



Local Authority Circular

LAC(DH)(2013)3

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: 13 December 2013

PUBLIC HEALTH RING-FENCED GRANT CONDITIONS - 2014/15

1. In January 2013 the Department of Health allocated public health ring fenced grants to local authorities (upper tier and unitary local authorities) in England, a two year allocation totalling £5.46 billion for the financial years 2013/14 and 2014/15. The funding was intended to enable relevant local authorities to discharge their new public health responsibilities. The Secretary of State duly determined, on 10 January 2013, under section 31 of the Local Government Act 2003, to pay grants to relevant authorities in the amounts indicated in the determination (determination 31/2241). This circular sets out the conditions that will govern the use of the 2014/15 grant. The conditions are the same as the conditions that applied to determination 31/2100 dated 10 January 2013 which were published on that date.
2. The grant for the financial year 2014/15 is also to be 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 towards any expenditure.
3. The circular contains 3 annexes:
 - Annex A comprises the grant determination and conditions, which set out the detailed arrangements for administering the grant.
 - Annex B lists the categories of public health spend against which local authorities will need to report to the Department.
 - Annex C is the statement local authority Chief Executives will need to send back confirming that the grant has been used in accordance with the conditions.

Use of the grant

4. The public health grant is being provided to give local authorities the funding needed to discharge their public health responsibilities. It is vital that these funds are used to:
 - improve significantly the health and wellbeing of local populations,
 - carry out health protection and health improvement 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.
5. The grant will be made to upper-tier and unitary local authorities in England and paid in quarterly instalments on the dates specified in the Appendix.
6. The grant will be 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 the grant is used to assist the local authority to comply with its public health duties and mandatory services, that it is spent appropriately, and accounted for properly.
7. 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 large underspends repeatedly the Department will consider whether allocations should be reduced in future years.

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

8. In drawing up their priorities, local authorities, as members of health and wellbeing boards will have a duty to work with clinical commissioning groups (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 amendments made by the Health and Social Care Act 2012 to the Local Government and Public Involvement in Health Act 2007, JSNAs and JHWSs must inform local authority commissioning plans, and so will impact on how the grant is spent.
9. 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

10. 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 public health of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities.

11. Local authorities will need to forecast and report against the sub-categories in the Revenue Account (RA) and Revenue Outturn (RO) returns to Public Health England (PHE) who will review them on behalf of the Department of Health. Given that the RO form is 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 B. 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 C.
12. 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

13. 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.
14. For the detailed list of grant conditions please refer to the Grant Determination and conditions in Annex A.

Charging

15. Under section 2B of the National Health Service Act 2006, 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 section 6C of the NHS Act 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

16. Local authorities must 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 public health functions. The duty to secure best value under the Local government Act 1999 will also apply to these public health responsibilities.

17. Local authorities might also want to consider other forms of guidance, e.g. from the National Institute for Health and Care Excellence, in discharging their public health duties.

Clinical Governance

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

Mandatory Functions

19. As set out in *Healthy Lives, Healthy People: Update and way forward*, the National Health Service Act 2006 now provides for regulations that allow the Secretary of State to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken.
20. The services and steps that have been prescribed are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, S.I. 2013/351.

Outcomes Framework

21. 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.
22. 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.
23. 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.
24. The new health premium will be designed to reward communities for making progress against certain indicators particularly which are in the Public Health Outcomes Framework. The selected health premium indicators will be communicated to local authorities by March 2014. The first incentive payment will be in the year 2015/16 to ensure LAs are rewarded for the improvements

they make. Information on the development of the health premium incentive scheme can be found at the link below:

<https://www.gov.uk/government/policy-advisory-groups/health-premium-incentive-advisory-group>

Enquiries

25. Enquires about this Circular should be addressed to the Public Health Policy and Strategy Unit, Department of Health, email address:

publichealthpolicyandstrategy@dh.gsi.gov.uk

**DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT
2003 OF A RING-FENCED PUBLIC HEALTH GRANT TO LOCAL AUTHORITIES
FOR 2014/2015**

PUBLIC HEALTH RING-FENCED GRANT DETERMINATION 2014/15: No 31/2241

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 Public Health Ring-fenced Grant Determination 2014/15: No 31/2241.

