



Local Authority Circular

LAC(DH)(2014)2

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: 17 Dec 2014

PUBLIC HEALTH RING-FENCED GRANT CONDITIONS - 2015/16

1. In September 2014 the Department of Health published public health ring fenced grant allocations to local authorities (upper tier and unitary local authorities) in England: £2.79 billion for 2015/16 with an additional £5 million for the Health Premium Incentive Scheme. The LA allocations are the same as 2014/15 but with the adjustments on baseline errors agreed locally, the total published allocation is £2.80bn.
2. The Secretary of State duly determined, on 17 December 2014, under section 31 of the Local Government Act 2003, to pay grants to relevant authorities in the amounts indicated in the determination for the financial year 2015/16. This circular sets out the conditions that will govern the use of the 2015/16 grant including the public health responsibilities for 0-5 children services, which will transfer to LAs in October 2015.
3. The conditions attached to the ring fenced grant are broadly the same as last year, with the exception of the addition of a new condition stating that LAs should have regard to the need to improve the take up of, and outcomes from, their drug and alcohol misuse treatment services. See Annex A page 8.
4. In June 2014, the Department of Health, NHS England and Public Health England formally commissioned a data collection exercise to confirm information on any locally-agreed transfers between local authorities, clinical commissioning groups and NHS organisations regarding errors in the public health baseline. Collecting the data on all locally agreed transfers ensures future transfers between local partners will no longer be necessary. This information has been used to adjust the 2015/16 allocation for LAs who submitted data that has been agreed with partners.

5. The circular contains 3 annexes and an appendix:
 - Annex A comprises the grant determination and conditions, which set out the detailed arrangements for administering the grant with an appendix that lists LA allocations (allocations are adjusted with locally agreed baseline errors submitted to the Department).
 - 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

6. 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.

It remains essential that funds are only spent on activities whose main or primary purpose is to improve the public health of local populations.

7. 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 functions, that it is spent appropriately, and accounted for properly.
8. 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)

9. In drawing up local 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.

10. 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

11. Local authorities will need to forecast and report against the sub-categories in the Revenue Account (RA) and Revenue Outturn (RO) returns to the Department for Communities and Local Government (DCLG) who will share data with Public Health England (PHE). PHE will review data on behalf of the Department of Health. Given that the RO return 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 (or Section 151 Officers) and the Director of Public Health will need to return a statement confirming that the grant has been used in line with the conditions. A draft is attached at Annex C.

In-year reporting

12. Local authorities will need to submit quarterly data return of spend on public health (total mandated and non-mandated services) as part of the existing Quarterly Revenue Outturn report.

Year-end reporting

13. At the end of the financial year LAs will need to return a more detailed RO return. Expenditure must be shown against all prescribed function categories which are classified in Annex B.
14. The full ring fenced grant must be accounted for in the RO returns. As such the closing value of a Local Authority's Public Health Reserve minus the opening value of the Public Health Reserve when added to the net spend reported in the year, must be greater than or equal to the value of the ring fenced grant for the year.

15. 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.
16. For the detailed list of grant conditions please refer to the Grant Determination and conditions in Annex A.

Charging

17. 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

18. 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.
19. 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

20. In commissioning services using funds from this grant, local authorities should also ensure that appropriate clinical governance arrangements are put in place. See link below for public health commissioning template:
<https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published>

Mandatory Functions

21. 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 steps taken.
22. The 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

23. 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.
24. The Public Health Outcomes Framework (PHOF) 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. Local authorities will want to have regard to the Public Health Outcomes Framework in deciding how to use their public health funding.
25. 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.

Health Premium Incentive Scheme

26. The health premium Incentive Scheme published on 9th September will reward communities for progress made against the completion of the drug treatment indicator and a local indicator to be determined locally from the fifty-one PHOF indicators (including sub indicators) that met the HPIS criteria. This is backed by an additional grant of £5 million to be shared among LAs in 2015/16 if health improvements are achieved in 2014/15 against the selected two indicators. The health premium grant is ring fenced and governed by the conditions set out in this circular. Further details of the scheme can be found at the link below:
<https://www.gov.uk/government/policy-advisory-groups/health-premium-incentive-advisory-group>

Payment of grant

27. The grant will be made to upper-tier and unitary local authorities in England and paid in quarterly instalments on the dates specified below:
 - Quarter 1 – 17 April 2015
 - Quarter 2 – 17 July 2015
 - Quarter 3 – 16 October 2015
 - Quarter 4 – 15 January 2016

Enquiries

28. Enquires about this Circular should be addressed to the Department of Health Public Health Policy and Strategy Unit, email address: PHPSU@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 2015/16**

PUBLIC HEALTH RING-FENCED GRANT DETERMINATION 2015/16: No 31/2467

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 2015/16: No 31/2467.

