**Annex A**

**Local Authority Circular** **LAC(DH)(2013)1**

To: The Chief Executive
County Councils
District Councils (excluding District Councils with a County Council)
London Borough Councils
Council of the Isles of Scilly
Common Council of the City of London
Directors of Finance
Directors of Public Health

**Date: 10 January 2013**

**Gateway Reference: 18552**

**RING-FENCED PUBLIC HEALTH GRANT**

**Summary**

1. This circular sets out the funding that will be available to upper tier, London boroughs and unitary local authorities in England to discharge their new public health responsibilities, and the conditions that will govern the use of the grant. The grant is administered under Section 31 of the Local Government Act 2003, which allows Ministers, with the consent of the Treasury, to pay grants to any local authority for any expenditure.

2. The circular contains 3 annexes:

- Annex B comprises the grant determination and conditions, which set out the detailed arrangements for administering the grant.

- Annex C lists the categories of public health spend against which local authorities will need to report to the Department.

- Annex D is the statement local authority Chief Executives will need to send back confirming that the grant has been used in accordance with the conditions.

## Introduction

3. The public health White Paper, *Healthy lives, Healthy People: Our strategy for public health in England* set out a bold vision for a reformed public health system in England - with localism at its heart. The bold changes proposed in the White Paper are a response to the challenges we face to the public's health; challenges that require a new approach, systematically underpinned by public health expertise and given real political priority. The Health and Social Care Act 2012 will transfer substantial health improvement duties to local authorities from 2013/14. Local authorities will be given a ring-fenced public health grant, which the government intends to target for health inequalities, to improve outcomes for the health and wellbeing of their local populations. The size of the grant has been set taking account of estimates of baseline spending, including from PCT recurrent resources and non-recurrent resources, such as the pooled treatment budget and drugs intervention programme, and a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation,

4. In the *Consultation on the funding and commissioning routes for public health* we consulted on the conditions that should be attached to the public health grant. As stated in *Healthy Lives, Healthy People, Update and way forward*, it was confirmed that to maximise flexibility in local decision making, there should be a limited number of conditions which would clearly define the purpose of the grant, to ensure it is spent on the public health functions for which it has been given, and ensure a transparent accounting process.

5. Alongside this, we consulted on proposals for a Public Health Outcomes Framework. This consultation set out how we might realise a focus on outcomes rather than on targets, and setting out a more comprehensive and whole systems understanding of public health.

6. The Health and Social Care Act 2012 will promote the principle of integrated working by stating that in exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) must cooperate with one another in order to secure and advance the health and welfare of the people of England and Wales. This confers a duty of co-operation between Directors of Public Health, clinical commissioning groups (CCGs) and the wider NHS when carrying out their respective functions.

## Use of the grant

7. The public health grant is being provided to give local authorities the funding needed to discharge their new public heath responsibilities. It is vital that these funds are used to:
   - improve significantly the health and wellbeing of local populations
   - carry out health protection functions delegated from the Secretary of State
   - reduce health inequalities across the life course, including within hard to reach groups
   - ensure the provision of population healthcare advice.

8. The grant will be made to upper-tier and unitary local authorities in England and paid in quarterly instalments, in accordance with an allocation formula, from 2013/14.

9. The grant has been made under Section 31 of the Local Government Act 2003 and we have set down some conditions to govern its use. The primary purpose of the conditions is to ensure that it is spent on the new public health responsibilities being transferred from the NHS to local authorities, that it is spent appropriately and accounted for properly.

10. The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with. However, where there are repeatedly large underspends the Department will consider whether allocations should be reduced in future years.

***Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs)***

11. In drawing up their priorities, local authorities, as members of health and wellbeing boards will have a duty to work with CCGs and other partners such as the police and community safety partnerships to undertake Joint Strategic Needs Assessments (JSNAs) – an assessment of the current and future health and social care needs and assets of the local community. Based on these they will have to develop Joint Health and Wellbeing Strategies (JHWSs) – a strategy for meeting the identified needs in the local area based on evidence in JSNAs. Under the Health and Social Care Act 2012, JSNAs and JHWSs must inform local authority commissioning plans, and so is likely to have an impact on how the grant is spent.