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 on page 7.

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 from pages 7.

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 in the financial year 2014/15, the authorities and the amounts for the financial year 2014/15 set out in the Appendix.

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 of Public Health Policy & Strategy
Department of Health
13 December 2013

GRANT CONDITIONS

1. In this Determination:
 - “an authority” means an upper tier or unitary local authority identified in the Appendix.
 - “the Department” means the Department of Health;
 - “financial year” means a period of twelve months ending 31st March 2015.
 - “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 2014/15: No 31/2241
 - “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 in the financial year 2014/15. 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 (“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 73B(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 in 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 2014 and 31 March 2015, for the purposes of carrying out the public health functions referred to in paragraphs 3 and 4.
10. If an authority incurs any of the following costs, those costs 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, an authority shall account for its spend from the grant using the accrual basis of accounting.¹

Payment arrangements

14. Grants will be paid in quarterly instalments by Public Health England.

Reporting

In-year reporting

15. An authority 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 covering the period 1 April 2014 to 31 March 2015. In accordance with existing practice, this will be submitted to DCLG who will share the information with PHE. A list of the lines of expenditure (categories) that will need to be reported on is attached at Annex B. The RO form must provide details of eligible expenditure in the period, against each relevant category.

¹ "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.

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. Chief Executives have been provided with a statement of assurance for their signature at Annex C. This should be sent to Public Health England at: publichealthgrant@phe.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 an 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.

External audit arrangements

24. Appointed auditors are responsible for auditing the financial statements of each 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;free access at all reasonable times to all documents (including computerised documents and data) and other information as is 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 as the Secretary of State or the Comptroller and Auditor General may reasonably require for the purposes of the Secretary of State's or the Comptroller and Auditor General's financial audit or that any department or other public body may reasonably require for the purposes of 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.

Underspend

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 underspend DH reserves the right to reduce allocations in future years.

Appendix

Local Authorities total public health ring fenced grant for 2014/15 with quarterly allocations (£) and payment dates England

ONS LA Name	Total 2014/15 PH Grant	Q1 PH grant allocations - Payment date: 17 <i>April 2014</i>	Q2 PH grant allocations - Payment date: <i>18 July 2014</i>	Q3 PH grant allocations- Payment date: 17 <i>October 2014</i>	Q4 PH grant allocations - Payment date: 16 <i>January 2015</i>
Barking and Dagenham	14,213,200	3,553,300	3,553,300	3,553,300	3,553,300
Barnet	14,334,800	3,583,700	3,583,700	3,583,700	3,583,700
Barnsley	14,242,600	3,560,650	3,560,650	3,560,650	3,560,650
Bath and North East Somerset	7,384,100	1,846,025	1,846,025	1,846,025	1,846,025
Bedford	7,343,300	1,835,825	1,835,825	1,835,825	1,835,825
Bexley	7,574,100	1,893,525	1,893,525	1,893,525	1,893,525
Birmingham	80,837,900	20,209,475	20,209,475	20,209,475	20,209,475
Blackburn with Darwen	13,133,500	3,283,375	3,283,375	3,283,375	3,283,375
Blackpool	17,945,700	4,486,425	4,486,425	4,486,425	4,486,425
Bolton	18,906,000	4,726,500	4,726,500	4,726,500	4,726,500
Poole	6,056,700	1,514,175	1,514,175	1,514,175	1,514,175
Bournemouth	8,296,200	2,074,050	2,074,050	2,074,050	2,074,050
Bracknell Forest	3,048,800	762,200	762,200	762,200	762,200
Brent	18,848,200	4,712,050	4,712,050	4,712,050	4,712,050
Brighton and Hove	18,694,600	4,673,650	4,673,650	4,673,650	4,673,650
Bristol, City of	29,122,300	7,280,575	7,280,575	7,280,575	7,280,575
Bromley	12,953,600	3,238,400	3,238,400	3,238,400	3,238,400
Buckinghamshire	17,249,400	4,312,350	4,312,350	4,312,350	4,312,350
Bury	9,619,100	2,404,775	2,404,775	2,404,775	2,404,775
Calderdale	10,678,800	2,669,700	2,669,700	2,669,700	2,669,700
Cambridgeshire	22,298,700	5,574,675	5,574,675	5,574,675	5,574,675
Camden	26,367,600	6,591,900	6,591,900	6,591,900	6,591,900
Central Bedfordshire	10,149,500	2,537,375	2,537,375	2,537,375	2,537,375
Cheshire East	14,274,400	3,568,600	3,568,600	3,568,600	3,568,600
Cheshire West and Chester	13,889,400	3,472,350	3,472,350	3,472,350	3,472,350
Bradford	34,699,100	8,674,775	8,674,775	8,674,775	8,674,775
City of London	1,697,600	424,400	424,400	424,400	424,400
Cornwall	18,338,600	4,584,650	4,584,650	4,584,650	4,584,650
Coventry	19,614,800	4,903,700	4,903,700	4,903,700	4,903,700
Croydon	18,824,600	4,706,150	4,706,150	4,706,150	4,706,150
Cumbria	15,593,800	3,898,450	3,898,450	3,898,450	3,898,450
Darlington	7,184,400	1,796,100	1,796,100	1,796,100	1,796,100
Derby	14,484,100	3,621,025	3,621,025	3,621,025	3,621,025
Derbyshire	35,651,300	8,912,825	8,912,825	8,912,825	8,912,825

