



Department  
of Health &  
Social Care

# **PUBLIC HEALTH RING-FENCED GRANT 2020/21**

**Local Authority Circular LAC(DHSC)(2020) 2**

Published March 2020

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# **PUBLIC HEALTH RING-FENCED GRANT 2020/21**

This circular sets out:

- allocations of the local government public health grant for 2020/21;
- the conditions that will apply to that grant; and
- guidance intended to assist local authorities (LAs).

## **Background**

In 2020/21 the total public health grant to local authorities is £3.279bn. The grant will be ring fenced for use on public health functions exclusively for all ages.

The Secretary of State has 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 2020/21.

This circular is accompanied by three annexes:

Annex A – public health ring fenced grant determination and conditions 2020/21,

Annex B - Public Health Grant allocations for 2020/21

Annex C – public health reporting categories for 2020/21; and

Annex D – Public Health England assurance letter

## **The Grant**

The 2020/21 grant will be paid in quarterly instalments:

Quarter 1 – 09/04/20

Quarter 2 – 10/07/20

Quarter 3 – 09/10/20

Quarter 4 – 08/01/21

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 2020/21. 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.

The grant in 2020/21 includes an adjustment to cover the estimated additional Agenda for Change pay costs of eligible staff working in organisations commissioned by local authorities, or by the local authority, to deliver public health services.

## **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 both the finance contacts, and public health teams 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 submit a more detailed RO return to MHCLG. LAs must record expenditure against each of the prescribed functions categories which are classified in Annex C, to demonstrate that they are undertaking activity in these areas.

The full value of the 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.

Guidance on reporting and categorisation of spend 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 2020/21**

### **PUBLIC HEALTH RING-FENCED GRANT DETERMINATION 2020/21: No 31/4015**

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 2020/21: No 31/4015

#### 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.
- 5) The ring-fence on the grant will remain in 2020/21.

#### Determination

6) 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 2020/21, the authorities and the amounts for the financial year 2020/21 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 2021.

“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 2020/21:

“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 2020/21. 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 2020 and 31 March 2021, 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 2019/20 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 2020 to 31 March 2021. 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.

# Annex B

## Public Health Allocations to unitary and upper tier local authorities in England for 2020-21

UTLA20CD	UTLA20NM	Allocation (£)
E06000001	Hartlepool	9,024,990
E06000002	Middlesbrough	17,114,555
E06000003	Redcar and Cleveland	11,761,678
E06000004	Stockton-on-Tees	14,327,451
E06000005	Darlington	8,511,621
E06000006	Halton	10,366,253
E06000007	Warrington	12,424,627
E06000008	Blackburn with Darwen	14,938,849
E06000009	Blackpool	18,511,785
E06000010	Kingston upon Hull, City of	24,431,064
E06000011	East Riding of Yorkshire	11,190,956
E06000012	North East Lincolnshire	11,468,727
E06000013	North Lincolnshire	9,345,719
E06000014	York	8,020,501
E06000015	Derby	19,755,877
E06000016	Leicester	27,202,227
E06000017	Rutland	1,313,054
E06000018	Nottingham	34,170,850
E06000019	Herefordshire, County of	9,235,715
E06000020	Telford and Wrekin	12,702,182
E06000021	Stoke-on-Trent	22,779,388

UTLA20CD	UTLA20NM	Allocation (£)
E06000022	Bath and North East Somerset	9,280,173
E06000023	Bristol, City of	33,141,973
E06000024	North Somerset	9,493,906
E06000025	South Gloucestershire	9,431,752
E06000026	Plymouth	15,322,026
E06000027	Torbay	9,687,789
E06000030	Swindon	10,171,676
E06000031	Peterborough	11,124,105
E06000032	Luton	15,580,920
E06000033	Southend-on-Sea	9,699,107
E06000034	Thurrock	11,484,752
E06000035	Medway	17,408,473
E06000036	Bracknell Forest	4,212,500
E06000037	West Berkshire	5,905,247
E06000038	Reading	9,846,754
E06000039	Slough	7,535,396
E06000040	Windsor and Maidenhead	4,761,073
E06000041	Wokingham	5,462,768
E06000042	Milton Keynes	11,642,375
E06000043	Brighton and Hove	20,354,900
E06000044	Portsmouth	17,898,405
E06000045	Southampton	17,171,457
E06000046	Isle of Wight	7,652,575
E06000047	County Durham	49,158,653
E06000049	Cheshire East	16,757,265

UTLA20CD	UTLA20NM	Allocation (£)
E06000050	Cheshire West and Chester	16,538,421
E06000051	Shropshire	12,314,392
E06000052	Cornwall	26,089,970
E06000053	Isles of Scilly	130,430
E06000054	Wiltshire	17,342,726
E06000055	Bedford	8,811,576
E06000056	Central Bedfordshire	12,636,720
E06000057	Northumberland	16,709,653
E06000058	Bournemouth, Christchurch and Poole	19,765,849
E06000059	Dorset	14,072,294
E06000060	Buckinghamshire	21,363,776
E08000001	Bolton	21,831,919
E08000002	Bury	11,807,473
E08000003	Manchester	52,856,874
E08000004	Oldham	17,051,234
E08000005	Rochdale	17,395,787
E08000006	Salford	21,592,402
E08000007	Stockport	16,105,625
E08000008	Tameside	15,516,702
E08000009	Trafford	12,641,835
E08000010	Wigan	26,142,469
E08000011	Knowsley	17,441,498
E08000012	Liverpool	44,684,374
E08000013	St. Helens	14,514,262
E08000014	Sefton	21,803,403



