



Council resources and further government support and concluded that further government funding of £52.4m was required to ensure that the Council was financially sustainable in the medium term.

5. An update was presented to Cabinet in November and County Council in December which reaffirmed that a minimum level of government support of at least £50m was still required to help balance the deficit after the application of the financial response package.
6. The aim of the approach to Covid-19 was to place the County Council in the same financial position it would have otherwise been in if Covid-19 had not happened, in order to ensure that the tried and tested financial strategy which the County Council operates could be protected and retained.
7. This strategy works on the basis of a two year cycle of delivering departmental savings targets to close the anticipated budget gap. This provides the time and capacity to properly deliver major savings programmes every two years, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
8. In line with this strategy, the Transformation to 2021 (Tt2021) Programme has been in place for some time to develop the £80m of savings required to balance the budget for 2021/22. Detailed savings proposals for each department were approved by the County Council in November 2019, in order to allow more time for delivery of the savings; including the requirement to undertake a second stage of service specific consultations where necessary.
9. Since the transformation programme is already in place to deliver approved departmental savings, there are no new savings proposals to be considered as part of the 2021/22 budget setting process. The anticipated delay to delivery of some aspects of the transformation programmes has been factored into our financial planning and sufficient one-off funding exists both corporately and within departments to meet any potential gap over the period.
10. The report also provides an update on the business as usual financial position for the current year and the outturn forecast for the Department for 2020/21, excluding the financial impact of Covid-19, is a budget under spend of £0.7m.
11. The proposed budget for 2021/22 analysed by service is shown in Appendix 1.
12. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2020/21 and detailed service budgets for 2021/22 for Public Health. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Social Care Select Committee. It will be reported to the Leader and Cabinet on 9 February 2021 to make final recommendations to County Council on 25 February 2021.

## Section D: Contextual Information

13. The Medium Term Financial Strategy (MTFS) update presented to Cabinet and County Council in July explained that we were treating the medium term impact of Covid-19 as a one off problem that we aimed to address through a financial response package of Council resources and further government support.
14. The report concluded that further government funding of £52.4m was required to ensure that the Council was financially sustainable in the medium term and an update, presented to Cabinet in November and County Council in December, reaffirmed that a minimum level of government support of at least £50m was still required to help balance the deficit after the application of the financial response package.
15. The aim of the approach to Covid-19 was to place the County Council in the same financial position it would have otherwise been in if Covid-19 had not happened in order to ensure that it still had sufficient fire power in its reserves to address the business as usual deficits of at least £40m per annum predicted after the current Transformation to 2021 (Tt2021) Programme has been implemented and in line with the strategy being adopted to manage the financial impact of Covid-19 as a separate one off issue.
16. The current financial strategy which the County Council operates, works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
17. The County Council's action in tackling its forecast budget deficit and providing funding in anticipation of further reductions, placed it in a very strong position to produce a 'steady state' budget for 2020/21, giving itself the time and capacity to develop and implement the Tt2021 Programme to deliver the next phase of savings totalling £80m. This also avoids the worst effects of sudden and unplanned decisions on service delivery and the most vulnerable members of the community.
18. Consequently, the majority of the decisions in respect of major changes to the budget were taken early however, other factors will still affect the budget, such as council tax decisions and inflation.
19. Members will be aware that following previous delays in the Comprehensive Spending Review (CSR) it was hoped that a three year CSR would be announced in November this year. Following increasing rates of Covid-19 throughout October and the uncertainty over the long term economic impacts of Covid-19 the Chancellor announced that only a single year Spending Review would be put in place.