Devon	22,060,200	5,515,050	5,515,050	5,515,050	5,515,050
Doncaster	20,198,200	5,049,550	5,049,550	5,049,550	5,049,550
Dorset	12,889,200	3,222,300	3,222,300	3,222,300	3,222,300
Dudley	18,973,600	4,743,400	4,743,400	4,743,400	4,743,400
County Durham	45,780,100	11,445,025	11,445,025	11,445,025	11,445,025
Ealing	21,974,200	5,493,550	5,493,550	5,493,550	5,493,550
East Riding of Yorkshire	9,175,200	2,293,800	2,293,800	2,293,800	2,293,800
East Sussex	24,506,700	6,126,675	6,126,675	6,126,675	6,126,675
Enfield	14,257,400	3,564,350	3,564,350	3,564,350	3,564,350
Essex	50,242,000	12,560,500	12,560,500	12,560,500	12,560,500
Gateshead	15,831,700	3,957,925	3,957,925	3,957,925	3,957,925
Gloucestershire	21,793,300	5,448,325	5,448,325	5,448,325	5,448,325
Greenwich	19,061,100	4,765,275	4,765,275	4,765,275	4,765,275
Hackney	29,817,500	7,454,375	7,454,375	7,454,375	7,454,375
Halton	8,748,800	2,187,200	2,187,200	2,187,200	2,187,200
Hammersmith and Fulham	20,855,100	5,213,775	5,213,775	5,213,775	5,213,775
Hampshire	40,428,200	10,107,050	10,107,050	10,107,050	10,107,050
Haringey	18,189,400	4,547,350	4,547,350	4,547,350	4,547,350
Harrow	9,145,800	2,286,450	2,286,450	2,286,450	2,286,450
Hartlepool	8,485,900	2,121,475	2,121,475	2,121,475	2,121,475
Havering	9,716,700	2,429,175	2,429,175	2,429,175	2,429,175
Herefordshire, County of	7,969,800	1,992,450	1,992,450	1,992,450	1,992,450
Hertfordshire	37,641,700	9,410,425	9,410,425	9,410,425	9,410,425
Hillingdon	15,709,100	3,927,275	3,927,275	3,927,275	3,927,275
Hounslow	14,084,300	3,521,075	3,521,075	3,521,075	3,521,075
Isle of Wight	6,087,700	1,521,925	1,521,925	1,521,925	1,521,925
Isles of Scilly	72,930	18,233	18,233	18,233	18,233
Islington	25,429,200	6,357,300	6,357,300	6,357,300	6,357,300
Kent	54,827,100	13,706,775	13,706,775	13,706,775	13,706,775
Kingston upon Hull, City of	22,559,400	5,639,850	5,639,850	5,639,850	5,639,850
Kirklees	23,526,600	5,881,650	5,881,650	5,881,650	5,881,650
Knowsley	16,374,600	4,093,650	4,093,650	4,093,650	4,093,650
Lambeth	26,437,400	6,609,350	6,609,350	6,609,350	6,609,350
Lancashire	59,800,700	14,950,175	14,950,175	14,950,175	14,950,175
Leeds	40,540,400	10,135,100	10,135,100	10,135,100	10,135,100
Leicester	21,994,600	5,498,650	5,498,650	5,498,650	5,498,650
Leicestershire	21,862,600	5,465,650	5,465,650	5,465,650	5,465,650
Lewisham	20,088,100	5,022,025	5,022,025	5,022,025	5,022,025
Lincolnshire	28,505,900	7,126,475	7,126,475	7,126,475	7,126,475
Liverpool	41,436,500	10,359,125	10,359,125	10,359,125	10,359,125
Luton	13,064,600	3,266,150	3,266,150	3,266,150	3,266,150
Manchester	44,115,700	11,028,925	11,028,925	11,028,925	11,028,925
Medway	14,280,300	3,570,075	3,570,075	3,570,075	3,570,075
Merton	9,236,200	2,309,050	2,309,050	2,309,050	2,309,050
Middlesbrough	16,378,000	4,094,500	4,094,500	4,094,500	4,094,500

