



Department  
of Health &  
Social Care

# **PUBLIC HEALTH RING-FENCED GRANT 2021/22**

**Local Authority Circular LAC(DHSC)(2021) 2**

Published 16 March 2021

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# **PUBLIC HEALTH RING-FENCED GRANT 2021/22**

This circular sets out:

- allocations of the local government public health grant for 2021/22;
- the conditions that will apply to that grant; and
- guidance intended to assist local authorities (LAs).

## **Background**

In 2021/22 the total public health grant to local authorities £3.324bn. The grant will be ring fenced for use on public health functions. This may include public health challenges arising directly or indirectly from Covid-19.

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 2021/22.

This circular is accompanied by four annexes:

Annex A – public health ring fenced grant determination and conditions 2021/22,

Annex B - Public Health Grant allocations for 2021/22

Annex C – public health reporting categories for 2021/22; and

Annex D – assurance letter

## **The Grant**

The 2021/22 grant will be paid in quarterly instalments:

Quarter 1 – Friday            09/04/21

Quarter 2 – Friday            09/07/21

Quarter 3 – Friday            08/10/21

Quarter 4 – Friday            07/01/21

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 of Health and Social Care 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 costs of the roll out of PrEP (taking the total 2020/21 PrEP funding to £21m). The distribution of this funding can be found on a spreadsheet with this circular on GOV.UK.

## **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) or successor organisation. 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 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. The required statement is at Annex D.

## **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:  
[publichealthpolicyandstrategy@dhsc.gov.uk](mailto:publichealthpolicyandstrategy@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 2021/22**

### **PUBLIC HEALTH RING-FENCED GRANT DETERMINATION 2021/22: No 31/5406**

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 2021/22: No 31/5406

#### 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 2021/22.

#### 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 2021/22, the authorities and the amounts for the financial year 2021/22 are set out in the exposition book.

#### Treasury consent

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

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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 2022.

“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 2021/22:

“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 2021/22. 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, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners.

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 2021 and 31 March 2022, 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 or its successor organisation.

## Reporting

### End-of year reporting

15. 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 2021 to 31 March 2022. In accordance with existing practice, this will be submitted to MHCLG who will share the information with PHE or its successor organisation. 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.

16. 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](mailto:publichealthgrant@phe.gov.uk).

17. 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.

18. 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.

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

## Financial Management

20. 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.

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

22. 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

23. 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

24. 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.

25. 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.

26. 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.

27. 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

28. 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

29. 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 a ringfenced 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

		Local Authority	Amount £
E5030	LB	Barking and Dagenham London Borough	17,301,056
E5031	LB	Barnet London Borough	17,817,462
E4401	MD	Barnsley Metropolitan Borough Council	17,316,803
E0101	UA	Bath and North East Somerset Council	9,381,913
E0202	UA	Bedford UA	8,908,261
E5032	LB	Bexley London Borough	9,990,146
E4601	MD	Birmingham City Council	93,347,593
E2301	UA	Blackburn with Darwen Borough Council	15,063,017
E2302	UA	Blackpool Borough Council	18,705,648
E4201	MD	Bolton Metropolitan Borough Council	22,027,113
E1204	UA	Bournemouth, Christchurch and Poole Council	20,052,506
E0301	UA	Bracknell Forest Borough Council	4,270,772
E4701	MD	City of Bradford Metropolitan District Council	42,674,504
E5033	LB	Brent London Borough	22,258,738

E1401	UA	Brighton and Hove Council	21,069,574
E0102	UA	Bristol Council	33,642,711
E5034	LB	Bromley London Borough	15,184,718
E0402	UA	Buckinghamshire County Council	21,647,136
E4202	MD	Bury Metropolitan Borough Council	11,925,088
E4702	MD	Calderdale Metropolitan Borough Council	13,619,277
E0521	SC	Cambridgeshire County Council	27,608,337
E5011	LB	Camden London Borough	27,612,700
E0203	UA	Central Bedfordshire UA	12,761,977
E0603	UA	Cheshire East UA	16,928,979
E0604	UA	Cheshire West and Chester UA	16,717,770
E5010	LB	City of London	1,656,399
E0801	UA	Cornwall County UA	26,339,962
E4602	MD	Coventry City Council	22,571,371
E5035	LB	Croydon London Borough	22,218,910
E0920	SC	Cumbria County Council	19,017,780
E1301	UA	Darlington Borough Council	8,589,579