20. The Spending Review announcement took place on 25 November 2020 and the key elements were as follows:

- For salaries set by the Government (such as teachers and police) there will be a public sector pay freeze in 2021/22. The exceptions are for those earning less than £24,000 (who will receive a minimum £250 increase) and the NHS. The Government does not set pay for most council staff, although it is likely to set grant levels at amounts which assume a pay freeze.
- Councils with social care responsibilities will be allowed to increase council tax by up to 5% in 2021/22 without holding a referendum. This consists of 2% for main council tax and 3% for the adult social care precept.
- The business rates multiplier will be frozen in 2021/22 (with local authorities fully compensated for the lost income). Further Covid-19 business rates reliefs may be announced in the new year.
- The Government expects to provide local authorities with over £3bn more to help with Covid-19 pressures in 2021/22. It comprises:
  - £1.55bn to help with expenditure pressures.
  - £670m additional funding for council tax support schemes (which reduce council tax bills for households on low incomes).
  - £762m (estimate) to compensate local authorities for 75% of council tax and business rates losses resulting from 2020/21.
  - Extending the Covid-19 sales, fees and charges reimbursement scheme for three months until the end of June 2021.
- An additional £300m for adults' and children's social care (£1.2m for Hampshire) and continuation of the existing £1bn annual grant put into social care previously will be maintained, along with £2.1bn provided through the improved Better Care Fund (pooled with the NHS). Proposals for reforming adults' social care will be brought forward next year.
- The New Homes Bonus scheme will continue for a further year, with no new legacy payments. Reforms to the New Homes Bonus will be consulted on shortly, with a view to implementing changes in 2022/23.
- The Chancellor also announced how the Government would deliver the next stages of its infrastructure investment plans to drive the UK's recovery with £100bn of capital spending next year and a £4bn Levelling Up Fund.

21. The provisional Local Government Finance Settlement has not been announced at the time of writing this report but is anticipated during week commencing 14 December 2020. This will provide more clarity as to the impact of the Spending Review on Hampshire County Council and details will be provided in a separate briefing to members and within the Health and Adult Social Care Select Committee Briefing presentation in January 2021.

22. The final grant settlement for 2021/22 is not due out until January / February 2021 and should there be any changes to the figures that are released in December 2020 these will be reflected in the final budget setting report to County Council.
23. The Public Health team has been developing its service plans and budgets for 2021/22 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below

### **Section E: Departmental Challenges and Priorities**

24. The Health and Social Care Act (2012) transferred responsibility for the local leadership of public health from the NHS to upper tier and unitary authorities and conferred on them a new duty to take appropriate steps to improve the health of the people in their area.
25. Historically the ring-fenced Public Health grant enabled local authorities to discharge this responsibility. At this time, whilst there has been significant discussion at a national level regarding the potential removal of the ring-fence this has not been acted upon and the ring-fence remains. This is anticipated to continue into 2021/22 and therefore the financial position for Public Health in 2021/22 is based upon this assumption.
26. As per the November 2015 spending review, there has been, since 2015/16, a programme of reductions in the Public Health grant allocation for Hampshire County Council. The total confirmed cash reduction in grant allocation from the 2015/16 baseline up to and including 2019/20 was £8.3m. The Public Health team has continued to develop a programme of work to meet these savings over this timeframe and has been successful as spend has continued to land within the budgeted allocation.
27. Subsequently, as part of the Tt2021 Programme Public Health have been allocated a total saving requirement of £6.8m with £1.3m to be achieved in the financial year 2020/21 to support programmes that improve health across the council, whilst the full amount to be saved by 2022/23. Plans to achieve this saving are in train. We are optimistic that the agreed profiled saving of £1.3m will be delivered in the current year.
28. In 2020/21 the ring-fenced Public Health grant received by Hampshire was increased by £2.9m to £52.3m. A significant proportion of this increase was to cover the recurring additional cost incurred by commissioners of NHS providers due to the pay award made to NHS staff under Agenda for Change between 2018 and 2020. At this time there has not been any confirmation of the actual grant level in 2021/22, the budget has therefore been set on the minimum expectation of a grant equivalent to that received in 2020/21 of £52.3m.
29. Within the current year Public Health resources have inevitably been stretched to the maximum due to the requirements of the Covid-19 response. From a financial perspective all forecast additional costs are expected to be met from

within specific additional funding made available through the Test and Trace grant and the Contain Outbreak Management Fund. Therefore, the current year financial variance for the department represents a position that is largely unaffected by the impact of Covid-19 as is shown within Section F. In respect of Covid-19 response costs in the following year it is currently assumed this will be met from eligible carry forward of the Test and Trace grant, in addition to further specific funding made available nationally.

