Department of Health

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

0-5 Public Health Allocations for 2015/16

July 2015

Title: Transfer of 0-5 children's public health commissioning to Local Authorities: 0-5 Public Health Allocations for 2015/16
Author: 0-5 Transfer Team
Document Purpose: Engagement and Transparency
Publication date: 29 July 2015
Target audience: Chief Executives – Upper tier Local Authorities Directors of Finance – Upper tier Local Authorities Directors of Public Health – Upper tier Local Authorities Directors of Children's Services – Upper tier Local Authorities Members of Health and Wellbeing Boards Directors of NHS England Teams Public Health England Centre Directors
Contact details: **0-5 Public Health Transfer Team** Department of Health Richmond House 79 Whitehall London SW1A 2NS 0-5Transfer-Funding@dh.gsi.gov.uk

Published to gov.uk, in PDF format only.
www.gov.uk/dh

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

0-5 Public Health Allocations for 2015/16

Prepared by:

Department of Health - 0-5 Public Health Transfer Team

Supported by:

The 0-5 Public Health Commissioning Transfer Programme Board.

Contents

Purpose

1. On 11 December 2014, the Department published proposed funding allocations for each Local Authority as part of the Baseline Agreement Exercise[1] and set out the process for Local Authorities to provide comments.

2. This document sets out the final allocations to Local Authorities to commission children's 0-5 public health services in the six-month period from 1 October 2015 to 31 March 2016.

3. This document is dated 29 July and replaces the previous version published on 26 March 2015.

Overview

4. On 30 November 2010, the Government published the White Paper *Healthy Lives, Healthy People: Our strategy for public health in England*,[2] which set out its vision for a reformed public health system.

5. As part of delivering this vision for public health and contributing to achieving the Government's ambition to achieve best possible health outcomes for our children and young people, responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1 October 2015.

6. This will join up the commissioning for children under 5 with the commissioning for 5-19 year olds and wider public health functions which successfully transferred to local government in April 2013 under the Health and Social Care Act 2012.

7. The transfer of 0-5 children's public health commissioning to Local Authorities for the six month period between 1 October 2015 and 31 March 2016 is being conducted in accordance with a 'lift and shift' approach, to ensure a safe mid-year transfer. Proposed allocations were published as part of the Baseline Agreement Exercise on 11 December 2014, followed by a five week period in which Local Authorities had the opportunity to comment and raise concerns regarding the accuracy of the allocations.

[1] https://www.gov.uk/government/publications/allocation-of-funding-for-0-5-public-health-services
[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf

8. Based on the responses from Local Authorities, we have made progress on a number of funding issues raised in response to the draft allocations. A summary of responses received is set out in greater detail in the 'Responses to the Baseline Agreement Exercise' section of this document. We recognise that there has been a great deal of discussion between NHS England, Local Authorities and Public Health England (PHE) to resolve allocations, and that the respective parties remain committed to working through any remaining concerns in-year.

9. A small number of Local Authorities raised specific issues around whether the funding transferring was an accurate reflection of the lift and shift of the service in their area. We deferred publication of the allocations for 13 Local Authorities to provide more time for local discussions between the Local Authority, the current commissioners (NHS England) and the provider about how to implement the lift and shift of the service.

10. Allocations for 139 of the 152 Local Authorities were published on 13 February and for a further 11 on 26 March. For the remaining two Local Authorities, the local contract negotiation process has identified the need to address a number of complicated issues between commissioners and the provider in these areas. Provisional allocations were identified with an asterisk in Annex 1 of the document published on 26 March. These allocations have now been finalised and are the only significant change in this document.

11. Local Authorities and NHS England have indicated to the Department or Public Health England there may be further local conversations about in-year adjustments to reflect any changes needed to the baseline allocation as a result of local circumstances. The in-year adjustment process is available to all Local Authorities, though this is without prejudice to the outcome. Any material changes to transfer amounts can be agreed locally, and funding transferred accordingly. Sector-led advice and support will be available from Public Health England and the Regional Oversight Groups to help parties reach agreement. Any recurrent adjustments which are agreed will be included in the baseline for 2016/17 allocations. We previously highlighted the in-year adjustment process in the factsheet published in August 2014.

12. For the second half of 2015/16, the public health grant will include an additional half-year's cost of commissioning 0-5 children's public health services. From April 2016, our intention is that the full-year public health grant will include money for all public health responsibilities transferred to Local Authorities from 1 April 2013, including 0-5 public health services. All decisions on 2016/17 allocations will be subject to the 2015 spending review.