12. Performance information supporting the Public Health Outcomes Framework alongside the Adult Social Care Outcomes Framework, NHS Outcomes Framework and eventually the NHS Commissioning Outcomes Framework could also inform JSNAs; however, national measures should not overshadow local priorities based on evidence of local needs.

**Reporting of grant expenditure**

13. In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities.

14. The Department has therefore worked with colleagues in the Department for Communities & Local Government (CLG) and the Chartered Institute of Public Finance & Accountancy (CIPFA) to agree the requirements for reporting on spend from the grant.

15. Instead of sending in a separate return on how the grant has been spent (i.e. a Statement of Grant Usage), local authorities will use existing reporting tools to

report on spend from the grant. Existing Revenue Account (RA) and Revenue Outturn (RO) forms from CIPFA and CLG will be updated to reflect the new public health responsibilities. Local authorities will need to forecast and report against the sub-categories in these returns to Public Health England who will review them on behalf of the Department of Health. Given that the RO form is going to be used as a way of monitoring the usage of the grant, it is important that the contacts responsible for this section of financing are content with the figures submitted. Authorities will need to ensure that the figures are verified and in line with the purpose set out in the grant conditions. A list of the reporting categories has been provided at Annex C. Local authority Chief Executives will also need to return a statement confirming that the grant has been used in line with the conditions. A draft is attached at Annex D.

16. The reporting categories are sufficiently flexible to allow local decisions about what services are commissioned to be reflected sensibly. Guidance has been provided to local authorities in the Service Reporting Code of Practice (SeRCOP) on how activity should be recorded against the sub-categories.

***In-year reporting***

17. Local authorities will need to submit quarterly returns of spend on public health as part of the existing Quarterly Revenue Outturn reports. At the end of the financial year they will need to return a more detailed RO return.

18. For the detailed list of grant conditions please refer to the Grant Determination and conditions in Annex B.

**Charging**

19. Under new section 2B of the National Health Service Act 2006 (as inserted by section 12 of the Health and Social Care Act 2012), each local authority has a duty to take steps, as it considers appropriate, for improving the health of the people in its area. A local authority may also be required by regulations under new section 6C of the NHS Act (as inserted by section 18 of the Health and Social Care Act 2012) to take steps to protect the public in England from disease or other dangers to health. These steps are services which form part of the comprehensive health service and are therefore subject to the general prohibition on charging under section 1(3) of the NHS Act unless exempted through regulations.

**Guidance**

20. Local authorities will have to have regard to other forms of guidance when discharging their public health responsibilities such as:
    - guidance issued by the Department e.g. the Public Health Outcomes Framework;
    - the revised Best Value statutory guidance issued by the Department for Community & Local Government (2011), which is equally applicable to local authorities new public health functions. The duty to secure best value under the Local government Act 1999 will also apply to these public health responsibilities.

21. Local authorities might also want to consider other forms of guidance e.g. from the National Institute for Clinical Excellence in discharging their public health duties.

### *Clinical Governance*

22. In commissioning services using funds from this grant, local authorities should also ensure that appropriate clinical governance arrangements are put in place.

### *Mandatory Functions*

23. As set out in *Healthy Lives, Healthy People: Update and way forward*, the Health and Social Care Act 2012 provides for regulations that will allow the Secretary of State to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken.

24. The services and steps that will be prescribed are set out in *Public Health in Local Government – factsheets*[1]*.*

### *Outcomes Framework*

25. These reforms are aimed at improving the health and wellbeing of the nation and delivering better outcomes. We have therefore put in place a new strategic outcomes framework for public health at national and local levels, based on the evidence of where the biggest challenges are for health and wellbeing, and the wider factors that drive it. The outcomes framework sets out a high-level vision for public health outcomes, focused on increasing healthy life expectancy and reducing inequalities in health.