30. Despite the grant increase in 2020/21 and even a potential of a further increase in 2021/22 the reductions in grant since 2015 and the Tt2021 savings inevitably represents challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available Public Health resources are focused on the key public health priority areas identified in the Public Health Strategy 'Towards a Healthier Hampshire', and these are set out below.
31. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Hampshire's residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly dementia and cardio-vascular disease, and the demand for health and social care services; enabling access to comprehensive good value for money sexual health services through transformation providing public health expertise and leadership to NHS commissioners and the Sustainability and Transformation Partnership (STP) to inform the planning and commissioning of health services and delivering health protection responsibilities.
32. A focus on improved outcomes and increased quality in the public health commissioned services remains a priority alongside leadership of public health for Hampshire.
33. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child 'development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems. The Public Health nursing service has recently been

recommissioned with a view to supporting Hampshire's vulnerable families at a time of resource constraint. This will be led through an active partnership between commissioner and provider.

34. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge in Hampshire. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. The Stop Smoking Service focuses on both the whole population and aims to increasing quit rates, especially in vulnerable individuals and communities. This requires strategic leadership and collaboration to change the system alongside effective services for the population.
35. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and for the Demand Management and Prevention Programme.
36. Public Health leadership of violence reduction has further progressed with leadership of the local Violence Reduction Unit for Hampshire. This sees the team working closely with the Office of the Police and Crime Commissioner and Hampshire Constabulary. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact.
37. Poor mental health represents a significant burden of disease in the County and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. The final year of an EU partnership grant focusing on improving male health is enhancing our capacity in this important area. The Mental Health Partnership and plan will be further developed in this coming year. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. An updated Emotional Health and Wellbeing Strategy for children and young people continues to be implemented. Partnership working across the County Council, the NHS, voluntary sector and service users will help to drive this agenda forward.
38. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Hampshire population and empowers and enables people to recover from alcohol and/or drug

dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work.

39. Sexual Health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation and shifting more activity from face to face to digital interventions. These have further been developed during the response to Covid-19.
40. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with Public Health England and NHS England. The County Council's health protection responsibilities have been significantly stretched this year with the added responsibilities of Covid-19 pandemic leadership, Outbreak Control Plan, local contact tracing service and leadership and coordinating testing services. This will continue to be a core part of the departments work in the coming year. The Emergency Planning responsibilities are delivered through work with the Emergency Planning teams in the County Council and wider Local Resilience Forum (LRF) partners.
41. To ensure delivery of the Joint Strategic Needs Assessment on behalf of the Hampshire Health and Wellbeing Board the team continues deliver key analysis for partners including working with the developing Primary Care Networks. Our leadership of Population Health Management will enable more effective delivery of healthcare for the system. Our leadership of Covid-19 intelligence work will continue to be central to the success of our and the system response.
42. Nationally and within the Hampshire and Isle of Wight STP there is a welcome renewed focus on population health and prevention. The north east of Hampshire is part of the Frimley Integrated Care System where there are similar focuses on population health, prevention and delivery through place. The DPH provides leadership to both these work programmes supported by the Public Health consultant team.
43. Hampshire County Council are now in the second year of a formal partnership to provide the leadership of public health on the Isle of Wight, (IOW). This arrangement commenced in September 2019 following eighteen months of interim leadership support. The partnership will be reviewed on an ongoing basis and is already demonstrating successes. The partnership has increased Public Health capacity across the councils, maintaining the high quality of services across Hampshire whilst improving the quality of service delivery on the Island. We will continue to work in partnership to respond to the pandemic appropriately.
44. In October 2016 the Public Health team and Adult Services Department were joined to form the Adults' Health and Care Department. Although Public Health is reported in detail within this report the position is summarised within the Adult

Social Care report to provide a departmental wide view for Adults' Health and Care.