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 8.

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 8.

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 2015/16, the authorities and the amounts for the financial year 2015/16 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

Jim Fowles
Deputy Director of Public Health Policy & Strategy
Department of Health

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 2016.
 - “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 2015/16:
 - “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 2015/16. The relevant authorities are listed in Appendix 1.
3. Subject to paragraph 5, the grant including incentive grant from the Health Premium Incentive Scheme 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.
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;
 - have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.
- 8. The public health grant will only be paid to local authorities to support eligible expenditure. Grant carried over to the following year is governed by the grant conditions.

Eligible expenditure

- 9. Eligible expenditure means expenditure incurred by an authority or any person acting on behalf of an authority, between 1 April 2015 and 31 March 2016, 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 accounting¹.

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 and 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

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 2014/15 pp8-9.

the period 1 April 2015 to 31 March 2016. 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.

17. The returns must be certified by the authority's Chief Executive (or the authority's S151 Officer) and the Director of Public Health that, to the best of their knowledge, the amounts shown on the Statement relate to eligible expenditure on public health 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 submitted 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/ S151 Officer and Director of Public Health are 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. Funds carried over should be accounted for in 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

Table 1: 2015/16 local authority public health allocations adjusted with agreed baseline errors reported. (figures in £'000s unless stated)

ONS LA Name	2014-15 allocation	2014-15 decrease adjustments	2014-15 increase adjustments	2014-15 net adjustment	Public health allocation for 2015/16
Barking and Dagenham	14,213				14,213
Barnet	14,335				14,335
Barnsley	14,243				14,243
Bath and North East Somerset	7,384				7,384
Bedford	7,343				7,343
Bexley	7,574				7,574
Birmingham	80,838				80,838
Blackburn with Darwen	13,134				13,134
Blackpool	17,946				17,946
Bolton	18,906	-116		-116	18,790
Bournemouth	8,296				8,296
Bracknell Forest	3,049				3,049
Bradford	34,699		634	634	35,333
Brent	18,848				18,848
Brighton and Hove	18,695				18,695
Bristol, City of	29,122				29,122
Bromley	12,954				12,954
Buckinghamshire	17,249				17,249
Bury	9,619				9,619
Calderdale	10,679				10,679
Cambridgeshire	22,299	-144		-144	22,155
Camden	26,368				26,368
Central Bedfordshire	10,149				10,149
Cheshire East	14,274				14,274
Cheshire West and Chester	13,889				13,889
City of London	1,698				1,698
Cornwall	18,339		2,410	2,410	20,749
County Durham	45,780				45,780
Coventry	19,615	-200		-200	19,415
Croydon	18,825				18,825
Cumbria	15,594				15,594
Darlington	7,184				7,184
Derby	14,484	-168	1,394	1,226	15,710
Derbyshire	35,651	-177	87	-89	35,562
Devon	22,060				22,060
Doncaster	20,198				20,198

Dorset	12,889				12,889
Dudley	18,974				18,974
Ealing	21,974				21,974
East Riding of Yorkshire	9,175				9,175
East Sussex	24,507	-440		-440	24,067
Enfield	14,257				14,257
Essex	49,235	-1,150	107	-1,043	48,192
Gateshead	15,832	-982		-982	14,850
Gloucestershire	21,793				21,793
Greenwich	19,061				19,061
Hackney	29,818				29,818
Halton	8,749	-15	43	28	8,776
Hammersmith and Fulham	20,855				20,855
Hampshire	40,428	-65		-65	40,363
Haringey	18,189				18,189
Harrow	9,146				9,146
Hartlepool	8,486				8,486
Havering	9,717				9,717
Herefordshire, County of	7,970				7,970
Hertfordshire	37,642				37,642
Hillingdon	15,709				15,709
Hounslow	14,084				14,084
Isle of Wight	6,088				6,088
Isles of Scilly	73				73
Islington	25,429				25,429
Kensington and Chelsea	21,214				21,214
Kent	54,827	-1,563		-1,563	53,264
Kingston upon Hull, City of	22,559				22,559
Kingston upon Thames	9,302				9,302
Kirklees	23,527				23,527
Knowsley	16,375		45	45	16,419
Lambeth	26,437				26,437
Lancashire	59,801				59,801
Leeds	40,540				40,540
Leicester	21,995	-110	27	-83	21,912
Leicestershire	21,863		67	67	21,930
Lewisham	20,088				20,088
Lincolnshire	28,506				28,506
Liverpool	41,436				41,436
Luton	13,065		222	222	13,286
Manchester	44,116		4,188	4,188	48,303
Medway	14,280				14,280
Merton	9,236				9,236
Middlesbrough	16,378				16,378
Milton Keynes	8,788				8,788