Milton Keynes	8,787,900	2,196,975	2,196,975	2,196,975	2,196,975
Newcastle upon Tyne	21,301,500	5,325,375	5,325,375	5,325,375	5,325,375
Newham	26,111,900	6,527,975	6,527,975	6,527,975	6,527,975
Norfolk	30,632,700	7,658,175	7,658,175	7,658,175	7,658,175
North East Lincolnshire	9,971,300	2,492,825	2,492,825	2,492,825	2,492,825
North Lincolnshire	8,463,900	2,115,975	2,115,975	2,115,975	2,115,975
North Somerset	7,593,000	1,898,250	1,898,250	1,898,250	1,898,250
North Tyneside	10,807,200	2,701,800	2,701,800	2,701,800	2,701,800
North Yorkshire	19,732,500	4,933,125	4,933,125	4,933,125	4,933,125
Northamptonshire	29,523,200	7,380,800	7,380,800	7,380,800	7,380,800
Northumberland	13,407,900	3,351,975	3,351,975	3,351,975	3,351,975
Nottingham	27,839,200	6,959,800	6,959,800	6,959,800	6,959,800
Nottinghamshire	36,119,000	9,029,750	9,029,750	9,029,750	9,029,750
Oldham	14,914,900	3,728,725	3,728,725	3,728,725	3,728,725
Oxfordshire	26,085,600	6,521,400	6,521,400	6,521,400	6,521,400
Peterborough	9,290,700	2,322,675	2,322,675	2,322,675	2,322,675
Plymouth	12,275,700	3,068,925	3,068,925	3,068,925	3,068,925
Portsmouth	16,178,100	4,044,525	4,044,525	4,044,525	4,044,525
Reading	8,212,100	2,053,025	2,053,025	2,053,025	2,053,025
Redbridge	11,411,300	2,852,825	2,852,825	2,852,825	2,852,825
Redcar and Cleveland	10,917,100	2,729,275	2,729,275	2,729,275	2,729,275
Richmond upon Thames	7,890,900	1,972,725	1,972,725	1,972,725	1,972,725
Rochdale	14,777,300	3,694,325	3,694,325	3,694,325	3,694,325
Rotherham	14,176,400	3,544,100	3,544,100	3,544,100	3,544,100
Kensington and Chelsea	21,213,700	5,303,425	5,303,425	5,303,425	5,303,425
Kingston upon Thames	9,302,300	2,325,575	2,325,575	2,325,575	2,325,575
Rutland	1,072,800	268,200	268,200	268,200	268,200
Salford	18,776,600	4,694,150	4,694,150	4,694,150	4,694,150
Sandwell	21,804,600	5,451,150	5,451,150	5,451,150	5,451,150
Sefton	19,951,800	4,987,950	4,987,950	4,987,950	4,987,950
Sheffield	30,747,900	7,686,975	7,686,975	7,686,975	7,686,975
Shropshire	9,843,000	2,460,750	2,460,750	2,460,750	2,460,750
Slough	5,486,500	1,371,625	1,371,625	1,371,625	1,371,625
Solihull	9,905,300	2,476,325	2,476,325	2,476,325	2,476,325
Somerset	15,513,300	3,878,325	3,878,325	3,878,325	3,878,325
South Gloucestershire	7,345,100	1,836,275	1,836,275	1,836,275	1,836,275
South Tyneside	12,917,300	3,229,325	3,229,325	3,229,325	3,229,325
Southampton	15,050,200	3,762,550	3,762,550	3,762,550	3,762,550
Southend-on-Sea	8,059,700	2,014,925	2,014,925	2,014,925	2,014,925
Southwark	22,945,600	5,736,400	5,736,400	5,736,400	5,736,400
St. Helens	13,035,400	3,258,850	3,258,850	3,258,850	3,258,850
Staffordshire	33,312,600	8,328,150	8,328,150	8,328,150	8,328,150
Stockport	12,834,300	3,208,575	3,208,575	3,208,575	3,208,575
Stockton-on-Tees	13,066,800	3,266,700	3,266,700	3,266,700	3,266,700
Stoke-on-Trent	20,241,800	5,060,450	5,060,450	5,060,450	5,060,450