13. The Advisory Committee on Resource Allocation (ACRA) is developing its proposals for the formula for 2016/17 Local Authority public health allocations, which will include the 0-5 children's services component. As this is a new area of the public health grant, the Department will facilitate for ACRA a brief exercise with Local Authorities and others to gather views on the part of the methodology that will take account of need for those 0-5 services as part of the overall public health grant. This engagement exercise concluded on 27 March 2015 and is available at:

https://www.gov.uk/government/consultations/funding-for-0-to-5-childrens-services-2016-to-2017.

14. Final 2016/17 allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and on the fair shares formula developed following advice from ACRA.

Commissioning 0-5 public health services

15. In transferring responsibility to Local Authorities, the aim is to ensure future commissioning supports sustainable public health services for 0-5s, and provides the best outcomes for children and their families, through universal health visiting services and targeted support such as the Family Nurse Partnership (FNP).

16. Our aim is to ensure future commissioning supports sustainable health visiting services. The Department uses the model of '4, 5, 6' to help explain the public health services for 0-5s. This is, the four levels of health visiting service, the five elements we intend to mandate, and the six high impact areas. The model is set out in greater detail in Annex 2.

17. From 1 October, Local Authorities will have a legal duty under *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* as amended by *the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015 to* provide or secure, so far as is reasonably practicable, the provision of the 5 mandated elements of the universal service, as set out in the Healthy Child Programme: antenatal health promoting visit; new baby review; 6-8 week

assessment; 1 year assessment; and 2-2½ year review, The Regulations are publically available at:

http://www.legislation.gov.uk/uksi/2013/351/contents/made
http://www.legislation.gov.uk/uksi/2015/921/contents/made

18. Local Authorities will be expected to provide the same level of service as the NHS at the point of transfer and act with a view to securing continuous improvement in the uptake of these reviews. We know that the delivery of these universal services is not currently at 100%, and we have been working with the Local Government Association and the Department for Communities and Local Government to ensure that we are not imposing an additional unfunded burden upon Local Authorities. We recognise the starting point Local Authorities are working from, and that continuous improvement in both the reviews and the wider service delivery will be an ongoing process as they work with this newly transformed service and expanded profession.

19. The Regulations provide for a 'sunset clause'[3] at 18 months that will have the effect of ending mandation, unless further legislation is made that continues the provisions in force. A review, involving Public Health England, is intended to inform whether the sunsetting needs to be amended.

Determining proposed allocations for Local Authorities

20. For the 0-5 commissioning transition, NHS England began the process to determine how much money it currently spends on commissioning of 0-5 public health services to ascertain what will transfer to Local Authorities on 1 October 2015.

21. Once initial allocation estimates had been developed, the Department responded to Local Authority concerns by making some adjustments and providing additional funds. The adjustments were included in the proposed allocations published on 11 December 2014, and included:

- **Commissioning for Quality and Innovation (CQUIN):** 0-5 Transfer Programme Board took the decision that where CQUIN is an integral part of how providers meet 0-5 costs, it should be included as part of

[3] 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.

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 based on 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 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 collectively they will face higher commissioning costs than NHS England because of the increase in the number of commissioning organisations. In recognition of this, the Department is adding £2m (half year) to commissioning costs identified by NHS England from central resources.

- **Minimum floor:** As set out in the Baseline Agreement Exercise, the Department took the decision to support Local Authorities falling at the bottom of the funding distribution by putting in a minimum funding floor of at least £160 per head of 0-5s adjusted spend in 2015/16 (based on full year cost of commissioning). We considered that there was a case for those with the lowest spend per head to receive some additional resource from 2015/16 while we work with ACRA to develop a needs-based formula.

22. All of the adjustments detailed above will be included in the baseline for the 2016/17. Final 2016/17 allocations will be dependent on the amount of funding announced for public health in the 2015 spending review and on the fair shares formula developed following advice from ACRA.

23. On 11 December 2014, the Department published the proposed allocations for each Local Authority as part of the Baseline Agreement Exercise.

Publication was followed by a five week period concluding on 16 January 2015 during which Local Authorities were asked to review their proposed allocations, and notify the Department of any adjustments agreed with NHS England.

24. This document is published in response to the feedback received.

Responses to the Baseline Agreement Exercise

Summary of responses

25. A high degree of local cooperation and agreement is evident from the responses we received. In total, the Department received responses to the Baseline Agreement Exercise from 62 Local Authorities, including comments on proposed allocations, requests for further information or advice, and acceptances. A brief summary of the issues and queries raised by Local Authorities is provided as follows.

26. Queries regarding the contracting process and comments on ACRA funding formula are answered in the 'Next Steps' section of this document.