E1001	UA	Derby City Council	19,955,440
E1021	SC	Derbyshire County Council	42,606,548
E1121	SC	Devon County Council	29,013,237
E4402	MD	Doncaster Metropolitan Borough Council	24,609,033
E1203	UA	Dorset Council	14,214,073
E4603	MD	Dudley Metropolitan Borough Council	21,414,254
E1302	UA	Durham County UA	49,592,006
E5036	LB	Ealing London Borough	25,224,274
E2001	UA	East Riding of Yorkshire Council	11,300,469
E1421	SC	East Sussex County Council	28,073,573
E5037	LB	Enfield London Borough	17,531,114
E1521	SC	Essex County Council	63,823,145
E4501	MD	Gateshead Metropolitan Borough Council	16,754,635
E1620	SC	Gloucestershire County Council	24,572,514
E5012	LB	Greenwich London Borough	24,013,087
E5013	LB	Hackney London Borough	34,890,883
E0601	UA	Halton Borough Council	10,471,207

E5014	LB	Hammersmith and Fulham London Borough	22,622,159
E1721	SC	Hampshire County Council	52,925,228
E5038	LB	Haringey London Borough	20,914,246
E5039	LB	Harrow London Borough	11,309,632
E0701	UA	Hartlepool Council	9,104,452
E5040	LB	Havering London Borough	11,304,758
E1801	UA	County of Herefordshire District Council	9,326,573
E1920	SC	Hertfordshire County Council	49,914,952
E5041	LB	Hillingdon London Borough	18,032,181
E5042	LB	Hounslow London Borough	16,323,334
E2101	UA	Isle of Wight Council	7,718,573
E4001	UA	Isles of Scilly Council	131,753
E5015	LB	Islington London Borough	27,365,819
E5016	LB	Kensington and Chelsea Royal Borough	21,560,570
E2221	SC	Kent County Council	69,733,681
E2002	UA	Kingston Upon Hull City Council	24,650,169
E5043	LB	Kingston upon Thames Royal Borough	10,464,729

E4703	MD	Kirklees Metropolitan Borough Council	26,280,119
E4301	MD	Knowsley Metropolitan Borough Council	17,594,388
E5017	LB	Lambeth London Borough	33,459,055
E2321	SC	Lancashire County Council	70,242,965
E4704	MD	Leeds City Council	45,838,487
E2401	UA	Leicester City Council	27,476,212
E2421	SC	Leicestershire County Council	25,514,581
E5018	LB	Lewisham London Borough	25,351,819
E2520	SC	Lincolnshire County Council	33,895,130
E4302	MD	Liverpool City Council	45,253,633
E0201	UA	Luton Borough Council	15,730,216
E4203	MD	Manchester City Council	53,736,014
E2201	UA	Medway Borough Council	17,581,109
E5044	LB	Merton London Borough	10,786,212
E0702	UA	Middlesbrough Borough	17,246,180
E0401	UA	Milton Keynes Council	11,794,874
E4502	MD	Newcastle upon Tyne Metropolitan District Council	24,257,767

E5045	LB	Newham London Borough	31,720,920
E2620	SC	Norfolk County Council	41,106,708
E2003	UA	North East Lincolnshire Council	11,562,144
E2004	UA	North Lincolnshire Council	9,434,974
E0104	UA	North Somerset Council	9,608,925
E4503	MD	North Tyneside Metropolitan Borough Council	12,615,811
E2721	SC	North Yorkshire County Council	22,344,069
E2820	SC	Northamptonshire County Council	
E2901	UA	Northumberland County UA	16,891,117
E3001	UA	Nottingham City Council	34,489,899
E3021	SC	Nottinghamshire County Council	41,980,312
E4204	MD	Oldham Metropolitan Borough Council	17,215,575
E3120	SC	Oxfordshire	31,679,277
E0501	UA	Peterborough City Council	11,252,511
E1101	UA	Plymouth City Council	15,504,407
E1701	UA	Portsmouth City Council	18,097,098
E0303	UA	Reading Borough Council	10,034,432