UTLA20CD	UTLA20NM	Allocation (£)
E08000015	Wirral	29,868,247
E08000016	Barnsley	17,142,193
E08000017	Doncaster	24,411,855
E08000018	Rotherham	16,589,847
E08000019	Sheffield	33,900,606
E08000021	Newcastle upon Tyne	23,887,403
E08000022	North Tyneside	12,461,410
E08000023	South Tyneside	13,664,113
E08000024	Sunderland	24,261,266
E08000025	Birmingham	92,226,883
E08000026	Coventry	22,307,481
E08000027	Dudley	21,220,896
E08000028	Sandwell	24,882,785
E08000029	Solihull	11,373,644
E08000030	Walsall	18,038,410
E08000031	Wolverhampton	20,985,620
E08000032	Bradford	42,297,871
E08000033	Calderdale	13,479,304
E08000034	Kirklees	26,023,502
E08000035	Leeds	45,258,330
E08000036	Wakefield	24,565,516
E08000037	Gateshead	16,540,836
E09000001	City of London	1,600,872
E09000002	Barking and Dagenham	17,121,364
E09000003	Barnet	17,476,874

UTLA20CD	UTLA20NM	Allocation (£)
E09000004	Bexley	9,861,460
E09000005	Brent	21,782,245
E09000006	Bromley	14,971,429
E09000007	Camden	26,891,542
E09000008	Croydon	21,837,389
E09000009	Ealing	24,719,816
E09000010	Enfield	17,289,609
E09000011	Greenwich	23,602,544
E09000012	Hackney	33,888,602
E09000013	Hammersmith and Fulham	22,076,989
E09000014	Haringey	20,353,131
E09000015	Harrow	11,150,058
E09000016	Havering	11,178,366
E09000017	Hillingdon	17,809,964
E09000018	Hounslow	16,042,089
E09000019	Islington	26,563,090
E09000020	Kensington and Chelsea	21,123,456
E09000021	Kingston upon Thames	10,280,713
E09000022	Lambeth	31,901,722
E09000023	Lewisham	24,776,047
E09000024	Merton	10,545,964
E09000025	Newham	31,070,852
E09000026	Redbridge	13,979,484
E09000027	Richmond upon Thames	9,377,934
E09000028	Southwark	27,555,187

UTLA20CD	UTLA20NM	Allocation (£)
E09000029	Sutton	10,057,971
E09000030	Tower Hamlets	35,195,375
E09000031	Waltham Forest	16,162,454
E09000032	Wandsworth	27,777,079
E09000033	Westminster	31,592,560
E10000003	Cambridgeshire	27,248,493
E10000006	Cumbria	18,773,944
E10000007	Derbyshire	42,175,216
E10000008	Devon	28,616,798
E10000011	East Sussex	27,702,336
E10000012	Essex	63,202,794
E10000013	Gloucestershire	24,281,014
E10000014	Hampshire	52,348,238
E10000015	Hertfordshire	49,247,885
E10000016	Kent	68,975,202
E10000017	Lancashire	69,587,407
E10000018	Leicestershire	25,234,286
E10000019	Lincolnshire	33,546,137
E10000020	Norfolk	40,630,383
E10000021	Northamptonshire	35,737,447
E10000023	North Yorkshire	22,106,566
E10000024	Nottinghamshire	41,560,794
E10000025	Oxfordshire	31,239,451
E10000027	Somerset	21,048,307
E10000028	Staffordshire	39,718,759

UTLA20CD	UTLA20NM	Allocation (£)
E10000029	Suffolk	30,484,023
E10000030	Surrey	38,006,518
E10000031	Warwickshire	23,363,097
E10000032	West Sussex	34,739,113
E10000034	Worcestershire	30,077,789

## Notes

1. Population estimates are taken from the 2016-based subnational population projections by sex. Please note that these will not be consistent with the 2018-based national population projections; the 2018-based projections for small areas are not released until 24 March 2020.

2. 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.

3. Under "The Buckinghamshire (Structural Changes) Order 2019", a local authority "E06000060 Buckinghamshire" will be established from April 2020, being coterminous with the existing Buckinghamshire County (E10000002) and comprising the areas of the district councils (Aylesbury Vale, Chiltern, South Bucks and Wycombe).

<http://www.legislation.gov.uk/uksi/2019/957/made>

4. The grant in 2020/21 includes an adjustment to cover the estimated additional Agenda for Change pay costs of eligible staff working in organisations commissioned by local authorities, or by the local authority, to deliver public health services.

# Annex C

## Categories for reporting local authority public health spend in 2020/21

### 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**

**20/21: No 31/4015**

The ring-fenced public health grant, in the amount of £..... has been provided to this local authority towards expenditure incurred in the 2020/21 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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