Baseline for 2016/17

27. All elements of the final allocations published in this document, including CQUIN, the minimum funding floor, and commissioning costs, will contribute to the baseline funding for 2016/17. However, the total funds available in 2016/17 allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and local allocations will be influenced by the fair shares formula to be developed with advice from ACRA.

Commissioning costs

28. A small number of Local Authorities contacted us to express their concern that commissioning costs had not been calculated as a percentage of contract value.

29. The total amount of funding available to Local Authorities to fund the costs of commissioning public health services for 0-5s is £2.3m (half year), equivalent to £15,000 per Local Authority. This figure represents the £300,000 identified by NHS England as its commissioning costs for 2015/16, equivalent to £2,500 per Local Authority, plus £2m of additional funding from the Department bringing the total per Local Authority to £15,000 for the half year.

30. The Department considered carefully whether to distribute the £2.3m (half-year) total available equally between Local Authorities, or to distribute it according to a weighted formula. We took the decision that to support a stable mid-year transfer, every Local Authority should receive £15,000 (half year), as we think that many elements of commissioning activity will be similar in each Local Authority.

31. A number of Local Authorities contacted us seeking confirmation that the £2.3m (half-year) made available for commissioning costs in 2015/16, equivalent to £15,000 per Local Authority, would be recurrent in 2016/17.

32. Our intention is that the baseline for 2016/17 will include a full year of commissioning costs (i.e. £4.6m) as the starting point for 2016/17 allocation calculations. Final 2016/17 allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and local allocations will be influenced by the fair shares formula to be developed with advice from ACRA.

Mandation

33. As discussed above, *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* as amended by *the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015* that require Local Authorities so far as reasonably practicable to secure the provision of the specified five universal health visitor reviews will come into force on 1 October 2015. The Regulations are publically available at:

http://www.legislation.gov.uk/uksi/2013/351/contents/made
http://www.legislation.gov.uk/uksi/2015/921/contents/made

34. We are mandating five universal reviews within the Healthy Child Programme. Local Authorities will be expected to provide the same level of service as the NHS at the point of transfer and act with a view to securing continuous improvement in the uptake of these reviews.

35. We know that the delivery of these universal services is not currently at 100%, and we have been working with the Local Government Association and the Department for Communities and Local Government to ensure that we are not imposing an additional unfunded burden upon Local Authorities. We recognise the starting point Local Authorities are working from, and that continuous

improvement in both the reviews and the wider service delivery will be an ongoing process as they work with this newly transformed and expanded profession.

36. Transferring funding on the principles of lift and shift, supported by funding adjustments including the minimum floor, is designed to ensure that every Local Authority is able to commission at least the same level of service in the second half of 2015/16 as the level of service commissioned by the NHS at the point of transfer.

Family Nurse Partnership

37. We can confirm that the final allocations do include Family Nurse Partnership funding, transferred on the basis of lift and shift.

Population need and fair shares

38. A number of Local Authorities contacted us to make arguments for additional funding based on population need, or requesting funding to enable them to commission Family Nurse Partnership places for the first time. Other than funding for the minimum floor as set out in the Baseline Agreement Exercise, we have not adjusted allocations in response to arguments based on population need for the second half of 2015/16, but will be moving to a needs-based formula from 2016/17 onwards.

39. The proposed allocations set out in the Baseline Agreement Exercise have been determined on the basis of lift and shift supported by funding adjustments including the minimum floor, that is, we have identified the scope of NHS England's existing 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.

40. Our approach is based on the first part of the transfer of public health funding in 2013/14, and tailored to the context of commissioning for 0-5s.

41. In *Healthy Lives, Healthy People: Update and Way forward* (2011)[4] outlined that 0-5 children's public health commissioning would transfer in 2015. This was to support delivery of the Government's commitment to increase the number of health visitors and implement an expanded, rejuvenated and strengthened health visiting service.

[4] https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward

42. Public health commissioning for 0-5s has undergone considerable change and expansion over the past four years. To provide a firm foundation for a safe transfer and to support existing services and contracts already in place, a cross-government decision was made in January 2014 to transfer responsibilities to Local Authorities on 1 October 2015.

43. To further support a stable mid-year transfer of responsibilities, the principles of lift and shift have been used to determine allocations for 0-5 children's public health commissioning for the second half of 2015/16. Some adjustments have been made to take account of issues raised during our engagement process.

44. We recognise the importance of eventually moving public health funding towards a model based on need, rather than historic spend. That is why we have commissioned ACRA to develop a needs based formula as part of the wider public health grant which will apply from 2016/17.

