & Sussex	Brighton and Hove	2,111
Surrey & Sussex	East Sussex	3,500
Surrey & Sussex	Surrey	6,528
Surrey & Sussex	West Sussex	5,582
Thames Valley	Bracknell Forest	774
Thames Valley	Buckinghamshire	3,022
Thames Valley	Oxfordshire	4,333
Thames Valley	Reading	1,446
Thames Valley	Slough	1,546
Thames Valley	West Berkshire	919

### Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	Proposed Allocation (£'000)
Thames Valley	Windsor and Maidenhead	957
Thames Valley	Wokingham	930
Wessex	Bournemouth	1,818
Wessex	Dorset	2,267
Wessex	Hampshire	8,843
Wessex	Isle of Wight	1,226
Wessex	Poole	1,287
Wessex	Portsmouth	2,013
Wessex	Southampton	2,103
West Yorkshire	Bradford	6,133
West Yorkshire	Calderdale	2,028
West Yorkshire	Kirklees	3,007
West Yorkshire	Leeds	4,993
West Yorkshire	Wakefield	3,267

\*Further discussions are underway in these areas which may impact these figures

\*\*Local Authorities which cross two Area Team boundaries

## Annex 2 – Transfer of 0-5 children’s public health commissioning to Local Authorities, breakdown of proposed allocations

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
Arden, Herefordshire & Worcestershire	Coventry	2,253	2,253	56	0	0	0	15	<b>2,324</b>
Arden, Herefordshire & Worcestershire	Herefordshire, County of	1,154	1,154	29	0	0	0	15	<b>1,198</b>
Arden, Herefordshire & Worcestershire	Warwickshire	3,092	3,092	77	0	0	0	15	<b>3,184</b>
Arden, Herefordshire & Worcestershire	Worcestershire	3,241	3,241	81	0	0	0	15	<b>3,337</b>
Bath, Gloucester, Swindon & Wiltshire	Bath and North East Somerset	1,346	1,346	0	26	0	0	15	<b>1,387</b>
Bath, Gloucester, Swindon & Wiltshire	Gloucestershire	3,126	3,126	0	0	0	0	15	<b>3,141</b>
Bath, Gloucester, Swindon & Wiltshire	Swindon	1,238	1,433	0	24	0	0	15	<b>1,472</b>
Bath, Gloucester, Swindon & Wiltshire	Wiltshire	2,528	2,528	0	41	0	0	15	<b>2,584</b>
Birmingham and the Black Country	Birmingham	9,112	11,209	0	0	0	0	15	<b>11,224</b>
Birmingham and the Black Country	Dudley	2,225	2,438	0	0	0	0	15	<b>2,453</b>
Birmingham and the Black Country	Sandwell	2,599	3,160	0	0	0	0	15	<b>3,175</b>
Birmingham and the Black Country	Solihull	1,287	1,378	0	0	0	0	15	<b>1,393</b>
Birmingham and the Black Country	Walsall	1,951	2,131	0	0	0	0	15	<b>2,146</b>
Birmingham and the Black Country	Wolverhampton	1,922	2,183	0	0	0	0	15	<b>2,198</b>
Bristol, North Somerset, Somerset & South Glos	Bristol, City of	3,152	3,152	79	0	554	0	15	<b>3,799</b>

Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
Bristol, North Somerset, Somerset & South Glos	North Somerset	1,451	1,581	40	0	0	0	15	<b>1,636</b>
Bristol, North Somerset, Somerset & South Glos	Somerset	3,418	3,503	88	0	326	0	15	<b>3,931</b>
Bristol, North Somerset, Somerset & South Glos	South Gloucestershire	1,369	1,369	34	0	237	0	15	<b>1,655</b>
Cheshire, Warrington & Wirral	Cheshire East	2,269	2,269	68	0	0	0	15	<b>2,353</b>
Cheshire, Warrington & Wirral	Cheshire West and Chester	2,051	2,051	41	0	0	0	15	<b>2,107</b>
Cheshire, Warrington & Wirral	Warrington	1,416	1,416	35	0	0	0	15	<b>1,467</b>
Cheshire, Warrington & Wirral	Wirral	2,445	2,445	61	0	0	0	15	<b>2,522</b>
Cumbria, Northumb, Tyne & Wear	Cumbria	2,476	2,538	0	46	0	0	15	<b>2,599</b>
Cumbria, Northumb, Tyne & Wear	Gateshead	1,892	1,939	0	33	0	0	15	<b>1,987</b>
Cumbria, Northumb, Tyne & Wear	Newcastle upon Tyne	2,620	2,685	0	49	0	0	15	<b>2,749</b>
Cumbria, Northumb, Tyne & Wear	North Tyneside	1,590	1,630	0	29	0	0	15	<b>1,674</b>
Cumbria, Northumb, Tyne & Wear	Northumberland	2,426	2,487	0	45	0	0	15	<b>2,547</b>
Cumbria, Northumb, Tyne & Wear	South Tyneside	1,321	1,354	0	23	0	0	15	<b>1,392</b>
Cumbria, Northumb, Tyne & Wear	Sunderland	2,618	2,683	0	52	0	0	15	<b>2,750</b>
Derbyshire and Nottinghamshire	Derby	3,079	3,079	0	0	0	0	15	<b>3,094</b>
Derbyshire and Nottinghamshire/Greater Manchester	Derbyshire**	5,120	5,120	5	0	0	0	15	<b>5,140</b>
Derbyshire and Nottinghamshire	Nottingham	5,304	5,304	0	0	0	0	15	<b>5,319</b>
Derbyshire and Nottinghamshire/South Yorkshire and Bassetlaw	Nottinghamshire**	5,782	5,782	18	0	0	0	15	<b>5,815</b>

Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
Devon, Cornwall and the Isles of Scilly	Cornwall	3,566	3,655	0	0	0	0	15	<b>3,670</b>
Devon, Cornwall and the Isles of Scilly	Devon	4,385	4,494	0	0	0	0	15	<b>4,509</b>
Devon, Cornwall and the Isles of Scilly	Isles of Scilly	22	22	0	0	0	0	15	<b>37</b>
Devon, Cornwall and the Isles of Scilly	Plymouth	2,495	2,558	0	0	0	0	15	<b>2,573</b>
Devon, Cornwall and the Isles of Scilly	Torbay	1,442	1,478	0	0	0	0	15	<b>1,493</b>
Durham, Darlington & Tees	County Durham	4,686	4,803	0	76	0	0	15	<b>4,894</b>
Durham, Darlington & Tees	Darlington	1,152	1,181	0	19	0	0	15	<b>1,215</b>
Durham, Darlington & Tees	Hartlepool	717	735	0	12	0	0	15	<b>761</b>
Durham, Darlington & Tees	Middlesbrough	1,329	1,362	0	22	0	0	15	<b>1,398</b>
Durham, Darlington & Tees	Redcar and Cleveland	1,058	1,084	0	18	0	0	15	<b>1,117</b>
Durham, Darlington & Tees	Stockton-on-Tees	1,333	1,367	0	22	0	0	15	<b>1,403</b>
East Anglia	Cambridgeshire	3,753	3,753	93	0	0	0	15	<b>3,861</b>
East Anglia	Norfolk	6,714	6,714	164	0	0	0	15	<b>6,893</b>
East Anglia	Peterborough	1,548	1,548	0	0	0	0	15	<b>1,563</b>
East Anglia	Suffolk	4,168	4,168	23	0	0	0	15	<b>4,206</b>
Essex	Essex	10,905	10,905	61	0	0	0	15	<b>10,981</b>
Essex	Southend-on-Sea	1,337	1,337	3	0	0	0	15	<b>1,355</b>
Essex	Thurrock	1,897	1,897	44	0	0	0	15	<b>1,956</b>
Greater Manchester	Bolton	2,750	2,750	70	0	0	0	15	<b>2,835</b>
Greater Manchester	Bury	1,741	1,741	50	0	0	0	15	<b>1,806</b>
Greater Manchester	Manchester	5,291	5,291	136	0	0	0	15	<b>5,441</b>
Greater Manchester	Oldham	2,089	2,089	60	0	0	0	15	<b>2,164</b>

Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
Greater Manchester	Rochdale	2,221	2,221	64	0	0	0	15	<b>2,299</b>
Greater Manchester	Salford	2,369	2,369	61	0	0	0	15	<b>2,444</b>
Greater Manchester	Stockport	2,351	2,351	60	0	0	0	15	<b>2,426</b>
Greater Manchester	Tameside	1,712	1,712	44	0	0	0	15	<b>1,771</b>
Greater Manchester	Trafford	1,580	1,580	48	0	0	0	15	<b>1,642</b>
Greater Manchester	Wigan	2,679	2,679	67	0	0	0	15	<b>2,761</b>
Hertfordshire and the South Midlands	Bedford	1,245	1,245	25	0	0	0	15	<b>1,285</b>
Hertfordshire and the South Midlands	Central Bedfordshire	1,841	1,841	37	0	0	0	15	<b>1,893</b>
Hertfordshire and the South Midlands	Hertfordshire	7,989	7,989	169	0	0	0	15	<b>8,173</b>
Hertfordshire and the South Midlands	Luton	2,053	2,053	32	0	0	0	15	<b>2,099</b>
Hertfordshire and the South Midlands	Milton Keynes	2,046	2,046	18	0	0	0	15	<b>2,079</b>
Hertfordshire and the South Midlands	Northamptonshire	4,715	4,896	105	0	0	0	15	<b>5,016</b>
Kent & Medway	Kent	10,801	10,801	0	0	0	0	15	<b>10,816</b>
Kent & Medway	Medway	2,601	2,530	63	0	0	0	15	<b>2,608</b>
Lancashire	Blackburn with Darwen	1,795	1,795	45	25	0	0	15	<b>1,880</b>
Lancashire	Blackpool	1,480	1,480	37	19	0	0	15	<b>1,551</b>
Lancashire	Lancashire	8,673	8,673	217	129	0	0	15	<b>9,034</b>
Leicestershire and Lincolnshire	Leicester	4,169	4,169	104	0	0	0	15	<b>4,288</b>
Leicestershire and Lincolnshire	Leicestershire	3,110	3,110	78	0	0	0	15	<b>3,202</b>
Leicestershire and Lincolnshire	Lincolnshire	4,050	4,050	101	0	0	0	15	<b>4,166</b>
Leicestershire and Lincolnshire	Rutland	176	176	4	0	0	0	15	<b>195</b>
London	Barking and Dagenham	2,501	2,395	0	0	0	0	15	<b>2,410</b>

Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
London	Barnet	2,077	2,111	0	0	0	466	15	2,592
London	Bexley	1,595	1,705	0	0	0	0	15	1,720
London	Brent	2,293	2,292	0	0	0	0	15	2,307
London	Bromley	1,887	1,801	0	0	0	85	15	1,901
London	Camden	1,957	2,106	0	0	0	0	15	2,121
London	City of London	0	0	0	0	45	0	15	60
London	Croydon	2,708	2,708	0	0	0	0	15	2,723
London	Ealing	2,282	2,281	0	0	0	114	15	2,410
London	Enfield	2,208	2,207	0	0	0	109	15	2,330
London	Greenwich	3,425	3,559	0	0	0	0	15	3,574
London	Hackney	4,056	4,054	0	0	-45	0	15	4,024
London	Hammersmith and Fulham	1,880	1,981	0	0	0	0	15	1,996
London	Haringey	1,782	1,882	0	0	0	0	15	1,897
London	Harrow	1,108	1,107	0	0	0	455	15	1,577
London	Havering	929	928	0	0	0	429	15	1,372
London	Hillingdon	2,271	2,122	0	0	0	0	15	2,137
London	Hounslow	1,827	1,826	0	0	0	94	15	1,935
London	Islington	1,786	1,798	0	0	0	0	15	1,813
London	Kensington and Chelsea	1,367	1,327	0	0	0	0	15	1,342
London	Kingston upon Thames	1,102	1,097	0	0	0	0	15	1,112
London	Lambeth	4,434	4,637	0	0	0	0	15	4,652
London	Lewisham	3,776	3,775	0	0	0	0	15	3,790

Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
London	Merton*	1,451	1,296	0	0	0	165	15	<b>1,476</b>
London	Newham	4,631	4,629	0	0	0	0	15	<b>4,644</b>
London	Redbridge	1,452	1,452	0	0	0	646	15	<b>2,112</b>
London	Richmond upon Thames	1,251	1,251	0	0	0	69	15	<b>1,334</b>
London	Southwark	3,394	3,449	0	0	0	0	15	<b>3,464</b>
London	Sutton*	797	1,170	0	0	0	95	15	<b>1,280</b>
London	Tower Hamlets	3,527	3,525	0	0	0	0	15	<b>3,540</b>
London	Waltham Forest	2,748	2,779	0	0	0	0	15	<b>2,794</b>
London	Wandsworth*	2,689	2,689	0	0	0	0	15	<b>2,704</b>
London	Westminster	2,131	2,227	0	0	0	0	15	<b>2,242</b>
Merseyside	Halton	1,361	1,361	34	0	0	0	15	<b>1,410</b>
Merseyside	Knowsley	1,543	1,543	36	0	0	0	15	<b>1,593</b>
Merseyside	Liverpool	4,713	4,713	117	0	0	0	15	<b>4,845</b>
Merseyside	Sefton	2,147	2,147	54	0	0	0	15	<b>2,216</b>
Merseyside	St. Helens	1,529	1,529	39	0	0	0	15	<b>1,582</b>
North Yorkshire and The Humber	East Riding of Yorkshire	1,452	1,485	0	0	-23	0	15	<b>1,478</b>
North Yorkshire and The Humber	Kingston upon Hull, City of	2,647	2,703	0	0	0	0	15	<b>2,718</b>
North Yorkshire and The Humber	North East Lincolnshire	1,283	1,284	0	0	0	0	15	<b>1,299</b>
North Yorkshire and The Humber	North Lincolnshire	1,068	1,063	0	0	0	0	15	<b>1,078</b>
North Yorkshire and The Humber	North Yorkshire	2,492	2,551	0	0	-31	0	15	<b>2,535</b>
North Yorkshire and The Humber	York	901	923	0	0	0	0	15	<b>938</b>
Shropshire and Staffordshire	Shropshire	1,459	1,459	0	0	0	0	15	<b>1,474</b>

Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
Shropshire and Staffordshire	Staffordshire	5,315	5,315	0	0	0	0	15	5,330
Shropshire and Staffordshire	Stoke-on-Trent	1,796	1,796	0	0	0	0	15	1,811
Shropshire and Staffordshire	Telford and Wrekin	1,247	1,247	0	0	0	0	15	1,262
South Yorkshire and Bassetlaw	Barnsley	2,346	2,472	62	0	0	0	15	2,549
South Yorkshire and Bassetlaw	Doncaster	3,351	3,351	84	0	0	0	15	3,450
South Yorkshire and Bassetlaw	Rotherham	2,083	2,083	52	0	0	0	15	2,150
South Yorkshire and Bassetlaw	Sheffield	3,412	3,541	89	0	79	0	15	3,724
Surrey & Sussex	Brighton and Hove	2,096	2,096	0	0	0	0	15	2,111
Surrey & Sussex	East Sussex	3,485	3,485	0	0	0	0	15	3,500
Surrey & Sussex	Surrey	6,440	6,440	0	0	0	73	15	6,528
Surrey & Sussex	West Sussex	5,567	5,567	0	0	0	0	15	5,582
Thames Valley	Bracknell Forest	740	740	19	0	0	0	15	774
Thames Valley	Buckinghamshire	2,863	2,863	74	0	70	0	15	3,022
Thames Valley	Oxfordshire	4,213	4,213	106	0	0	0	15	4,333
Thames Valley	Reading	1,396	1,396	35	0	0	0	15	1,446
Thames Valley	Slough	1,493	1,493	38	0	0	0	15	1,546
Thames Valley	West Berkshire	882	882	22	0	0	0	15	919
Thames Valley	Windsor and Maidenhead	919	919	23	0	0	0	15	957
Thames Valley	Wokingham	892	892	23	0	0	0	15	930
Wessex	Bournemouth	1,781	1,781	22	0	0	0	15	1,818
Wessex	Dorset	2,224	2,224	28	0	0	0	15	2,267
Wessex	Hampshire	8,720	8,720	109	0	0	0	15	8,843