26. The Public Health Outcomes Framework presents a broad spectrum for public health. These outcomes will be measured through a range of indicators grouped into four domains that provide a focus on tackling the wider determinants of health, health improvement, health protection and healthcare public health. Some of these indicators reflect the contribution local authorities already make to public health whilst others reflect new areas of responsibility. Local authorities will want to have regard to the Public Health Outcomes Framework in deciding how to use their public health funding.

27. In setting their spending priorities it is important that local authorities are mindful of the overall objectives of the grant, as set out in the grant conditions, and the need to tackle the wider determinants of health, for example, through addressing the indicators within the Public Health Outcomes Framework, such as violent crime, the successful completion of drug treatment, smoking prevalence and child poverty.

28. The new health premium will be designed to reward communities for improving or reducing inequalities in selected health outcomes.

[1] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131904.pdf

**Enquiries**

29. Enquires about this Circular should be addressed to the Public Health Policy and Strategy Unit, Department of Health at publichealthpolicyandstrategy@dh.gsi.gov.uk

**Annex B**

## DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT 2003 OF A RING-FENCED PUBLIC HEALTH GRANT TO LOCAL AUTHORITIES FOR 2013-2014

### RING-FENCED PUBLIC HEALTH GRANT DETERMINATION 2013/14: No 31/2100

The Secretary of State for Health ("the Secretary of State"), in exercise of the powers conferred by section 31 of the Local Government Act 2003, makes the following determination:

### Citation

1) This determination may be cited as the Ring-fenced Public Health Grant Determination 2013/14: No 31/2100.

### Purpose of the grant

2) This grant can be used for both revenue and capital purposes.
3) The purpose of the grant is to provide local authorities in England with the funding required to discharge the public health functions detailed in paragraphs 2-4 in the attached Annex.

### Grant conditions

4) Pursuant to section 31(4) of the Local Government Act 2003, the Secretary of State determines that the grant will be paid subject to the conditions set out in the attached Annex.

### Determination

5) The Secretary of State determines as the authorities to which the grant is to be paid and the amount of grant to be paid, the authorities and the amounts set out in Appendix 1.

### Treasury consent

6) Before making this determination the Secretary of State obtained the consent of the Treasury.

Signed by authority of the Secretary of State for Health.

**Tim Baxter**
**Deputy Director**
**Public Health Policy & Strategy Unit**
**Department of Health**
**10 January 2013**

## GRANT CONDITIONS

1. In this Determination:

   "the Department" means the Department of Health**;**

   "financial year" means a period of twelve months ending 31st March XX.

   "NHS body" means an NHS body within the meaning of section 75 of the National Health Service Act 2006;

   "grant" means the amounts set out in the Ring-fenced Public Health Grant Determination **2013/14: No 31/2100**;

   "upper tier and unitary local authorities" means: a county council in England; a district council in England, other than a council for a district in a county for which there is a county council; a London borough council, the Council of the Isles of Scilly; and the Common Council of the City of London.

### Use of the grant

2. Pursuant to Section 31 of the Local Government Act 2003, the Secretary of State hereby determines that the public health grant shall be paid towards expenditure incurred, or to be incurred, by upper tier and unitary local authorities from the financial year 2013/2014. The relevant authorities are listed in Appendix 1.

3. Subject to paragraph 5, the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the 2006 Act").

4. The functions mentioned in that subsection are:
   (a) functions under section 2B, 111 or 249 of, or Schedule 1 to, the 2006 Act
   (b) functions by virtue of section 6C of the 2006 Act,
   (c) the Secretary of State's public health functions exercised by local authorities in pursuance of arrangements under section 7A of the 2006 Act,
   (d) the functions of a local authority under section 325 of the Criminal Justice Act 2003 (local authority duty to co-operate with the prison service with a view to improving the exercise of functions in relation to securing and maintaining the health of prisoners), and
   (e) such other functions relating to public health as may be prescribed under section 73A(2)(e).