Setting the minimum floor

45. As set out in the Baseline Agreement Exercise, the Department took the decision to support Local Authorities falling at the bottom of the funding distribution by putting in a minimum funding floor of at least £160 per head of 0-5s adjusted spend in 2015/16 (based on full year cost of commissioning). We considered that there was a case for those with the lowest spend per head to receive some additional in 2015/16 while we work with ACRA to develop a needs-based formula for 2016/17.

46. A small number of Local Authorities have asked us to set out more clearly the steps we took in determining the minimum floor. The methodology used to set the minimum floor was published alongside the Baseline Agreement Exercise[5], and we have included a further explanation in Annex 3 of this document.

Basing the minimum floor on spend per head of 0-5

47. We chose to use spend per head of 0-5 as an interim measure to address the greatest variation in spend per head. We expect ACRA to look at deprivation and other factors as part of their work. In the expectation that a needs-based formula would be in place from 2016/17 onwards, we considered this to be sufficiently rigorous to support Local Authorities at the bottom of the spend per head distribution with some additional resource in 2015/16. We remain satisfied that this is a proportionate approach to support a six month funding

[5] https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities

uplift while we work towards a more robust needs-based solution. The uplift will then become part of the baseline for 2016/17. In accordance with the principles of lift and shift, it does not include a measure of deprivation as we expect this to be addressed more satisfactorily by ACRA's work. However, spend per head figures are weighted using the Market Forces Factor, to reflect the real costs of commissioning to each Local Authority.

48. We used 0-5s (i.e. ages 0, 1, 2, 3, 4 – so under 5s) as our population measure because we are transferring funds to commission for the whole of 0-5 public health. The four-tier health visiting service has a much broader remit than the five mandated universal reviews, and includes elements such as readiness for school. We expect ACRA to take account of Local Authority views on this issue.

Deferred Allocations

49. A small number of Local Authorities raised specific issues around whether the funding transferring was an accurate reflection of the lift and shift of the service in their area. We deferred publication of the allocations for 13 Local Authorities to provide more time for local discussions between the Local Authority, the current commissioners (NHS England) and the provider about how to implement the lift and shift of the service.

50. The majority of these deferred allocations were published on 26 March. We have considered each case in detail and made adjustments where we consider that there are additional costs that should be reflected in the allocation figures.

51. For the remaining two Local Authorities, the local contract negotiation process has identified the need to address a number of complicated issues between commissioners and the provider in these areas. These allocations have now been finalised and are published in this document.

Equalities

52. An updated Equalities Analysis (which replaces the previous version published on 13 February 2015) looks specifically at the transfer of funding from NHS England to Local Authorities has been published alongside this document at the following location, expanding on the wider considerations highlighted in the Baseline Agreement Exercise. It builds on those analyses already undertaken for decisions made previously, including the Health Visitor Programme, the transfer of public health commissioning responsibilities and mandation of the five universal health visitor reviews.

https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities

Next steps

In-year adjustments

53. Some Local Authorities and NHS England have indicated to the Department or Public Health England there may be further local conversations about in-year adjustments to reflect any changes needed to the baseline allocation as a result of local circumstances. The in-year adjustment process is available to all Local Authorities, though this is without prejudice to the outcome. Any material changes to transfer amounts can be agreed locally, and funding transferred accordingly. Any recurrent adjustments which are agreed will be included in the baseline for 2016/17 allocations. We previously highlighted the in-year adjustment process in the factsheet we circulated in August 2014.

Contracts

54. We expect Local Authorities and NHS England to work together to put in place contracts for 2015/16. Service continuity and stability are a key principle of safe transfer.

55. NHS England has published two sets of guidance for its teams setting out the recommended approach for contracts which terminate at 31 March 2015[6] or after 30 September 2015.[7] We expect to share existing contract documentation and in-year reporting information with Local Authority colleagues.

Advice from the Advisory Committee on Resource Allocation (ACRA)

56. ACRA is an independent advisory group consisting of GPs, public health experts, NHS managers, local government officers and academics who make recommendations to the Secretary of State for Health and to NHS England on the preferred relative distribution of health resources for public health and healthcare (including Clinical Commissioning Group) allocations.

57. ACRA is developing its proposals for the formula for 2016/17 Local Authority public health allocations, which will include the 0-5 children's services component. As this is a new area of the public health grant, the Department

[6] http://www.england.nhs.uk/wp-content/uploads/2014/11/0-5-trans-contrct-guid-1114.pdf
[7] http://www.england.nhs.uk/wp-content/uploads/2014/12/0-5-trans-guid-temp-let-stg2.pdf

will facilitate for ACRA a brief exercise with Local Authorities and others to gather views on the part of the methodology that will take account of need for those 0-5 services as part of the overall public health grant. As outlined in para 13 this engagement exercise has now been completed.