Transfer of 0-5 children's public health commissioning to Local Authorities

Area Team	Local Authority	12/9 return	Latest Area Team position	Proposed adjustments					Proposed allocation
				CQUIN	Net inflation	Other***	Minimum floor adjustments	Commissioning costs	
All figures are half year, £000s									
Wessex	Isle of Wight	1,182	1,182	30	0	0	0	15	1,226
Wessex	Poole	1,257	1,257	16	0	0	0	15	1,287
Wessex	Portsmouth	1,943	1,965	33	0	0	0	15	2,013
Wessex	Southampton	2,110	2,054	34	0	0	0	15	2,103
West Yorkshire	Bradford	5,969	5,969	149	0	0	0	15	6,133
West Yorkshire	Calderdale	1,964	1,964	49	0	0	0	15	2,028
West Yorkshire	Kirklees	2,919	2,919	73	0	0	0	15	3,007
West Yorkshire	Leeds	4,856	4,856	122	0	0	0	15	4,993
West Yorkshire	Wakefield	3,172	3,172	80	0	0	0	15	3,267
	<b>Totals</b>	<b>407,440</b>	<b>413,475</b>	<b>4,438</b>	<b>705</b>	<b>1,257</b>	<b>2,799</b>	<b>2,280</b>	<b>424,953</b>

\*Further discussions are underway in these areas which may impact these figures

\*\*Local Authorities which cross two Area Team boundaries

\*\*\*Including rebasing, procurement and other adjustments

## Annex 3 – Calculating the minimum floor

79. The methodology we have used to calculate the minimum floor is set out below:
- NHS England led the process to determine how much money they are currently spending on commissioning 0-5 public health services, to ascertain what will transfer to Local Authorities on 1 October 2015. The second return refined the numbers and disaggregated costs by local authority and we made some central adjustments, as described in this document. This was our starting point.
  - The spend per head was calculated by dividing the allocations (set out in the initial returns) by the projected mid-year population figures from ONS, for persons aged under 5.
  - To ensure that these figures are comparable at Local Authority level, the allocations were divided by the Market Forces Factor (MFF), which takes account of the differences in the cost of delivering services across the country. These are now known as the adjusted spend per head totals.
  - The MFF used is from the public health exposition book:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/190643/Exposition Book Public Health Allocations 2014-15 April 2013.xlsx](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190643/Exposition_Book_Public_Health_Allocations_2014-15_April_2013.xlsx)
  - All Local Authorities which were found to have an adjusted spend per head of £160 or less were then levelled up to this level. All other Local Authority proposed allocations remain the same.
  - The new proposed allocations (for those Local Authorities with an adjusted spend per head of less than £160) were then recalculated by multiplying the spend per head by the population figures. The MFF is then reapplied to give the final actual allocations amount. This figure has been compared to the original allocation submitted by the Area Team to see the uplift each Local Authority will receive.
80. We recognise that this is not a full needs based analysis, but the first step in supporting those Local Authorities falling at the bottom of the spend per head distribution, whilst we work towards a needs based solution for 2016-17, for which we will look to ACRA to advise.