5. A local authority may use the grant to contribute to a fund made up of –

(a) contributions by the authority from both the public health grant and other sources of funding e.g. from other local authority funding, or from payments made by a private sector or civil society organisation; or

(b) contributions by the authority and one or more of any of the following bodies

(i) another local authority,
(ii) an NHS or other public body, or
(iii) a private sector or civil society organisation;

provided the conditions specified in paragraph 6 are met.

6. The conditions referred to in paragraph 5 are that –

(a) the fund must be one out of which payments are made towards expenditure incurred in the exercise of, or for the purposes of, the functions described in paragraph 3;

(b) if payments are made out of the fund towards expenditure on other functions of a local authority or the functions of an NHS body, other public body, or a private sector or civil society organisation, the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or connection with, the exercise of the functions described in paragraph 3;

(c) the authority must be satisfied that, having regard to the contribution from the public health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money.

7. A local authority must, in using the grant, have regard to the need to reduce inequalities between the people in its area with respect to the benefits that they can obtain from that part of the health service provided in exercise of the functions referred to in paragraph 3.

8. The public health grant will only be paid to local authorities to support eligible expenditure.

**Eligible expenditure**

9. Eligible expenditure means expenditure incurred by an authority or any person acting on behalf of an authority, between 1 April 2013 and 31 March 2014, [for the purposes of carrying out the new public health functions referred to in paragraph 3-4 above].

10. If an authority incurs any of the following costs, they must be excluded from eligible expenditure:

a) contributions in kind
b) payments for activities of a political or exclusively religious nature
c) depreciation, amortisation or impairment of fixed assets owned by the authority
d) input VAT reclaimable by the authority from HM Revenue & Customs
e) interest payments or service charge payments for finance leases

f) gifts, other than promotional items, with a value of no more than £10 in a year to any one person subject to the exception in paragraph [11].
g) entertaining (Entertaining for this purpose means anything that would be a taxable benefit to the person being entertained, according to current UK tax regulations)
h) statutory fines, criminal fines or penalties.

11. Expenditure on promotional items in fulfilment of the local authority's health improvement duty under Section 2B of the 2006 Act such as products goods or services which are given for health improvement purposes may form part of eligible expenditure. This could include for example, vouchers for gym or fitness classes, nicotine patches or other expenditure which corresponds with the health improvement objectives of the public health grant.

12. An authority must not deliberately incur liabilities for eligible expenditure before there is an operational need for it to do so.

13. For the purpose of defining the time of payments, local authority's shall account for their spend from the grant using the accrual basis of accounting.[2].

**Payment arrangements**

14. Grants will be paid in quarterly instalments.

**Reporting**

*In-year reporting*

15. Local authorities will need to submit three high-level public health returns (Quarterly Revenue Outturns) at quarterly intervals during the year, for the quarters ending in June, September and December. In accordance with existing practice, this will be submitted to the Department for Communities & Local Government (DCLG) who will share them with Public Health England (PHE). PHE will review the returns on behalf of the Secretary of State for Health.

*End-of year reporting*

16. Each authority shall prepare a return setting out how the grant has been spent using the Revenue Outturn (RO) form at the end of the financial year. In accordance with existing practice, this will be submitted to DCLG who will share them with PHE. The first to be submitted on or before August 2014 covering the period 1 April 2013 to 31 March 2014. A list of the lines of expenditure (categories) that will need to be reported on is attached at Annex C. The RO

[2] "Accrual accounting depicts the effects of transactions and other events and circumstances on an authority's economic resources and claims in the periods in which those effects occur, even if the resulting cash receipts and payments occur in a different period." Code of Practice on Local Authority Accounting 2012/13 pp8-9.

form must provide details of eligible expenditure in the period, against each relevant category.

17. The returns must be certified by the authority's Chief Executive that, to the best of his or her knowledge, the amounts shown on the Statement are all eligible expenditure and that the grant has been used for the purposes intended, as set out in this Determination. DH has provided Chief Executives with a statement of assurance for their signature at Annex D. This should be sent to Public Health England at: publichealthpolicyandstrategy@dh.gsi.gov.uk

18. The Secretary of State may require a further external validation to be carried out by an appropriately qualified independent accountant or auditor of the use of the grant where the RO return referred to in paragraph 16 above fails to provide sufficient assurance to the Secretary of State that the grant has been used in accordance with these conditions.

