



Department
of Health &
Social Care

Call for evidence

Local authority public health prescribed activity

January 2018

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Title: Call for evidence - local authority public health prescribed activity
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Document Purpose: Call for evidence
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<p>Target audience:</p> <p>Stakeholder engagement will take place on both national and local level.</p> <p>DHSC will lead on national engagement, predominantly via the Public Health Systems Group (PHSG). The PHSG meet bi-monthly and include the following organisations:</p> <ul style="list-style-type: none"> Royal Society of Public Health Faculty of Public Health Association of Directors of Public Health (ADPH) Local Government Association Society of Local Authority Chief Executives National Pharmacy Association National Institute for Health and Care Excellence UK Health Forum <p>Members of the PHSG can respond to the call for evidence either as a collective, or from their respective organisations. The Group will be invited to disseminate the call for evidence within their networks. We will also ask members of the PHSG to suggest other key stakeholders that we should contact, including any relevant research or academia bodies.</p> <p>DHSC will ask specific Policy Leads to highlight key sector organisations, which may include:</p> <ul style="list-style-type: none"> Provider organisations Voluntary and community sector <p>PHE will drive the local health system dimension with Directors of Public Health (DsPH) via PHE Centres. This may be done as part of monthly meetings between PHE Centre Directors and DsPH. However, it needs to be clear that DsPH should respond independently, rather than via PHE. As a key stakeholder, DsPH will also be engaged via the ADPH (as part of the PHSG).</p> <p>PHE will form a collective organisational position to feedback to DH.</p> <p>There are currently no plans to engage service users; however this may be reconsidered if a wider consultation on prescribed public health activity takes place in the future.</p>
<p>Contact details:</p> <p>Publichealthpolicyandstrategy@dh.gsi.gov.uk</p> <p>or</p> <p>5th Floor South Department of Health and Social Care 39 Victoria Street London</p>

Introduction

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Executive summary

This document is seeking evidence on the prescribing in regulations of specific local authority public health activity and invites responses by 17 April 2018. The Government remains committed to the primary legislative framework for public health which was established in 2012, and the existing regulations remain in force. However, the Government recognises that it is timely to take stock of the regulations to ensure the system is working as it should be and is fit for the future.

1. Introduction

This document is seeking evidence on the prescribing in regulations of specific local authority public health activity and invites responses by 17 April 2018. Evidence may, for example, be in the form of experience, case studies or research. The Government will review all of the responses and give consideration to next steps.

The White Paper *Healthy Lives Healthy People: our strategy for public health in England*¹ (2010) outlined a radical shift in the way the Government tackles public health challenges. The Government recognised the need to empower individuals to promote healthier lifestyles and to put local communities at the heart of public health.

Local government is best placed to shape solutions that address local needs, tackle the causes of ill health and build healthier communities, through democratically accountable leadership and national action. Central government takes the primary role in defending the population against threats to health and ensuring a coherent system for planning for, and responding to, threats.

The Health and Social Care Act 2012² amended the NHS Act 2006 to give local authorities (LAs) the leading role in improving their population's health and the Secretary of State (SofS) the duty to protect the health of the population in England and reduce health inequalities. The 2012 Act allows the SofS to make regulations requiring LAs to take particular steps to improve or protect health – 'prescribed' activity. The current regulations are described below.

It is now over four years since public health duties transferred back to LAs, and the system has had the chance to settle and mature. The Government remains committed to the primary legislative framework for public health which was established in 2012, and the existing regulations remain in force. However, the Government recognises that it is timely to take stock of the regulations to ensure the system is working as it should be and is fit for the future. This is given added relevance by the announcement in December 2017 that the Government intends to replace the ring-fenced public health grant and conditions with LAs' own business rates retention (BRR) funding from April 2020.

¹ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

² <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>

2. Call for evidence

This exercise provides an opportunity to consider whether the current arrangements set out in regulations will, in future, be fit for purpose, or whether changes are needed to better support delivery of positive public health outcomes, promote accountability and encourage innovation.

This call for evidence focuses specifically on how the legal framework of regulations made under the Health and Social Care Act 2012 can support delivery of better public health outcomes. It is not about the funding formula for LA public health responsibilities or Public Health England (PHE)'s role, although there are linkages between all these areas of work. The Government is also considering whether and how there may be changes to the way LA public health responsibilities might be funded in future, as part of wider reforms to local government finances.