## **Section F: 2020/21 Revenue Budget**

45. The cash limited budget for 2020/21 was originally set, as per the same report last year, to fully utilise the ring-fenced government grant for Public Health at an estimated value of £49.5m, together with planned use of £0.7m of the Public Health reserve.
46. The budget for Public Health has been updated throughout the year and the revised budget is shown in Appendix 1. The revised budget shows an increase of £7.0m made up of:
  - £2.9m increase in the Public Health Grant.
  - £4.8m for the Test and Trace Grant.
  - £0.1m for the HIV Pre-Exposure Prophylaxis Grant.
  - £0.7m of budgeted draw from the Public Health reserve has been returned.
47. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
48. The anticipated business as usual outturn forecast for 2020/21 is a saving of £0.7m against the revised budget. It is for this reason that the planned draw from the Public Health reserve is no longer required and therefore has been removed from the budgeted plan.
49. A significant proportion of the forecast saving reported is due the impact of Covid-19 on the volume of contracted services delivered. Where applicable it has been agreed to pay reduced contracted amounts to providers that recognises there has been a reduction in their service level whilst providing them with adequate support to meet a proportion of their costs to keep them financially viable during the pandemic.
50. As at April 2020, the closing balance of the Public Health reserve was forecast to be £4.8m by 31 March 2021, after not drawing the £0.7m previously intended from the reserve in year and the expected saving of £0.7m, it is now forecast that the balance at year end will be £6.2m.
51. The Public Health delivery of early Tt2021 savings was formally reported to be £0.5m in Month 7, (October), which represents a shortfall of £0.8m against the targeted cash delivery by the end of the year. However, confidence remains high that this will be met in full after a subsequent review.

## **Section G: 2021/22 Revenue Budget Pressures and Initiatives**

52. As part of the Spending Review in late November 2020 it was announced that the Public Health Grant would be “maintained”. It is currently uncertain if this means in cash or real terms. In the absence of confirmed allocations for local authorities, the Public Health grant for 2020/21 had been assumed as the starting point for this budget setting round. The grant allocation for 2020/21 is £52.3m for Hampshire County Council. Should the grant allocation increase from this level this will be reflected within the Public Health budget for 2021/22 at a later date.
53. Should the grant allocation remain static in cash terms this could represent an additional pressure that has not been factored into the budget at this stage, primarily due to the NHS provider services passing on an increase in their costs to commissioners arising from the 2021/22 NHS pay award that they are obligated to pay.
54. The 2021/22 budget is set based on there not being any shortfall in the service budget and therefore no requirement for a draw from the Public Health reserve for this reason. However, should this position change sufficient resources exist to meet any likely draw that is required.
55. Conversely the forecast shortfall in delivery of Tt2021 savings from the previously agreed savings profile will require a draw from the Public Health reserve in 2021/22. At the current time this is reported to be £1.4m as outlined in paragraph 58 below, but this position is expected to improve in the coming months.
56. The forecast closing balance of the Public Health reserve from 2020/21 of £6.2m, as per paragraph 50, coupled with a potential draw of £1.4m in 2021/22 to mitigate delayed Tt2021 savings would leave a closing balance of £4.8m by 31 March 2022. In addition, should it be required the reserve will be drawn upon to fund any additional one-off costs incurred during 2021/22 to further facilitate or take advantage of opportunities to accelerate the delivery of Tt2021 savings.

## **Section H: Revenue Savings Proposals**

57. Savings targets for 2021/22 were approved as part of the MTFS by the County Council in September 2018. Proposals to meet these targets have been developed through the Tt2021 Programme and were approved by Executive Members, Cabinet and County Council in October and November 2019.
58. It is now anticipated that full year savings of £2.1m will be achieved in 2021/22 with the shortfall of £4.7m against the target of £6.8m being made up from a combination sources including the Public Health reserve, £1.4m, and planned corporate cash flow of £3.3m. As highlighted previously it is anticipated that this position will improve and will have the effect of increasing the full year savings thereby reducing the need to draw on the Public Health reserve.

59. The main reasons for the shortfall relate to the impact of resources being diverted onto priority Covid-19 response tasks, away from savings delivery.
60. Rigorous monitoring of the delivery of the programme will continue during 2021/22, to ensure that the Department is able to stay within its cash limited budget as set out in this report.
61. This early action in developing and implementing the savings programme for 2021/22 means that the County Council is in a strong position for setting a balanced budget in 2021/22 and that no new savings proposals will be considered as part of the budget setting process for the next financial year.