58. 2016/17 allocations for the public health grant are expected to move towards a distribution based on population needs, determined using a fair shares formula based on advice from ACRA. The 2015/16 allocations will be used as a starting point and Local Authorities will move incrementally towards their target share of the overall allocation over a number of years.

Annex 1 – Transfer of 0-5 children's public health commissioning to Local Authorities, 2015/16 allocations

Local Authority	BAE Proposed Allocation	Adjustments: Transfer between LAs	Adjustments: Other net adjustment	2015/16 Allocation
	All figures are half year, £000s			
Barking and Dagenham	2,410	0	102	**2,512**
Barnet	2,592	0	0	**2,592**
Barnsley	2,549	0	0	**2,549**
Bath and North East Somerset	1,387	0	0	**1,387**
Bedford	1,285	0	6	**1,291**
Bexley	1,720	0	0	**1,720**
Birmingham	11,224	-14	0	**11,210**
Blackburn with Darwen	1,880	0	0	**1,880**
Blackpool	1,551	0	0	**1,551**
Bolton	2,835	0	0	**2,835**
Bournemouth	1,818	0	0	**1,818**
Bracknell Forest	774	0	0	**774**
Bradford	6,133	0	0	**6,133**
Brent	2,307	0	456	**2,763**
Brighton and Hove	2,111	0	0	**2,111**
Bristol	3,799	0	0	**3,799**
Bromley	1,901	0	0	**1,901**
Buckinghamshire	3,022	0	39	**3,061**
Bury	1,806	0	0	**1,806**
Calderdale	2,028	0	162	**2,190**
Cambridgeshire	3,861	0	0	**3,861**
Camden	2,121	0	0	**2,121**
Central Bedfordshire	1,893	0	9	**1,902**

Local Authority	BAE Proposed Allocation	Adjustments: Transfer between LAs	Adjustments: Other net adjustment	2015/16 Allocation
	All figures are half year, £000s			
Cheshire East	2,353	0	0	**2,353**
Cheshire West and Chester	2,107	0	0	**2,107**
City of London	60	15	0	**75**
Cornwall	3,670	0	3	**3,673**
County Durham	4,894	0	0	**4,894**
Coventry	2,324	0	483	**2,807**
Croydon	2,723	0	25	**2,748**
Cumbria	2,599	0	0	**2,599**
Darlington	1,215	0	0	**1,215**
Derby	3,094	0	0	**3,094**
Derbyshire	5,140	0	0	**5,140**
Devon	4,509	0	4	**4,513**
Doncaster	3,450	0	0	**3,450**
Dorset	2,267	0	0	**2,267**
Dudley	2,453	0	0	**2,453**
Ealing	2,410	0	453	**2,863**
East Riding of Yorkshire	1,478	58	0	**1,536**
East Sussex	3,500	0	0	**3,500**
Enfield	2,330	0	117	**2,447**
Essex	10,981	0	0	**10,981**
Gateshead	1,987	0	0	**1,987**
Gloucestershire	3,141	0	0	**3,141**
Greenwich	3,574	0	0	**3,574**
Hackney	4,024	-15	0	**4,009**
Halton	1,410	0	0	**1,410**
Hammersmith and Fulham	1,996	0	0	**1,996**
Hampshire	8,843	0	0	**8,843**
Haringey	1,897	0	525	**2,422**
Harrow	1,577	0	0	**1,577**
Hartlepool	761	0	0	**761**

Local Authority	BAE Proposed Allocation	Adjustments: Transfer between LAs	Adjustments: Other net adjustment	2015/16 Allocation
	All figures are half year, £000s			
Havering	1,372	0	0	**1,372**
Herefordshire	1,198	0	68	**1,266**
Hertfordshire	8,173	0	27	**8,200**
Hillingdon	2,137	0	0	**2,137**
Hounslow	1,935	0	0	**1,935**
Isle of Wight	1,226	0	0	**1,226**
Isles of Scilly	37	0	0	**37**
Islington	1,813	0	279	**2,092**
Kensington and Chelsea	1,342	0	0	**1,342**
Kent	10,816	126	952	**11,894**
Kingston upon Hull, City of	2,718	-36	0	**2,682**
Kingston upon Thames	1,112	0	0	**1,112**
Kirklees	3,007	0	42	**3,049**
Knowsley	1,593	0	0	**1,593**
Lambeth	4,652	0	0	**4,652**
Lancashire	9,034	0	0	**9,034**
Leeds	4,993	0	0	**4,993**
Leicester	4,288	0	0	**4,288**
Leicestershire	3,202	0	0	**3,202**
Lewisham	3,790	0	0	**3,790**
Lincolnshire	4,166	0	0	**4,166**
Liverpool	4,845	0	0	**4,845**
Luton	2,099	0	15	**2,114**
Manchester	5,441	0	0	**5,441**
Medway	2,608	-126	40	**2,522**
Merton	1,476	0	0	**1,476**
Middlesbrough	1,398	0	0	**1,398**
Milton Keynes	2,079	0	0	**2,079**
Newcastle upon Tyne	2,749	0	0	**2,749**
Newham	4,644	0	0	**4,644**