This document sets out the principles used to determine prescribed activity, along with the activities currently prescribed. To provide context for the call for evidence, it explains the relevance of the Public Health Outcomes Framework and sets out the current funding arrangements for LA public health responsibilities. The document then asks a series of questions to which you are invited to respond.

The Government will consider responses to this call for evidence and publish a response in due course. Should the Government decide to bring forward proposals to amend the prescribed activities set out in legislation, these proposals would be subject to a separate public consultation.

3. Principles for prescribed functions

The Government supports the devolution of responsibility and power to the local level, allowing local services to be shaped to meet local needs. But there are some circumstances where a greater degree of uniformity is required. With this in mind, the Health and Social Care Act (2012) allows the SofS to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken.

Public health activity has so far been prescribed according to three guiding principles:

- Where services need to be provided in a standardised way if they are to be provided at all, for example NHS Health Checks;
- Where certain aspects of the health service must be available to all, for example sexual health services;
- Where one of the SofS's functions is delegated to LAs, for example contraception.

What is your view on the principles of prescribed activity? Are they still the right ones? Is there evidence to support your view?

4. Development of prescribed functions

The White Paper *Healthy Lives, Healthy People: our strategy for public health in England* (2010), describes proposals for a new public health system. It sets out arrangements to ensure that LAs are accountable to their local communities, and that they are able to determine how best to improve the public's health and reduce inequalities in health in their local area.

In addition, *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health*³ was published on 21 December 2010. Following the consultation, in July 2011, *Healthy Lives, Healthy People: Update and way forward*⁴ was published. The document confirmed plans for prescribed functions covering:

- weighing and measuring children;
- health check assessments;
- sexual health services;
- healthcare public health advice service to NHS commissioners;
- protecting the health of the local population.

Part 2 of the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351)⁵ makes provision for the prescribed functions to be taken by LAs in exercising their public health functions (see Annex B). The regulations set requirements against which a LA could be challenged in court, but LAs are not accountable to SofS.

In 2015, the regulations were amended to add prescribed actions relating to health visitor reviews for pregnant women and young children (see Annex C). The regulations covering health visitor reviews were the initially subject to a “sunset clause” requiring their review before the end of March 2017. This review was undertaken during 2016, and subsequently the regulations were amended to remove the “sunset” provision, meaning that they will – like the regulations described at para 13 – have effect until repealed or amended by Parliament.

Some prescribed activities, like the National Child Measurement Programme and the universal element of the health visitor reviews offer, need to be delivered in a consistent way across the country. For others, like open access sexual health services, there are public health objectives around controlling infections and preventing unplanned pregnancy that have required provision of services which can be accessed by anyone without referral from a GP and at a place convenient to them. However, the detail of how these services should be delivered is not prescribed. As a consequence, some regulations set out detailed requirements, while others are more general. We are interested in evidence about the impact these regulations have had in practice, including any distinction between those which specify detail and those which establish a requirement at less length.

Tackling health inequalities remains a top priority for this Government, and it is focused on narrowing the health gap between disadvantaged groups, communities and the rest of the

³http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_123114.pdf

⁴ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward>

⁵ <http://www.legislation.gov.uk/uksi/2013/351/contents/made>

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country. We are therefore interested in any evidence to suggest the impact of the regulations varies between people or groups.

What evidence are you aware of on the impact of the prescribing activity so far? Is there evidence to suggest the impact of the regulations varies between people or groups? This could relate, for example, to people of different gender, age, ethnicity or sexual orientation.

5. Public Health Outcomes Framework

The [Public Health Outcomes Framework](#) (PHOF) examines indicators that help us understand trends in public health. Through the PHOF, the whole system is now focused on achieving positive health outcomes for the population and reducing inequalities in health, rather than on process targets. The framework sets out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist.

Most of the prescribed services also have associated indicators in the PHOF, such as weighing and measuring children, health check assessments, and sexual health services. One of the PHOF domains covers health protection.

Data are published as part of a quarterly update cycle in February, May, August and November. The PHOF was refreshed in May 2016, following a consultation in 2015⁶.

How, if at all, does the evidence suggest that we could change the regulations prescribing activities to support better public health outcomes -for example, as expressed through the objectives of PHOF to increase healthy life expectancy and reduce differences in life expectancy?

⁶ <https://www.gov.uk/government/consultations/reviewing-the-indicators-in-the-public-health-outcome-framework>

6. Funding of LA public health responsibilities

Since April 2013, LA public health functions have been funded through a grant made under Section 31 of the Local Government Act 2003. A copy of the 2017/18 allocation letter can be found [here](#).