## Annex 4 – NHS England Area Team Contacts

NHS England Area Team	Name	Contact Information
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## Transfer of 0-5 children's public health commissioning to Local Authorities

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## Annex 5 – Wider considerations

81. The Public Sector Equality Duty (under the Equality Act 2010) requires that public bodies have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. It covers a list of protected characteristics, including pregnancy and maternity. The Secretary of State also has a number of statutory duties under the NHS Act 2006, particularly the need to reduce health inequalities.
82. Following the formal consultation which started in December 2010: *Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health* and an engagement exercise on ACRA's interim recommendations in June 2012, an equality analysis looking at local authority Public Health Grants for 2013-14 and 2014-15 was published in January 2013. It considered the equality impact of the agreed process for determining local authority public health grant allocations. 0-5 was considered in this context, although it was agreed that the transfer would happen later.
83. The transfer of 0-5 commissioning will join-up public health services for children and young people aged 5-19 that are already delivered by Local Authorities (and up to age 25 for young people with SEND). From 1 October 2015, the public health grant will include money for commissioning 0-5 children's public health services. During the transfer period, we have adopted the approach consulted on previously as part of the previous public health transfer and addressed in the impact assessment.
84. We have used the principles of 'lift and shift' to determine the proposed allocations (set out in this document) for 2015-16; i.e. we have identified the scope of existing NHS obligations under service specification 27 of the Section 7A agreement between the Department and NHS England and funding relating to this will provide the main basis for Local Authority allocations to support contracts which are in place and a safe mid-year transfer.
85. NHS England and Local Authorities have been working closely to agree how much funding should transfer in support of this transfer of responsibility. In determining the proposed Local Authority allocations published in this document, NHS England and Local Authorities considered the impact of the transfer. We have identified that it may have impacted on those within the 'pregnancy and maternity' protected characteristic group and/or led to potentially higher health inequalities. It is important to protect this group as care through pregnancy and the early years impacts upon health and healthcare needs throughout life.
86. Through the NHS England Area Team's returns, we identified:
  - Potential for commissioning costs to be higher in local authorities than they have been in NHS organisations because of the increase in the number of

## Transfer of 0-5 children's public health commissioning to Local Authorities

commissioning organisations, which may have diverted funding from delivery of services, and potentially increased health inequalities.

- Inconsistencies in the treatment of CQUIN and inflationary measures across the proposed local authority allocations, which may have led to inequality in levels of service provided.
87. Our initial analysis on a spend per head basis confirmed variation in the level of spend per head across the country, which may impact on the levels of service which are able to be provided for 0-5s.
88. We have put in place mitigating actions, which include:
- inclusion of CQUIN where it is integral to how providers meet costs, applying 2014-15 prices in 2015-16, unless there was good reason to do otherwise;
  - providing an additional £2m to cover additional local authority commissioning costs; and
  - putting in place a minimum floor to the amount of resource on adjusted spend per head (0-5) of £160, below which no Local Authority should fall. This is a positive step for Local Authorities falling at the bottom of the spend per head.
89. It begins to help to ameliorate potential inequalities to ensure that no child is disadvantaged by the transfer.
90. These mitigations support our work to begin to reduce inequalities and are described more fully earlier in this document. They are a step along the way, as from 2016-17 we expect to move towards a distribution based on population needs as part of the wider public health grant which will consider inequalities and equalities issues, based on advice from ACRA.
91. We have considered what impact decisions about funding applications will have on families; especially the issues which the recently introduced families test require us to take into account. Supporting parents of young children is likely to strengthen the family unit, and will therefore have a positive impact on families.
92. A further period of engagement commences when we publish the Baseline Agreement Exercise, which will help to ensure that NHS England and Local Authorities are happy that proposed allocations (and consequently final allocations) reflect costs at the point of transfer. We are encouraging NHS England and Local Authorities to continue an open dialogue to identify and resolve issues locally.