19. While the grant should not be used for interest or service charge payments or finance leases it can be used for capital spend on items that do not entail borrowing or a finance lease. Capital expenditure should be noted as a Capital Expenditure from Revenue Account (CERA) payment on the RO form and details provided on the Capital Outturn Return (COR) form issued by the Department for Communities & Local Government (DCLG). Further guidance will be supplied with the forms that DCLG send out.

20. In accordance with existing practice, local authorities should send the RO to DCLG.

**Financial Management**

21. Each authority must maintain a robust system of internal financial controls and inform the Department promptly of any significant financial control issues raised by its internal auditors in relation to the use of the public health grant.

22. If a local authority identifies any overpayment of the grant, the authority must repay this amount within 30 days of it coming to their attention.

23. If an authority has any grounds for suspecting financial irregularity in the use of any grant paid under this funding agreement, it must notify the Department immediately, explain what steps are being taken to investigate the suspicion and keep the Department informed about the progress of the investigation. For these purposes "financial irregularity" includes fraud or other impropriety, mismanagement, and the use of the grant for purposes other than those for which it was provided.

<u>External audit arrangements</u>

24. Appointed auditors are responsible for auditing the financial statements of each local authority and for reaching a conclusion on an authority's overall arrangements for securing economy, efficiency and effectiveness in the use of

resources. The use of, and accounting for, the public health grant and the arrangements for securing economy, efficiency and effectiveness in doing so fall within the scope of the work that appointed auditors may plan to carry out, having regard to the risk of material error in the authority's accounts and significance.

**Records to be kept**

25. Each authority must maintain reliable, accessible and up to date accounting records with an adequate audit trail for all expenditure funded by grant monies under this Determination.

26. Each authority and any person acting on behalf of an authority must allow:
    a) the Comptroller and Auditor General or appointed representatives; and
    b) the Secretary of State or appointed representatives;
    c) free access at all reasonable times to all documents (including computerised documents and data) and other information as are connected to the grant payable under this Determination, or to the purposes for which grant was used, subject to the provisions in paragraph 27.

27. The documents, data and information referred to in paragraph 26 are such which the Secretary of State or the Comptroller and Auditor General may reasonably require for the purposes of his financial audit or any department or other public body or for carrying out examinations into the economy, efficiency and effectiveness with which any department or other public body has used its resources. An authority must provide such further explanations as are reasonably required for these purposes.

28. Paragraphs 25 and 26 do not constitute a requirement for the examination, certification or inspection of the accounts of an authority by the Comptroller and Auditor General under section 6(3) of the National Audit Act 1983. The Comptroller and Auditor General will seek access in a measured manner to minimise any burden on the authority and will avoid duplication of effort by seeking and sharing information with the Audit Commission.

**Breach of Conditions and Recovery of Grant**

29. If an authority fails to comply with any of these conditions, or any overpayment is made under this grant, or any amount is paid in error, or if an authority 's Chief Executive is unable to provide reasonable assurance that the RO form, in all material respects, fairly presents the eligible expenditure, in the relevant period, in accordance with the definitions and conditions in this Determination, or any information provided is incorrect, the Secretary of State may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid, as may be determined by the Secretary of State and notified in writing to the authority. Such sum as has been notified will immediately become repayable to the Secretary of State who may set off the sum against any future amount due to the authority from central government.

## Underspends

30. If there are funds left over at the end of the financial year they can be carried over into the next financial year as part of a public health reserve. All the conditions that apply to the use of the grant will continue to apply to any funds carried over. However, where there are large underspends DH reserves the right to reduce allocations in future years.

