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Nottingham
City Council



Nottinghamshire
County Council

Heather Stammers
Nottingham University Hospitals NHS Trust
City Hospital Campus
Nottingham
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23/09/2020

Dear Heather,

Re: Agenda for Change

The Department of Health and Social Care published details of the Public Health grant allocation for 2020/21 on 17 March 2020. The grant includes "an adjustment to cover the estimated additional Agenda for Change pay costs of eligible staff."

Public Health in Nottingham City Council and Nottinghamshire County Council (Commissioners) now need to work with NHS providers of their commissioned services, including NUH as the provider of the Integrated Sexual Health Services (ISHS), to quantify those costs and calculate appropriate uplifts to existing contracts for the financial year 2020/21.

This does not commit the Commissioners to provide any further Agenda for Change uplift in future years, as this will be subject to increases in the PH grant allocation received.

While the increase in the Public Health grant is welcome there will be an ongoing necessity to provide services as efficiently as possible in line with Commissioners' financial plans. There will therefore need to be negotiation between the Authority and providers about how to best allocate resources.

The Commissioners are proposing a one off 1.65% uplift for 2020/21.

Based on the information provided by NUH, this equates to a total of £64,383 for the ISHS in the City and the south of Nottinghamshire.

In line with the 70/30 split between the City and the County, NUH will be paid the following maximum amounts:

City: £45,068
County: £19,315

In order to expedite the process, please respond by return to this letter with your acknowledgement and confirmation of your agreement to this proposal.

Subject to formal approval being granted to Commissioners and agreement from NUH, a CV will be drafted and sent to you in due course.

Yours sincerely,

Nathalie Birkett
Nottinghamshire County Council
Group Manager – Performance and Contracts

Please ask for: Heather Stammers

Ref: NUHAfC

06 October 2020

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Dear Nathalie

Following receipt of your letter, we have reviewed with the service the uplift of 1.65% for 2020/21 in relation to the agenda for change uplift. I can confirm that this uplift of £64,383 is accepted and anticipate a CV in due course.

Yours sincerely

Heather Stammers
Head of Commissioning

cc

Louise Lay, Commissioning Accountant, NUH
Daniel Pridmore, Contracts Officer, Nottingham City Council



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

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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