Newcastle upon Tyne	21,301			21,301
Newham	26,112			26,112
Norfolk	30,633	-42	-42	30,590
North East Lincolnshire	9,971			9,971
North Lincolnshire	8,464			8,464
North Somerset	7,593			7,593
North Tyneside	10,807			10,807
North Yorkshire	19,732			19,732
Northamptonshire	29,523			29,523
Northumberland	13,408	-47	-47	13,361
Nottingham	27,839			27,839
Nottinghamshire	36,119			36,119
Oldham	14,915			14,915
Oxfordshire	26,086			26,086
Peterborough	9,291			9,291
Plymouth	12,276			12,276
Poole	6,057			6,057
Portsmouth	16,178			16,178
Reading	8,212			8,212
Redbridge	11,411			11,411
Redcar and Cleveland	10,917			10,917
Richmond upon Thames	7,891			7,891
Rochdale	14,777			14,777
Rotherham	14,176			14,176
Rutland	1,073		7	1,080
Salford	18,777			18,777
Sandwell	21,805			21,805
Sefton	19,952			19,952
Sheffield	30,748			30,748
Shropshire	9,843			9,843
Slough	5,487			5,487
Solihull	9,905	-262	-262	9,644
Somerset	15,513			15,513
South Gloucestershire	7,345			7,345
South Tyneside	12,917			12,917
Southampton	15,050	-2	-2	15,049
Southend-on-Sea	8,060			8,060
Southwark	22,946			22,946
St. Helens	13,035		64	13,099
Staffordshire	33,313			33,313
Stockport	12,834		355	13,189
Stockton-on-Tees	13,067			13,067
Stoke-on-Trent	20,242			20,242
Suffolk	26,289	-546	-546	25,742
Sunderland	21,234	-307	109	21,036

Surrey	25,561		3,416	3,416	28,977
Sutton	8,619				8,619
Swindon	8,680	-122		-122	8,558
Tameside	12,600		863	863	13,463
Telford and Wrekin	10,913				10,913
Thurrock	8,631				8,631
Torbay	7,351		45	45	7,396
Tower Hamlets	32,261				32,261
Trafford	10,456		373	373	10,829
Wakefield	20,797		308	308	21,105
Walsall	15,827				15,827
Waltham Forest	12,277				12,277
Wandsworth	25,431				25,431
Warrington	10,439				10,439
Warwickshire	21,810	-2,797	464	-2,333	19,477
West Berkshire	4,819				4,819
West Sussex	27,445				27,445
Westminster	31,235				31,235
Wigan	23,665				23,665
Wiltshire	14,587				14,587
Windsor and Maidenhead	3,511				3,511
Wirral	26,440		1,724	1,724	28,164
Wokingham	4,223				4,223
Wolverhampton	19,296				19,296
Worcestershire	26,528				26,528
York	7,305				7,305
England	2,793,775	-9,254	16,951	7,697	2,801,473

To Note:

Funding excludes children 0-5 public health allocations due to be transferred to LAs in October 2015

Categories for reporting local authority public health spend in 2015/16

*New responsibilities for children 0-5 public health functions will commence on 1st October 2015**

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
- 7) **Prescribed Children 0-5 services ***

Non-prescribed functions:

- 8) Sexual health services - Advice, prevention and promotion
- 9) Obesity – adults
- 10) Obesity - children
- 11) Physical activity – adults
- 12) Physical activity - children
- 13) Drug misuse - adults
- 14) Alcohol misuse - adults
- 15) Substance misuse (drugs and alcohol) - youth services
- 16) Stop smoking services and interventions
- 17) Wider tobacco control
- 18) Children 5-19 public health programmes
- 19) **Non-prescribed Children 0-5 services ***
- 20) 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

To note:

*** denote services will come into effect from 1 October 2015*

Year End Statement of Assurance

[Insert name of local authority]

Date: DD/MM/YYYY

**Statement of Assurance: Ring-fenced Public Health Grant Determination
2015/16: No 31/2467**

The ring-fenced public health grant, in the amount of £..... has been provided to this local authority towards expenditure incurred in the 2015/16 financial year.

As the authority's Chief Executive / Section 151 Officer*, 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 the monies have been used in accordance with the relevant conditions in paragraphs 5-6 of the grant determination.

[Signed / Name / Position]
Position]

Chief Executive / S151 Officer *
Health

[Signed / Name /

Director of Public

(Please state position of signatory, and capacity in which signed (Chief Executive or S151 Officer)*