The public health grant has a number of conditions attached to it. LAs must:

- use it only for meeting eligible expenditure incurred or to be incurred by LAs for the purposes of their public health functions as specified in Section 73B(2) of the national Health Services Act 2006;
- have regard to the need to reduce inequalities between the people in its area with respect to the benefits that they can obtain from the LA's health service;
- have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

Upper tier and unitary LAs are accountable to PHE's Chief Executive as PHE's Accounting Officer for the use of the resources granted to them by PHE for improving health and wellbeing in their communities. PHE receives a quarterly report from LAs containing top-line data on services the SofS has prescribed and separate data on other non-prescribed services. On an annual basis, LAs report to PHE on their expenditure of the grant, and the Director of Public Health and the Chief Executive or Section 151 Officer of each LA is required to certify that the public health grant has been spent in line with the grant conditions.

If there is reason to believe that a LA has not complied with these conditions, the SofS can commission an independent audit and adjust LAs' grant if appropriate.

For 2017/18, LAs budgeted to spend £1.4 billion (42% of the total budgeted spend) on prescribed activities. In addition, LAs budgeted to spend £716 million on substance misuse categories (21% of the total budgeted spend) which are, in part, the subject of current grant conditions.

Annex D sets out further information on LAs' planned public health spending in 2017/18.

Any new arrangements will need to comply with the established policy on avoiding additional cost pressures on LAs and align with wider work on Business Rates Retention (BRR).⁷ In December 2017, the Government confirmed its intention for the Public Health Grant to be funded through retained business rates from 2020/21. The Government also confirmed that it intends to use the intervening period to develop a set of measures that support a smooth transition of funding for public health services from a grant to retained business rates.

⁷ <https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2018-to-2019>

7. Summary and questions

The Government is reviewing the regulations, set out in the Health and Social Care Act 2012, which prescribe specific local authority public health activity. To help us gather evidence about how the current arrangement for prescribed activity are working and to inform future policy and development of specific proposals for consultation, there are a number of key questions below. Please feel free to respond to some or all questions and include any other evidence you think is relevant.

- a) What is your view on the principles of prescribed activity? Are they still the right ones? Is there evidence to support your view?
- b) What evidence are you aware of on the impact of the prescribing activity so far? Is there evidence to suggest the impact of the regulations varies between people or groups? This could relate, for example, to people of different gender, age, ethnicity or sexual orientation.
- c) How, if at all, does the evidence suggest that we could change the regulations prescribing activities to support better public health outcomes - for example, as expressed through the objectives of PHOF to increase healthy life expectancy and reduce differences in life expectancy?

8. Next steps

We will carefully consider responses to this call for evidence to help assess whether there is a case for any change. The Government will publish its response to the call for evidence and, if necessary, consult on any specific proposals for amendments to regulations.

9. How to respond

If you would like to submit evidence in response to the questions above, please send it to the Public Health Systems and Strategy team in the Department of Health and Social Care:

Publichealthpolicyandstrategy@dh.gsi.gov.uk

Or

5th Floor South
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

Public Health Systems and Strategy
Department of Health and Social Care
January 2018

Annex A - Confidentiality of information

We manage the information you provide in response to this call for evidence in accordance with the Department of Health's [Information Charter](#).

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Annex B - 2013 Regulations

Part 2: Public Health Functions

Public health functions of the Secretary of State

2. Where a local authority is required to exercise a public health function of the Secretary of State pursuant to regulation 6(1)(a) or regulation 7(3)(a), the authority may exercise the functions of the Secretary of State under section 2 (general power) and section 12 (arrangements with other bodies) of the Act(1) in connection with those functions.

Weighing and measuring of children

3.—(1) In the exercise of its functions under paragraph 7A(1) and (2) of Schedule 1 to the Act(2) (weighing and measuring of children), each local authority must so far as reasonably practicable and in accordance with paragraph (4), provide for the weighing and measuring of the children to whom this regulation applies.

(2) This regulation applies to any child who—

(a) is a relevant child within the meaning of paragraph (3); and

(b) is a registered pupil at—

(i) a maintained school which is in the local authority's area,

(ii) an Academy school which is in the local authority's area, or

(iii) a school known as a city technology college or as a city college for the technology of the arts(3) which is in the local authority's area.

(3) A relevant child is a child who at the beginning of the school year is—

(a) in the school year in which the majority of children are aged either 4 or 5 years; or

(b) in the school year in which the majority of children are aged either 10 or 11 years.