E5046	LB	Redbridge London Borough	14,177,865
E0703	UA	Redcar and Cleveland Borough Council	11,856,290
E5047	LB	London Borough of Richmond upon Thames	9,603,933
E4205	MD	Rochdale Metropolitan Borough Council	17,552,397
E4403	MD	Rotherham Metropolitan Borough Council	16,738,987
E2402	UA	Rutland County Council District Council	1,328,609
E4206	MD	Salford Metropolitan District Council	21,983,815
E4604	MD	Sandwell Metropolitan Borough Council	25,110,470
E4304	MD	Sefton	22,006,114
E4404	MD	Sheffield City Council	34,269,551
E3202	UA	Shropshire County UA	12,426,066
E0304	UA	Slough Borough Council	7,636,385
E4605	MD	Solihull Metropolitan Borough Council	11,505,429
E3320	SC	Somerset County Council	21,283,535
E0103	UA	South Gloucestershire Council	9,556,487
E4504	MD	South Tyneside Metropolitan Borough Council	13,801,847
E1702	UA	Southampton City Council	17,387,855

E1501	UA	Southend-on-Sea Borough Council	9,797,597
E5019	LB	Southwark London Borough	28,697,967
E4303	MD	St Helens Metropolitan Borough Council	14,653,478
E3421	SC	Staffordshire County Council	40,114,063
E4207	MD	Stockport Metropolitan Borough Council	16,289,315
E0704	UA	Stockton-on-Tees Borough Council	14,446,222
E3401	UA	Stoke-on-Trent City Council	23,011,407
E3520	SC	Suffolk County Council	30,804,700
E4505	MD	Sunderland City Council	24,469,693
E3620	SC	Surrey County Council	38,553,966
E5048	LB	Sutton London Borough	10,189,942
E3901	UA	Swindon Borough Council	10,302,586
E4208	MD	Tameside Metropolitan Borough Council	15,689,243
E3201	UA	Telford and Wrekin Council	12,808,327
E1502	UA	Thurrock Council	11,585,703
E1102	UA	Torbay Borough Council	9,808,929
E5020	LB	Tower Hamlets London Borough	36,350,494

E4209	MD	Trafford Metropolitan Borough Council	12,809,977
E4705	MD	Wakefield Metropolitan District Council	24,788,041
E4606	MD	Walsall Metropolitan Borough Council	18,195,887
E5049	LB	Waltham Forest London Borough	16,537,312
E5021	LB	Wandsworth London Borough	28,608,337
E0602	UA	Warrington Borough Council	12,549,559
E3720	SC	Warwickshire County Council	23,610,825
E0302	UA	West Berkshire District Council	5,975,195
E3820	SC	West Sussex County Council	35,253,960
E5022	LB	Westminster City Council	32,412,786
E4210	MD	Wigan Metropolitan Borough Council	26,354,467
E3902	UA	Wiltshire County UA	17,522,431
E0305	UA	Windsor and Maidenhead Royal Borough Council	4,831,128
E4305	MD	Wirral Metropolitan Borough Council	30,141,759
E0306	UA	Wokingham District Council	5,534,182
E4607	MD	Wolverhampton Metropolitan Borough Council	21,159,004
E1821	SC	Worcestershire County Council	30,364,907

E2701	UA	City of York Council	8,143,147
E2801	UA	North Northamptonshire	17,576,662
E2802	UA	West Northamptonshire	18,585,126

## Notes

1. 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.

2. Due to restructuring in Northamptonshire, we have only included allocations for the new UAs North Northamptonshire and West Northamptonshire. We have not included an allocation for the previous UTLA 'Northamptonshire' as this wouldn't be appropriate.



# Annex C - Categories

Categories for reporting local authority public health spend from 2021 (ie Revenue Account Budget (RA) 2021-22 and Revenue Outturn (RO) 2020-12)

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

New categories from 2021:

25) Test, track & trace and outbreak planning

26) Other Public Health spend relating to COVID-19

[Type here]

# 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**

**21/22: No 31/5406**

The ring-fenced public health grant, in the amount of £..... has been provided to this local authority towards expenditure incurred in the 2021/22 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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