## Appendix 1

**Public health grants 2013-14 and 2014-15**

| Local authority | 2013-14 allocation £000s | 2014-15 allocation £000s |
|---|---|---|
| Hartlepool | 8,254.8 | 8,485.9 |
| Middlesbrough | 15,932.0 | 16,378.0 |
| Redcar and Cleveland | 10,619.7 | 10,917.1 |
| Stockton-on-Tees | 12,710.9 | 13,066.8 |
| Darlington | 6,988.7 | 7,184.4 |
| County Durham | 44,533.1 | 45,780.1 |
| Northumberland | 13,042.8 | 13,407.9 |
| Gateshead | 15,400.5 | 15,831.7 |
| Newcastle upon Tyne | 20,721.3 | 21,301.5 |
| North Tyneside | 10,417.4 | 10,807.2 |
| South Tyneside | 12,565.5 | 12,917.3 |
| Sunderland | 20,655.6 | 21,233.9 |
| Halton | 8,510.5 | 8,748.8 |
| Warrington | 10,051.6 | 10,439.5 |
| Blackburn with Darwen | 12,775.8 | 13,133.5 |
| Blackpool | 17,456.9 | 17,945.7 |
| Cheshire East | 12,725.1 | 13,997.6 |
| Cheshire West and Chester | 13,165.3 | 13,860.9 |
| Bolton | 18,115.0 | 18,906.0 |
| Bury | 9,146.6 | 9,619.1 |
| Manchester | 40,105.2 | 44,115.7 |
| Oldham | 13,559.0 | 14,914.9 |

| Local authority | 2013-14 allocation £000s | 2014-15 allocation £000s |
|---|---|---|
| Rochdale | 14,255.6 | 14,777.3 |
| Salford | 17,074.9 | 18,776.6 |
| Stockport | 12,359.6 | 12,834.3 |
| Tameside | 11,454.5 | 12,599.9 |
| Trafford | 10,171.0 | 10,455.8 |
| Wigan | 23,020.5 | 23,665.0 |
| Knowsley | 15,928.6 | 16,374.6 |
| Liverpool | 40,307.9 | 41,436.5 |
| St. Helens | 12,680.3 | 13,035.4 |
| Sefton | 19,408.4 | 19,951.8 |
| Wirral | 25,719.9 | 26,440.1 |
| Cumbria | 14,176.2 | 15,593.8 |
| Lancashire | 57,991.3 | 59,800.7 |
| Kingston upon Hull, City of | 21,945.0 | 22,559.4 |
| East Riding of Yorkshire | 8,341.1 | 9,175.2 |
| North East Lincolnshire | 9,699.7 | 9,971.3 |
| North Lincolnshire | 8,070.8 | 8,463.9 |
| York | 6,640.7 | 7,304.8 |
| Barnsley | 13,570.9 | 14,242.6 |
| Doncaster | 19,648.1 | 20,198.2 |
| Rotherham | 13,790.3 | 14,176.4 |
| Sheffield | 29,665.3 | 30,747.9 |
| Bradford | 31,544.6 | 34,699.1 |
| Calderdale | 9,828.9 | 10,678.8 |
| Kirklees | 22,602.5 | 23,526.6 |

| Local authority | 2013-14 allocation £000s | 2014-15 allocation £000s |
|---|---|---|
| Leeds | 36,854.9 | 40,540.4 |
| Wakefield | 20,230.3 | 20,796.7 |
| North Yorkshire | 19,020.7 | 19,732.5 |
| Derby | 13,167.3 | 14,484.1 |
| Leicester | 19,995.1 | 21,994.6 |
| Rutland | 1,043.6 | 1,072.8 |
| Nottingham | 27,080.9 | 27,839.2 |
| Derbyshire | 34,680.3 | 35,651.3 |
| Leicestershire | 20,206.5 | 21,862.6 |
| Lincolnshire | 27,542.4 | 28,505.9 |
| Northamptonshire | 26,839.3 | 29,523.2 |
| Nottinghamshire | 35,135.3 | 36,119.0 |
| Herefordshire, County of | 7,752.7 | 7,969.8 |
| Telford and Wrekin | 10,615.7 | 10,912.9 |
| Stoke-on-Trent | 19,690.5 | 20,241.8 |
| Shropshire | 8,948.2 | 9,843.0 |
| Birmingham | 78,636.1 | 80,837.9 |
| Coventry | 17,831.7 | 19,614.8 |
| Dudley | 18,456.8 | 18,973.6 |
| Sandwell | 20,816.2 | 21,804.6 |
| Solihull | 9,635.5 | 9,905.3 |
| Walsall | 14,983.7 | 15,827.3 |
| Wolverhampton | 18,770.4 | 19,296.0 |
| Staffordshire | 32,321.9 | 33,312.6 |
| Warwickshire | 21,216.3 | 21,810.4 |