(4) Each local authority must ensure that a child to which this regulation applies is weighed and measured at least once during the school year in which that child is a relevant child.

(5) In this regulation—

“Academy school” has the meaning given by section 1A of the Academies Act 2010(4) (Academy schools), except that it does not include a school which is specially organised to make special educational provision for pupils with special educational needs(5);

“maintained school” has the meaning given by section 20(7) of the School Standards and Framework Act 1998(6) (new categories of maintained schools), except that it does not include a community special school or a foundation special school(7);

“registered pupil” has the meaning given by section 434 of the Education Act 1996(8) (registration of pupils) and “pupil” has the meaning given by section 3 of that Act (definition of pupil etc); and

“school year” has the meaning given by section 579(1) of the Education Act 1996 (general interpretation).

(6) The duty in paragraph (1) does not apply in relation to any relevant child who has been weighed and measured during the school year in which the child is a relevant child, where the weighing and measuring was done between 1st September 2012 and the date that this Part comes into force, pursuant to arrangements made by a Primary Care Trust.

Health check assessment

4.—(1) In the exercise of its functions under section 2B of the Act(9) (functions of local authorities and Secretary of State as to improvement of public health), each local authority shall provide, or shall make arrangements to secure the provision of, health checks to be offered to eligible persons in its area.

(2) Subject to paragraph (5), in this regulation, an eligible person is a person in the local authority's area who is aged from 40 to 74 years.

(3) Each eligible person shall be offered a health check once in every relevant period.

(4) For the purposes of this regulation, the relevant period is—

(a) in the case of a person who is an eligible person on the date that this Part comes into force,

(i) the period of five years starting with that date, and

(ii) each subsequent period of five years starting on the date on which the previous health check was offered;

(b) in the case of a person who becomes an eligible person (whether or not that person has ever previously been an eligible person) on a date after the date that this Part comes into force,

(i) the period of five years starting with the date on which the person becomes an eligible person, and

(ii) each subsequent period of five years starting on the date on which the previous health check was offered.

(5) Any person of a description specified in this paragraph shall not be an eligible person for the purposes of this regulation—

(a) a person who has been diagnosed with any of the following—

(i) coronary heart disease,

(ii) chronic kidney disease (CKD), being CKD which has been classified as stage 3, 4 or 5 CKD within the meaning of the National Institute for Health and Clinical Excellence clinical guideline 73 on Chronic Kidney Disease, published September 2008(10),

(iii) diabetes,

(iv) hypertension,

(v) atrial fibrillation,

(vi) transient ischaemic attack,

(vii) hypercholesterolaemia,

(viii) heart failure,

(ix) peripheral arterial disease,

(x) stroke;

(b) a person who is being prescribed statins for the purpose of lowering cholesterol;

(c) a person who has been assessed, either through a previous NHS health check or through any other check undertaken through the health service in England, as having a twenty per cent or higher risk of having a cardiovascular event during the ten years following the check.

How to respond

(6) In discharging the requirement under paragraph (1), the local authority shall act with a view to securing continuous improvement in the percentage of eligible persons in its area participating in the health checks.

Conduct of health checks

5.—(1) Each local authority shall make arrangements to secure that the health checks offered to eligible persons in its area pursuant to regulation 4 are conducted, and that information related to each check is recorded and processed, in accordance with this regulation.

(2) Every person aged from 65 to 74 years who is undergoing a health check shall be given information at the time of the health check designed to raise their awareness of dementia and of the availability of memory services which offer further advice and assistance to people who may be experiencing memory difficulties, including making a diagnosis of dementia.

(3) Subject to paragraph (4), the following information relating to the person undergoing a health check shall be recorded at the time of the health check in relation to that person—

(a) age of the person;

(b) gender (being the person's reported or phenotypical gender);

(c) smoking status;

(d) family history of coronary heart disease in any parent or sibling when the parent or sibling was aged under sixty years;

(e) ethnicity;

(f) body mass index;

(g) cholesterol level;

(h) blood pressure;

(i) physical activity levels, being categorised as inactive, moderately inactive, moderately active or active;

(j) cardiovascular risk score;

(k) AUDIT score.

(4) The duty in paragraph (3) does not apply in respect of any information which cannot be obtained because the person undergoing the check—

(a) is unable, or refuses, to provide the information, or

(b) does not consent to any test or procedure necessary to obtain that information.