### **Section K: Budget Summary 2021/22**

62. The budget update report presented to Cabinet on 24 November 2020 included provisional cash limit guidelines for each department. The cash limit for Public Health in that report was £52.4m, a £2.1m increase on the previous year. The increase comprised the additional grant funding to bring the grant to the same level as 2020/21 less the transfer of £0.7m previously highlighted back to the Public Health reserve.
63. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Public Health for 2021/22 and show that these are within the cash limit set out above.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	<b>Yes / No</b>
<b>People in Hampshire live safe, healthy and independent lives:</b>	<b>Yes / No</b>
<b>People in Hampshire enjoy a rich and diverse environment:</b>	<b>Yes / No</b>
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	<b>Yes / No</b>

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Transformation to 2021 – Revenue Savings Proposals (Executive Member for Public Health) <a href="https://democracy.hants.gov.uk/documents/s38107/Report.pdf">https://democracy.hants.gov.uk/documents/s38107/Report.pdf</a>	16 September 2019
Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals <a href="http://democracy.hants.gov.uk/ieIssueDetails.aspx?Ild=22267&amp;PlanId=0&amp;Opt=3#AI22852">http://democracy.hants.gov.uk/ieIssueDetails.aspx?Ild=22267&amp;PlanId=0&amp;Opt=3#AI22852</a>	Cabinet – 15 October 2019 / County Council – 7 November 2019
Medium Term Financial Strategy Update <a href="https://democracy.hants.gov.uk/ieListDocuments.aspx?CId=134&amp;MId=6499&amp;Ver=4">https://democracy.hants.gov.uk/ieListDocuments.aspx?CId=134&amp;MId=6499&amp;Ver=4</a>	Cabinet – 14 July 2020 / County Council – 16 July 2020
Budget Setting and Provisional Cash Limits 2021/22 <a href="https://democracy.hants.gov.uk/documents/s60700/Nov%202020%20Financial%20Update%20Budget%20Setting%20-%20Cabinet%20FINAL.pdf">https://democracy.hants.gov.uk/documents/s60700/Nov%202020%20Financial%20Update%20Budget%20Setting%20-%20Cabinet%20FINAL.pdf</a>	Cabinet – 24 November 2020 / County Council – 3 December 2020
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

The budget setting process for 2021/22 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2021 Programme were considered in detail as part of the approval process carried out in October and November 2019 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 5 to 8 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/mgAi.aspx?ID=21194#mgDocuments>

For proposals where a Stage 2 consultation was required the EIAs were preliminary and were to be updated and developed following this further consultation when the impact of the proposals could be better understood

## Budget Summary 2021/22 – Public Health

<b>Service Activity</b>	<b>Original Budget 2020/21 £'000</b>	<b>Revised Budget 2020/21 £'000</b>	<b>Proposed Budget 2021/22 £'000</b>
<b>PH Happy</b>			
<i>Drugs and Alcohol</i>	8,576	8,536	8,273
<i>Sexual Health</i>	9,130	9,359	9,099
<i>Mental Health and Wellbeing</i>	346	333	333
	<b>18,052</b>	<b>18,228</b>	<b>17,705</b>
<b>PH Healthy</b>			
<i>Nutrition, Obesity &amp; Physical Activity</i>	515	514	472
<i>Tobacco, (incl. Smoking Cessation)</i>	2,209	2,198	2,249
<i>Health Check</i>	1,211	1,187	1,187
	<b>3,935</b>	<b>3,899</b>	<b>3,908</b>
<b>PH Communities</b>			
<i>Community Safety &amp; Violence Prevention</i>	1,653	1,513	1,446
<i>Older People</i>	866	598	250
	<b>2,519</b>	<b>2,111</b>	<b>1,696</b>
<b>PH Central</b>			
<i>Central</i>	2,814	5,086	6,115
<i>Campaigns</i>	30	30	30
	<b>2,844</b>	<b>5,116</b>	<b>6,145</b>
<b>PH Protect</b>			
<i>Information &amp; Intelligence</i>	17	17	17
<i>Infection Prevention &amp; Control</i>	5	5	5
<i>Dental</i>	180	63	0
	<b>202</b>	<b>85</b>	<b>22</b>
<b>PH Resilient</b>			
<i>Children and Young People 5-19</i>	3,905	3,724	3,542
<i>Children and Young People 0-5</i>	18,762	19,305	19,330
	<b>22,667</b>	<b>23,029</b>	<b>22,872</b>
<i>Public Health Covid-19 Specific</i>	0	4,790	0
<b>Net Cash Limited Expenditure</b>	<b>50,219</b>	<b>57,258</b>	<b>52,348</b>
<b>Funded from</b>			
Ring-fenced Grant		52,348	52,348
Test and Trace Grant		4,790	0
HIV Grant		120	0