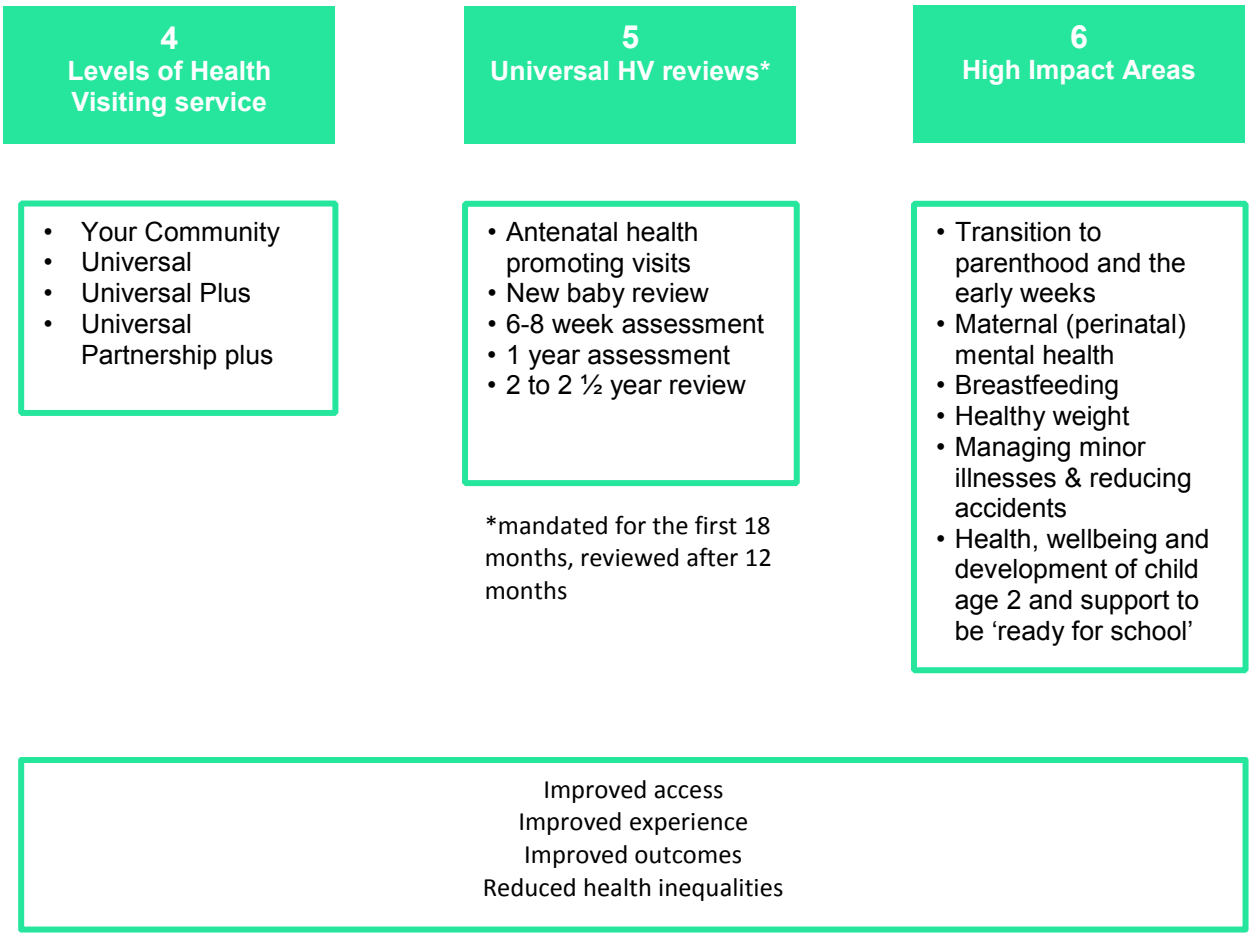
Local Authority	BAE Proposed Allocation	Adjustments: Transfer between LAs	Adjustments: Other net adjustment	2015/16 Allocation
	All figures are half year, £000s			
Norfolk	6,893	0	0	**6,893**
North East Lincolnshire	1,299	0	0	**1,299**
North Lincolnshire	1,078	0	0	**1,078**
North Somerset	1,636	0	0	**1,636**
North Tyneside	1,674	0	0	**1,674**
North Yorkshire	2,535	0	0	**2,535**
Northamptonshire	5,016	0	17	**5,033**
Northumberland	2,547	0	0	**2,547**
Nottingham	5,319	0	0	**5,319**
Nottinghamshire	5,815	0	0	**5,815**
Oldham	2,164	0	0	**2,164**
Oxfordshire	4,333	0	0	**4,333**
Peterborough	1,563	0	0	**1,563**
Plymouth	2,573	0	2	**2,575**
Poole	1,287	0	0	**1,287**
Portsmouth	2,013	0	0	**2,013**
Reading	1,446	0	0	**1,446**
Redbridge	2,112	0	0	**2,112**
Redcar and Cleveland	1,117	0	0	**1,117**
Richmond upon Thames	1,334	0	0	**1,334**
Rochdale	2,299	0	0	**2,299**
Rotherham	2,150	0	0	**2,150**
Rutland	195	0	0	**195**
Salford	2,444	0	0	**2,444**
Sandwell	3,175	0	0	**3,175**
Sefton	2,216	0	0	**2,216**
Sheffield	3,724	0	0	**3,724**
Shropshire	1,474	0	0	**1,474**
Slough	1,546	0	0	**1,546**
Solihull	1,393	14	0	**1,407**