(5) In this regulation—

“AUDIT score” means a score categorising the level of risk associated with the person's alcohol consumption;

“cardiovascular risk score” means a score relating to the person's risk of having a cardiovascular event during the ten years following the health check;

“health professional” means a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(11).

(6) The cardiovascular risk score shall be calculated—

(a) using the information recorded under sub-paragraphs (a) to (h) of paragraph (3); and

Call for evidence

(b) using an appropriate risk engine, being a software programme which will predict cardiovascular risk based on the population mix within the local authority's area.

(7) The AUDIT score shall be derived from the administration of the World Health Organisation Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care, Second Edition(12).

(8) The following information relating to the person undergoing the health check shall be communicated to that person as soon as reasonably practicable after the test has taken place—

- (a) body mass index;
- (b) cholesterol level;
- (c) blood pressure;
- (d) cardiovascular risk score;
- (e) AUDIT score.

(9) In any case where the health check has not been conducted by a health professional who is providing the person undergoing the health check with primary medical services(13), a record of the health check containing the information which is required to be recorded under paragraph (3) shall be forwarded to such a health professional.

Sexual health services

6.—(1) Subject to paragraphs (4) and (5), each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area—

(a) by exercising the public health functions of the Secretary of State to make arrangements for contraceptive services under paragraph 8 of Schedule 1 to the Act (further provision about the Secretary of State and services); and

(b) by exercising its functions under section 2B of the Act—

- (i) for preventing the spread of sexually transmitted infections;
- (ii) for treating, testing and caring for people with such infections; and
- (iii) for notifying sexual partners of people with such infections.

(2) In paragraph (1), references to the provision of open access services shall be construed to mean services that are available for the benefit of all people present in the local authority's area.

(3) In exercising the functions in relation to the provision of contraceptive services under paragraph (1)(a), each local authority shall ensure that the following is made available—

- (a) advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and
- (b) advice on preventing unintended pregnancy.

(4) The duty of the local authority under paragraph (1)(a) does not include a requirement to offer to any person services relating to a procedure for sterilisation or vasectomy, other than the giving of preliminary advice on the availability of those procedures as an appropriate method of contraception for the person concerned.

(5) The duty of the local authority under paragraph (1)(b) does not include a requirement to offer services for treating or caring for people infected with Human Immunodeficiency Virus.

Public health advice service

How to respond

7.—(1) Each local authority shall provide, or shall make arrangements to secure the provision of, a public health advice service to any clinical commissioning group whose area falls wholly or partly within the authority's area.

(2) A public health advice service is a service which consists of the provision of such information and advice to a clinical commissioning group as the local authority considers necessary or appropriate, with a view to protecting and improving the health of the people in the authority's area.

(3) In discharging the requirement under paragraph (1), the local authority shall exercise—

(a) the public health functions of the Secretary of State pursuant to section 2A of the Act, to the extent that the public health advice service relates to the protection of the health of the people in its area; and

(b) its public health functions pursuant to section 2B of the Act where the public health advice service relates to the improvement of the health of the people in the authority's area.

(4) The purpose of the public health advice service shall be to assist clinical commissioning groups in relation to—

(a) their duties to arrange for the provision of health services under section 3 of the Act(14) (duties of clinical commissioning groups as to commissioning certain health services); and

(b) their power to arrange for the provision of services or facilities for the purposes of the health service under section 3A of the Act(15) (power of clinical commissioning groups to commission certain health services).

(5) The range of matters which is to be covered by the public health advice service shall be kept under review by the local authority and shall be determined—

(a) having regard to the needs of the people in the local authority's area; and

(b) by agreement between the local authority and any clinical commissioning group (whether acting alone or jointly with another clinical commissioning group) to which the advice service is required to be provided, or in default of such agreement, by the local authority.

(6) The range of matters which is to be covered by the public health advice service may in particular include the following—

(a) the creation of a summary of the overall health of the people in the local authority's area which is designed to guide clinical commissioning groups in the commissioning of appropriate health services for persons for whom a clinical commissioning group has responsibility under section 3 of the 2006 Act(16);

(b) the provision of assessments of the health needs of groups of individuals within the local authority's area with particular conditions or diseases;

(c) advice on the development of plans for the anticipated care needs of persons for whom a clinical commissioning group is responsible under section 3 of the 2006 Act, to improve the outcomes achieved for those persons by the provision of health services;

(d) advice on how to meet the duty on each clinical commissioning group under section 14T of the Act(17) (duties as to reducing inequalities).