| Local authority | 2013-14 allocation £000s | 2014-15 allocation £000s |
|---|---|---|
| Worcestershire | 25,805.7 | 26,528.3 |
| Peterborough | 8,446.1 | 9,290.7 |
| Luton | 11,876.9 | 13,064.6 |
| Southend-on-Sea | 7,327.0 | 8,059.7 |
| Thurrock | 7,416.8 | 7,624.4 |
| Bedford | 6,675.7 | 7,343.3 |
| Central Bedfordshire | 9,873.0 | 10,149.5 |
| Cambridgeshire | 21,230.5 | 22,298.7 |
| Essex | 48,873.6 | 50,242.0 |
| Hertfordshire | 34,219.7 | 37,641.7 |
| Norfolk | 29,798.3 | 30,632.7 |
| Suffolk | 25,572.5 | 26,288.5 |
| City of London | 1,651.4 | 1,697.6 |
| Barking and Dagenham | 12,921.1 | 14,213.2 |
| Barnet | 13,799.0 | 14,334.8 |
| Bexley | 6,885.6 | 7,574.1 |
| Brent | 18,334.8 | 18,848.2 |
| Bromley | 12,600.8 | 12,953.6 |
| Camden | 25,649.4 | 26,367.6 |
| Croydon | 18,311.9 | 18,824.6 |
| Ealing | 21,375.7 | 21,974.2 |
| Enfield | 12,961.3 | 14,257.4 |
| Greenwich | 18,277.3 | 19,061.1 |
| Hackney | 29,005.4 | 29,817.5 |
| Hammersmith and Fulham | 20,287.1 | 20,855.1 |

| Local authority | 2013-14 allocation £000s | 2014-15 allocation £000s |
|---|---|---|
| Haringey | 17,586.7 | 18,189.4 |
| Harrow | 8,874.3 | 9,145.8 |
| Havering | 8,833.4 | 9,716.7 |
| Hillingdon | 15,281.2 | 15,709.1 |
| Hounslow | 12,803.9 | 14,084.3 |
| Islington | 24,736.6 | 25,429.2 |
| Kensington and Chelsea | 20,635.9 | 21,213.7 |
| Kingston upon Thames | 9,048.9 | 9,302.3 |
| Lambeth | 25,438.2 | 26,437.4 |
| Lewisham | 19,541.0 | 20,088.1 |
| Merton | 8,984.6 | 9,236.2 |
| Newham | 23,738.1 | 26,111.9 |
| Redbridge | 10,373.9 | 11,411.3 |
| Richmond upon Thames | 7,676.0 | 7,890.9 |
| Southwark | 21,808.8 | 22,945.6 |
| Sutton | 8,384.4 | 8,619.2 |
| Tower Hamlets | 31,382.3 | 32,261.0 |
| Waltham Forest | 11,160.5 | 12,276.6 |
| Wandsworth | 24,738.2 | 25,430.9 |
| Westminster | 30,384.2 | 31,234.9 |
| Medway | 13,170.2 | 14,280.3 |
| Bracknell Forest | 2,771.6 | 3,048.8 |
| West Berkshire | 4,381.0 | 4,819.1 |
| Reading | 7,465.5 | 8,212.1 |
| Slough | 4,987.7 | 5,486.5 |

