



Department  
of Health &  
Social Care

# **PUBLIC HEALTH RING-FENCED GRANT 2019/20 CIRCULAR**

**Local Authority Circular LAC(DHSC)(2018)2**

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# **PUBLIC HEALTH RING-FENCED GRANT 2019/20**

This circular sets out:

- Firm allocations of the local government public health grant for 2019/20;
- the conditions that will apply to that grant; and
- guidance intended to assist local authorities (LAs).

## **Background**

In 2019/20 the total public health grant to local authorities is £3.13bn. The grant will be ring fenced for use on public health functions exclusively for all ages.

On 20 December 2018, the Secretary of State determined, pursuant to section 31 of the Local Government Act 2003, to pay grants to relevant authorities in the amounts indicated for the financial year 2019/20.

This circular is accompanied by four annexes:

Annex A – public health ring fenced grant determination and conditions 2019/20,

Annex B – Autumn Statement announcement: Public health funding across the spending review years (2016/17 to 2020/21), England;

Annex C – public health reporting categories for 2019/20; and

Annex D – Public Health England assurance letter

## **The Grant**

The 2019/20 grant will be paid in quarterly instalments:

Quarter 1 – Friday 12/04/19

Quarter 2 – Friday 12/07/19

Quarter 3 – Friday 11/10/19

Quarter 4 – Friday 10/01/20

Pursuant to section 31(4) of the Local Government Act 2003 the Secretary of State has attached conditions to the payment of the grant, which are set out at pages 5-10 inclusive of Annex A and are unchanged from 2018/19. When assessing whether LAs

have complied with these conditions, the Department and Public Health England will continue to look at the primary purpose of LAs' spending.

The Department's presumption is that the grant will be spent in-year. If at the end of the financial year there is any underspend LAs may carry these over, as part of a public health reserve, into the next financial year. In using those funds the next year, LAs will still need to comply with the grant conditions. The Department may consider reducing future grant amounts to LAs that report significant and repeated underspends.

## **Reporting of Grant Expenditure**

Local authorities will need to forecast and report against the sub-categories in the Revenue Account (RA) and Revenue Outturn (RO) returns to the Ministry of Housing, Communities & Local Government (MHCLG) who will share data with Public Health England (PHE). PHE will review data on behalf of the Department of Health & Social Care. The criteria PHE apply is that the main and primary purpose of all spend from the grant is public 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. LAs 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 is at Annex C. LA chief executives (or Section 151 officers) and directors of public health will also need to return a statement confirming that the grant has been spent in accordance with the conditions. A suggested statement is at Annex D.

## **In-year Reporting**

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

## **Year-end Reporting**

At the end of the financial year LAs will need to return a more detailed RO return. Expenditure must be shown against all prescribed functions categories which are classified in Annex C.

The full grant must be accounted for in the RO returns. As such the closing value of a LA'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 grant for the year.

Where income relating to public health activities is received from other sources than the ring-fenced grant, and such income is recorded on the RO return as public health, then the corresponding expenditure should also be recorded as public health, and any income not spent at the year- end should be carried forward in the public health reserve.

The reporting categories are flexible and allow local discretion about how to reflect the services that are commissioned. Guidance is available to local authorities in the Service Reporting Code of Practice (SeRCOP) on how activity should be recorded against the sub-categories.

## **Enquiries**

Enquires about this circular should be addressed to the Department of Health & Social Care, Public Health Policy and Strategy Unit, at: [phpsu@dhsc.gov.uk](mailto:phpsu@dhsc.gov.uk)

# Annex A:

## **DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT 2003 OF A RING-FENCED PUBLIC HEALTH GRANT TO LOCAL AUTHORITIES FOR 2019/20**

### **PUBLIC HEALTH RING-FENCED GRANT DETERMINATION 2019/20: No 31/3495**

The Secretary of State for Health & Social Care (“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 2019/20: No 31/3495

#### 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 5.

#### 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 at pages 5 to 10 inclusive.

#### 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 2019-20, the authorities and the amounts for the financial year 2019-20 are set out in the exposition book.

#### 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 & Social Care

Simon Reeve

Deputy Director - Public Health Systems and Strategy

Department of Health & Social Care

## 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 & Social Care;

“financial year” means a period of twelve months ending 31st March 2020.

“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 2019/20:

“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 2019/20. The relevant authorities are shown in the exposition book.

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 (co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders), 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 2019 and 31 March 2020, 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. ("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." paragraph 2.1. of the 2018/19 Code of Practice on Local Authority Accounting in the United Kingdom. CIPFA.)

## 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 Ministry of Housing, Communities & Local Government (MHCLG) who will share them with Public Health England (PHE). PHE may review the returns on behalf of the Secretary of State for Health & Social Care.

### 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 2019 to 31 March 2020. In accordance with existing practice, this will be submitted to MHCLG 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 C. 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 D. 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 Ministry of Housing, Communities & Local Government (MHCLG). Further guidance will be supplied with the forms that MHCLG send out.