Suffolk	26,288,500	6,572,125	6,572,125	6,572,125	6,572,125
Sunderland	21,233,900	5,308,475	5,308,475	5,308,475	5,308,475
Surrey	25,561,200	6,390,300	6,390,300	6,390,300	6,390,300
Sutton	8,619,200	2,154,800	2,154,800	2,154,800	2,154,800
Swindon	8,680,300	2,170,075	2,170,075	2,170,075	2,170,075
Tameside	12,599,900	3,149,975	3,149,975	3,149,975	3,149,975
Telford and Wrekin	10,912,900	2,728,225	2,728,225	2,728,225	2,728,225
Thurrock	7,624,400	1,906,100	1,906,100	1,906,100	1,906,100
Torbay	7,350,600	1,837,650	1,837,650	1,837,650	1,837,650
Tower Hamlets	32,261,000	8,065,250	8,065,250	8,065,250	8,065,250
Trafford	10,455,800	2,613,950	2,613,950	2,613,950	2,613,950
Wakefield	20,796,700	5,199,175	5,199,175	5,199,175	5,199,175
Walsall	15,827,300	3,956,825	3,956,825	3,956,825	3,956,825
Waltham Forest	12,276,600	3,069,150	3,069,150	3,069,150	3,069,150
Wandsworth	25,430,900	6,357,725	6,357,725	6,357,725	6,357,725
Warrington	10,439,500	2,609,875	2,609,875	2,609,875	2,609,875
Warwickshire	21,810,400	5,452,600	5,452,600	5,452,600	5,452,600
West Berkshire	4,819,100	1,204,775	1,204,775	1,204,775	1,204,775
West Sussex	27,445,300	6,861,325	6,861,325	6,861,325	6,861,325
Westminster	31,234,900	7,808,725	7,808,725	7,808,725	7,808,725
Wigan	23,665,000	5,916,250	5,916,250	5,916,250	5,916,250
Wiltshire	14,586,600	3,646,650	3,646,650	3,646,650	3,646,650
Windsor and Maidenhead	3,510,700	877,675	877,675	877,675	877,675
Wirral	26,440,100	6,610,025	6,610,025	6,610,025	6,610,025
Wokingham	4,222,800	1,055,700	1,055,700	1,055,700	1,055,700
Wolverhampton	19,296,000	4,824,000	4,824,000	4,824,000	4,824,000
Worcestershire	26,528,300	6,632,075	6,632,075	6,632,075	6,632,075
York	7,304,800	1,826,200	1,826,200	1,826,200	1,826,200
England total	2,793,775,130	698,443,783	698,443,783	698,443,783	698,443,783

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

Draft Statement of Assurance

[Insert name of local authority]

Date: DD/MM/YYYY

**Statement of Assurance: Ring-fenced Public Health Grant Determination
2014/15: No 31/2241**

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 financial year 2014/15.

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 described in Section 73B (2) of the National Health Service Act 2006. 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, this has been in accordance with the relevant conditions in paragraphs 5 and 6 of the grant Determination.

[Signed]