| Local authority | 2013-14 allocation £000s | 2014-15 allocation £000s |
|---|---|---|
| Windsor and Maidenhead | 3,191.6 | 3,510.7 |
| Wokingham | 3,838.9 | 4,222.8 |
| Milton Keynes | 7,989.0 | 8,787.9 |
| Brighton and Hove | 18,185.4 | 18,694.6 |
| Portsmouth | 15,737.4 | 16,178.1 |
| Southampton | 14,312.6 | 15,050.2 |
| Isle of Wight | 5,921.9 | 6,087.7 |
| Buckinghamshire | 15,681.2 | 17,249.4 |
| East Sussex | 23,839.2 | 24,506.7 |
| Hampshire | 36,752.9 | 40,428.2 |
| Kent | 49,842.9 | 54,827.1 |
| Oxfordshire | 25,263.9 | 26,085.6 |
| Surrey | 23,237.4 | 25,561.2 |
| West Sussex | 26,697.8 | 27,445.3 |
| Bath and North East Somerset | 6,631.7 | 6,914.1 |
| Bristol, City of | 27,312.5 | 29,122.3 |
| North Somerset | 7,380.5 | 7,593.0 |
| South Gloucestershire | 6,677.4 | 7,345.1 |
| Plymouth | 11,159.7 | 12,275.7 |
| Torbay | 7,150.4 | 7,350.6 |
| Bournemouth | 7,542.0 | 8,296.2 |
| Poole | 5,891.7 | 6,056.7 |
| Swindon | 7,891.2 | 8,680.3 |
| Cornwall | 17,839.1 | 18,338.6 |
| Isles of Scilly | 70.95 | 72.93 |

| Local authority | 2013-14 allocation £000s | 2014-15 allocation £000s |
|---|---|---|
| Wiltshire | 13,260.5 | 14,586.6 |
| Devon | 20,747.9 | 22,060.2 |
| Dorset | 12,538.2 | 12,889.2 |
| Gloucestershire | 21,125.8 | 21,793.3 |
| Somerset | 14,103.0 | 15,513.3 |
| | | |
| England | 2,660,000 | 2,793,000 |

**Annex C**

## Categories for reporting local authority public health spend

***Prescribed functions:***

1) Sexual health services - STI testing and treatment

2) Sexual health services – Contraception

3) NHS Health Check programme

4) Local authority role in health protection

5) Public health advice

6) National Child Measurement Programme

***Non-prescribed functions:***

7) Sexual health services - Advice, prevention and promotion

8) Obesity – adults

9) Obesity - children

10) Physical activity – adults

11) Physical activity - children

12) Drug misuse - adults

13) Alcohol misuse - adults

14) Substance misuse (drugs and alcohol) - youth services

15) Stop smoking services and interventions

16) Wider tobacco control

17) Children 5-19 public health programmes

18) Miscellaneous, which includes:

    - Non-mandatory elements of the NHS Health Check programme
    - Nutrition initiatives
    - Health at work
    - Programmes to prevent accidents

- Public mental health
- General prevention activities
- Community safety, violence prevention & social exclusion
- Dental public health
- Fluoridation
- Local authority role in surveillance and control of infectious disease
- Information & Intelligence
- Any public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Population level interventions to reduce and prevent birth defects (supporting role)
- Wider determinants

**Annex D**

# Draft Statement of Assurance

**[Insert name of local authority]**

**Date: DD/MM/YYYY**

**Statement of Assurance: Ring-fenced Public Health Grant Determination 2013/14: No 31/2100**

The ring-fenced public health grant, in the amount of £……, has been provided to this local authority towards expenditure incurred, or to be incurred, in the 2013/2014 financial year.

As the authority's Chief Executive I have reviewed the health Revenue Outturn (RO) form and can confirm that the grant has been used to discharge the public health functions set out in Section 73B (2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). I also confirm that the amounts stated in the RO form are a true reflection of how the grant has been spent, including any amounts held in the authority's public health reserve.

I affirm that where funding has been combined ('pooled') with funds from other sources, that has been in accordance with the relevant conditions in paragraphs 5-6 of the grant Determination.

[Signed]