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

## **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.

### 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. 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 underspends the Department reserves the right to reduce allocations in future years.

# Appendix A

## Public Health Allocations to unitary and upper tier local authorities in England for 2019-20

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E06000001	Hartlepool	8,533
E06000002	Middlesbrough	16,344
E06000003	Redcar and Cleveland	11,219
E06000004	Stockton-on-Tees	13,544
E06000005	Darlington	8,224
E06000006	Halton	9,916
E06000007	Warrington	11,935
E06000008	Blackburn with Darwen	14,435
E06000009	Blackpool	17,941
E06000010	Kingston upon Hull, City of	23,837
E06000011	East Riding of Yorkshire	10,475
E06000012	North East Lincolnshire	10,735
E06000013	North Lincolnshire	9,069
E06000014	York	7,801

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E06000015	Derby	18,749
E06000016	Leicester	26,103
E06000017	Rutland	1,258
E06000018	Nottingham	32,937
E06000019	Herefordshire, County of	8,980
E06000020	Telford and Wrekin	12,012
E06000021	Stoke-on-Trent	21,993
E06000022	Bath and North East Somerset	8,694
E06000023	Bristol, City of	31,628
E06000024	North Somerset	9,309
E06000025	South Gloucestershire	9,131
E06000026	Plymouth	14,925
E06000027	Torbay	9,068
E06000030	Swindon	9,839
E06000031	Peterborough	10,620
E06000032	Luton	14,976
E06000033	Southend-on-Sea	9,212

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E06000034	Thurrock	10,750
E06000035	Medway	16,762
E06000036	Bracknell Forest	3,943
E06000037	West Berkshire	5,698
E06000038	Reading	9,500
E06000039	Slough	7,363
E06000040	Windsor and Maidenhead	4,656
E06000041	Wokingham	5,213
E06000042	Milton Keynes	11,098
E06000043	Brighton and Hove	19,559
E06000044	Portsmouth	17,251
E06000045	Southampton	16,452
E06000046	Isle of Wight	7,313
E06000047	County Durham	47,412
E06000049	Cheshire East	15,967
E06000050	Cheshire West and Chester	15,825
E06000051	Shropshire	11,683
E06000052	Cornwall	24,789



<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E06000053	Isles of Scilly	128
E06000054	Wiltshire	16,903
E06000055	Bedford	8,493
E06000056	Central Bedfordshire	11,943
E06000057	Northumberland	15,798
E06000058	Bournemouth, Christchurch and Poole	19,353
E06000059	Dorset	13,172
E08000001	Bolton	20,908
E08000002	Bury	11,325
E08000003	Manchester	50,511
E08000004	Oldham	16,445
E08000005	Rochdale	16,290
E08000006	Salford	20,211
E08000007	Stockport	15,253
E08000008	Tameside	14,524
E08000009	Trafford	12,064
E08000010	Wigan	24,914
E08000011	Knowsley	16,721

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E08000012	Liverpool	43,641
E08000013	St. Helens	13,885
E08000014	Sefton	20,810
E08000015	Wirral	28,311
E08000016	Barnsley	16,549
E08000017	Doncaster	23,180
E08000018	Rotherham	15,873
E08000019	Sheffield	32,474
E08000021	Newcastle upon Tyne	22,888
E08000022	North Tyneside	12,102
E08000023	South Tyneside	13,398
E08000024	Sunderland	22,768
E08000025	Birmingham	88,420
E08000026	Coventry	21,389
E08000027	Dudley	20,150
E08000028	Sandwell	24,061
E08000029	Solihull	10,646
E08000030	Walsall	17,187

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E08000031	Wolverhampton	20,221
E08000032	Bradford	40,722
E08000033	Calderdale	12,896
E08000034	Kirklees	25,301
E08000035	Leeds	43,141
E08000036	Wakefield	23,663
E08000037	Gateshead	16,080
E09000001	City of London	1,571
E09000002	Barking and Dagenham	16,460
E09000003	Barnet	16,703
E09000004	Bexley	9,439
E09000005	Brent	20,831
E09000006	Bromley	14,320
E09000007	Camden	26,085
E09000008	Croydon	20,785
E09000009	Ealing	23,658
E09000010	Enfield	16,384
E09000011	Greenwich	22,433

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E09000012	Hackney	32,320
E09000013	Hammersmith and Fulham	21,189
E09000014	Haringey	19,675
E09000015	Harrow	10,523
E09000016	Havering	10,646
E09000017	Hillingdon	17,071
E09000018	Hounslow	15,338
E09000019	Islington	25,238
E09000020	Kensington and Chelsea	20,347
E09000021	Kingston upon Thames	9,840
E09000022	Lambeth	30,580
E09000023	Lewisham	23,683
E09000024	Merton	10,175
E09000025	Newham	30,289
E09000026	Redbridge	13,381
E09000027	Richmond upon Thames	9,031
E09000028	Southwark	26,744
E09000029	Sutton	9,555