Local Authority	BAE Proposed Allocation	Adjustments: Transfer between LAs	Adjustments: Other net adjustment	2015/16 Allocation
	All figures are half year, £000s			
Somerset	3,931	0	-88	**3,843**
South Gloucestershire	1,655	0	0	**1,655**
South Tyneside	1,392	0	0	**1,392**
Southampton	2,103	0	0	**2,103**
Southend-on-Sea	1,355	0	0	**1,355**
Southwark	3,464	0	0	**3,464**
St. Helens	1,582	0	0	**1,582**
Staffordshire	5,330	0	0	**5,330**
Stockport	2,426	0	0	**2,426**
Stockton-on-Tees	1,403	0	0	**1,403**
Stoke-on-Trent	1,811	0	0	**1,811**
Suffolk	4,206	0	0	**4,206**
Sunderland	2,750	0	0	**2,750**
Surrey	6,528	0	0	**6,528**
Sutton	1,280	0	0	**1,280**
Swindon	1,472	0	0	**1,472**
Tameside	1,771	0	0	**1,771**
Telford and Wrekin	1,262	0	310	**1,572**
Thurrock	1,956	0	0	**1,956**
Torbay	1,493	0	1	**1,494**
Tower Hamlets	3,540	0	315	**3,855**
Trafford	1,642	0	0	**1,642**
Wakefield	3,267	0	0	**3,267**
Walsall	2,146	0	0	**2,146**
Waltham Forest	2,794	0	114	**2,908**
Wandsworth	2,704	0	167	**2,871**
Warrington	1,467	0	0	**1,467**
Warwickshire	3,184	0	142	**3,326**
West Berkshire	919	0	0	**919**
West Sussex	5,582	0	0	**5,582**

Local Authority	BAE Proposed Allocation	Adjustments: Transfer between LAs	Adjustments: Other net adjustment	2015/16 Allocation
	All figures are half year, £000s			
Westminster	2,242	0	0	**2,242**
Wigan	2,761	0	0	**2,761**
Wiltshire	2,584	0	0	**2,584**
Windsor and Maidenhead	957	0	0	**957**
Wirral	2,522	0	0	**2,522**
Wokingham	930	0	0	**930**
Wolverhampton	2,198	0	0	**2,198**
Worcestershire	3,337	0	5	**3,342**
York	938	-22	0	**916**
Totals	**424,971**	**0**	**4,792**	**429,763**

Annex 2 – The 4, 5, 6 model

59. The Department uses the model of '4, 5, 6' to help explain public health services for 0-5s. This is, the four levels of health visiting service, the five elements we intend to mandate, leading to the six high impact areas.



60. Public health services for children from 0-5 consist of:

- The **Healthy Child Programme**, a national public health programme to achieve good outcomes for all children from pregnancy to 19 years of age. The HCP 0-5, led by health visitors and their teams, offers every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times. It sets out the service for all families and for those needing additional support, termed progressive universalism.