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E09000030	Tower Hamlets	34,124
E09000031	Waltham Forest	15,511
E09000032	Wandsworth	26,604
E09000033	Westminster	30,425
E10000002	Buckinghamshire	19,997
E10000003	Cambridgeshire	25,560
E10000006	Cumbria	17,914
E10000007	Derbyshire	39,477
E10000008	Devon	26,786
E10000011	East Sussex	26,550
E10000012	Essex	60,829
E10000013	Gloucestershire	23,630
E10000014	Hampshire	49,489
E10000015	Hertfordshire	46,302
E10000016	Kent	65,799
E10000017	Lancashire	66,562
E10000018	Leicestershire	24,215
E10000019	Lincolnshire	31,800

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E1000020	Norfolk	38,031
E1000021	Northamptonshire	33,866
E1000023	North Yorkshire	21,182
E1000024	Nottinghamshire	40,023
E1000025	Oxfordshire	29,722
E1000027	Somerset	20,176
E1000028	Staffordshire	37,184
E1000029	Suffolk	29,209
E1000030	Surrey	35,575
E1000031	Warwickshire	22,351
E1000032	West Sussex	33,065
E1000034	Worcestershire	28,360
	England Total	3,134,000

#### Notes

The ten Greater Manchester LAs (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan) are piloting business rate retention for public health and no longer receive a grant. The funding values quoted for these areas are notional allocations only:

<b>ONS code</b>	<b>Local Authority</b>	<b>Notional 2019/20 Allocations (£000)</b>
E08000001	Bolton	20,908
E08000002	Bury	11,325
E08000003	Manchester	50,511
E08000004	Oldham	16,445
E08000005	Rochdale	16,290
E08000006	Salford	20,211
E08000007	Stockport	15,253
E08000008	Tameside	14,524
E08000009	Trafford	12,064
E08000010	Wigan	24,914
	<b>Total</b>	<b>202,445</b>

The Bournemouth, Dorset and Poole (Structural Changes) Order 2018 will create a single-tier local government in Bournemouth, Dorset and Poole, with effect from 1 April 2019. Two new local authorities will be created:

Bournemouth, Christchurch and Poole Council will comprise the areas of Bournemouth, Christchurch and Poole

Dorset Council will comprise the districts of North Dorset, East Dorset, West Dorset, Purbeck, and the borough of Weymouth and Portland

The funding values quoted for the new local authorities “E06000058 Bournemouth, Christchurch and Poole” and “E06000059 Dorset” are based on locally determined splits.

<b>ONS code</b>	<b>Local Authority</b>	<b>2019/20 Allocations (£000)</b>
E06000058	Bournemouth, Christchurch and Poole	19,353
E06000059	Dorset	13,172



# Annex B

## Public health grant settlement for 2016-17 to 2020-21- England

	Baseline 2015-16 £ m	Allocations 2016-17 £m	Allocations 2017-18 £ m	Allocations 2018-19 £ m (**)	Allocations 2019/20 £ m (**)	Notional Allocations 2020/21 £ m (**)
SR Settlement	3,461	3,384	3,300	3,215	3,130	3130
Agreed local Adjustment (*)	4	4	4	4	4	4
Total Allocation	3,465	3,388	3,304	3,219	3,134	3,134
Cash growth		-2.2%	-2.5%	-2.6%	-2.6%	0.0%
Real terms growth		-3.8%	-4.2%	-4.4%	-4.6%	-2.2%

Note:

(\*\*) The current ring-fence on public health spending will be maintained in 2019-20

# Annex C

## Categories for reporting local authority public health spend in 2019/20

### 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 to NHS Commissioners
- 6) National Child Measurement Programme
- 7) Prescribed Children’s 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) Treatment for drug misuse in adults
- 14) Treatment for alcohol misuse in adults
- 15) Preventing and reducing harm from drug misuse in adults
- 16) Preventing and reducing harm from alcohol misuse in adults
- 17) Specialist drugs and alcohol misuse services for children and young people
- 18) Stop smoking services and interventions
- 19) Wider tobacco control

- 20) Children 5-19 public health programmes
- 21) Other Children's 0-5 services non-prescribed
- 22) Health at work
- 23) Public mental health
- 24) Miscellaneous, can include, but is not exclusive to,:
  - Nutrition initiatives
  - Accidents Prevention
  - General prevention
  - Community safety, violence prevention & social exclusion
  - Dental public health
  - Fluoridation
  - Infectious disease surveillance and control
  - Environmental hazards protection
  - Seasonal death reduction initiatives
  - Birth defect preventions

# Annex D

## Year End Statement of Assurance (PHE to update)

**[Insert name of local authority] Date: DD/MM/YYYY**

### **Statement of Assurance: Ring-fenced Public Health Grant Determination**

**2019/20: No 31/3495**

The ring-fenced public health grant, in the amount of £..... has been provided to this local authority towards expenditure incurred in the 2019/20 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 conditions attached to the grant.

[Signed / Name / Position]

[Signed / Name / Position]

Chief Executive / S151 Officer \*

Director of Public Health

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

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