- The **Family Nurse Partnership**, a targeted, evidence-based, preventive programme for vulnerable first time young parents. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. 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. This includes commissioning FNP so that any child who begins the programme completes it through to age two. When a mother joins the FNP programme, the HCP and the five mandated elements are 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.

- The **four-tier health visiting service** assesses and responds 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.

61. In order to ensure future commissioning supports sustainable health visiting services, from 1 October, Local Authorities will have a legal duty under the *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* as amended by *the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015* to provide or secure, so far as is reasonable practicable, the provision of the 5 mandated elements of the universal service, as set out in the Healthy Child Programme. These include:

- antenatal health promoting visits;
- new baby review;
- 6-8 week assessment;[8]
- 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. The regulations are published at:

http://www.legislation.gov.uk/uksi/2013/351/contents/made
http://www.legislation.gov.uk/uksi/2015/921/contents/made

62. Based on best evidence and in discussion with parents, professionals and partners including Local Authorities, we have identified six areas where the intervention of health visiting teams is particularly important to tackle major child public health issues. These are:

- 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'.

Details of the six High Impact Area intention and impact metrics are publically available at:

[8] 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

https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

63. 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).

Annex 3 – Setting the minimum floor

64. In the Baseline Agreement Exercise, the Department published the methodology used to calculate the minimum floor of £160 weighted spend per head. Some Local Authorities have asked us to set this out more clearly and to show more detail of the steps we took in determining the minimum floor.

65. Prior to publishing the proposed Local Authority allocations in the Baseline Agreement Exercise the Department had worked closely with Public Health England, the Department for Communities and Local Government, Local Government Association, Association of Directors of Children's Services, Association of Directors of Public Health, Society of Local Authority Chief Executives and NHS England to ensure any potential impacts of the transfer on children and their families had been considered.

66. The National Health Visiting Programme and the subsequent transition of commissioning responsibility for 0-5 children's public health services from the NHS to Local Authorities will enable Local Authorities to commission transformed, rejuvenated and sustainable health visiting services, which are joined-up with other local services for children and families. This will support delivery of improved outcomes for children and families. The Department's '4, 5, 6' model (set out in Annex 3 of this document) sets out what a transformed health visiting service looks like. NHS England currently commission health visiting services, under the NHS National Service Specification.

67. The Healthy Child Programme to be commissioned by Local Authorities comprises health visiting services and in many Local Authorities the Family Nurse Partnership. Health visiting services are led and delivered by health visitors working within skill mix teams. Health visitors may delegate to other members of their teams including, but not exclusively, a suitably qualified health professional, i.e. a community staff nurse or a person who is trained in child health and development but not a health professional, i.e. a nursery nurse. Thus the Local Authority allocations are to commission 0-5 services delivered through teams led by health visitors. Local Authorities will commission services from 1 October 2015 based on local need.

68. It is not for the Department to determine local arrangements for health visiting teams, skill mix, or delivery arrangements. Health visiting services are led and delivered locally, and so these are matters for local commissioners, providers and teams.

69. The Department reached the conclusion that to meet the intentions as set out above, a minimum floor should be introduced, below which no Local Authority should fall. There is no national formula or specific evidence available upon which to determine the level of the floor and as such the Department used expert professional opinion with respect to health visiting services to sense check its decision.

70. Spend per head of 0-5 (i.e. under 5 years), based on full year allocations and calculated according to weighted costs, was used to determine the minimum floor. The Department used this measure as 0-5 children's public health services cover a broad remit, including elements such as readiness for school. The minimum floor was set at £160 per head. The methodology was published in the Baseline Agreement Exercise.

71. To sense check that £160 per weighted 0-5 head enabled Local Authorities to commission the '4, 5, 6' model and sustain the universal reviews, the Department used professional evidence and judgement; this was the best available knowledge. Based on this, the then Department's Director of Nursing (England's most senior health visitor and joint Senior Responsible Office of the National Health Visiting Programme) determined that a figure derived from the population ratio of three health visitors (or skill mix teams equivalent) to 1000 families with children aged under five (0, 1, 2, 3 and 4 years) was a reasonable basis to test the floor. This meant that the lift and shift model was implemented with a minimum floor, thus no Local Authority was disadvantaged (from their lift and shift position) and that those with lowest per capita allocation were able to commission services to meet the objectives of the transfer, i.e. sustainable delivery of services.

72. Arrangement of the delivery of the service model, including those elements delivered under Regulation, are for local decision. The health visitor to families' ratio has been used only to sense check resource allocation for the minimum floor and is not intended to determine service delivery and staffing of skill mixed teams.

73. We regard this as a positive step advance of receiving ACRA's advice on a funding formula for 2016/17.