Protecting the health of the local population

8.—(1) Each local authority shall provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements ("health protection arrangements"), or the participation in such arrangements, by that person or body.

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(2) In discharging the requirement under paragraph (1), the local authority shall exercise the public health functions of the Secretary of State pursuant to section 2A of the Act(18) (Secretary of State’s duty as to protection of public health).

(3) In this regulation—

“responsible person” means—

- (a) an NHS body(19),
- (b) a Chief Constable of a police force(20),
- (c) a fire and rescue authority(21),
- (d) in relation to a county council which is discharging the requirement under paragraph (1), a council for a district in that county, and
- (e) Public Health England, an executive agency of the Department of Health;

“relevant body” means a body whose activities, in the opinion of the local authority, have a significant effect upon, or whose activities may be significantly affected by a threat to, the health of individuals in the local authority’s area and may include—

- (a) the governing body of a school which is a maintained school within the meaning of the School Standards and Framework Act 1998(22),
- (b) a body which is the proprietor of a school which is not maintained by the local authority,
- (c) providers of social care services, being services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970)(23),
- (d) voluntary organisations,
- (e) charities registered under the Charities Act 2011(24), and
- (f) businesses.

(4) Local health protection arrangements are arrangements made for the purpose of protecting individuals in the area of the authority from events or occurrences which threaten, or are liable to threaten, their health, and may in particular include—

- (a) arrangements to deal with the matters mentioned in paragraph (6); and
- (b) arrangements of the kind referred to in sub-paragraphs (d) to (g) of paragraph (7).

(5) In discharging the requirement in paragraph (1), each local authority shall—

- (a) consider in relation to each of the responsible persons and relevant bodies concerned what information and advice is necessary effectively to promote the preparation of the health protection arrangements by that person or body and the authority may accordingly provide different information and advice in each case; and
- (b) take such steps as it considers necessary to bring to the attention of the person or body concerned the information and advice which is relevant to that person or body.

(6) The information and advice which a local authority shall provide in relation to health protection arrangements may address any threat to the health of individuals in the authority’s area and, in particular, may concern arrangements to deal with the following—

- (a) infectious disease;
- (b) environmental hazards and contamination; and
- (c) extreme weather events.

How to respond

(7) The information and advice which is to be provided by the local authority in relation to health protection arrangements shall be determined by the authority having regard to the needs of individuals in the authority's area and may include information and advice relating to the following—

(a) the appropriate co-ordination of roles and responsibilities between any responsible or relevant bodies;

(b) effective testing by the responsible and relevant bodies of the health protection arrangements;

(c) appropriate emergency provision to deal with incidents which occur outside the normal working hours of the responsible or relevant bodies;

(d) arrangements for epidemiological surveillance;

(e) arrangements for environmental hazard monitoring;

(f) arrangements with other local authorities for managing incidents which affect the area of more than one authority in an integrated and co-ordinated manner;

(g) arrangements for stockpiling of medicines and medical supplies.

Annex C - 2015 Regulations

Regulation 2

Universal health visitor reviews

This section has no associated Explanatory Memorandum

2. After regulation 5 of the principal Regulations (conduct of health checks), insert—

“Universal health visitor reviews

5A.—(1) In the exercise of its functions under section 2B of the Act (functions of local authorities and Secretary of State as to improvement of public health)(1), each local authority must, so far as reasonably practicable, provide or make arrangements to secure the provision of a universal health visitor review to be offered to or in respect of an eligible person in accordance with paragraphs (2) and (3).

(2) A universal health visitor review which is offered pursuant to paragraph (1) must, so far as reasonably practicable, be provided to the eligible person when the eligible person is—

(a) a woman who is more than 28 weeks pregnant;

(b) a child who is aged between one day and two weeks;

(c) a child who is aged between six and eight weeks;

(d) a child who is aged between nine and 15 months; or

(e) a child who is aged between 24 months (two years) and 30 months (two years and six months).

(3) The review must be provided once in each of the periods described in paragraph (2)(a) to (e).

(4) In this regulation and regulation 5B—

(a) an eligible person is a pregnant woman or child aged under five years in a local authority’s area; and

(b) “universal health visitor review” means—

(i) an assessment of the health and development of an eligible person; and

(ii) a review of the eligible person’s health and development;

as set out in the Healthy Child Programme.

(5) In this regulation, “the Healthy Child Programme” means the programme of that name, described in a policy guidance paper published by the Department of Health on 27th October 2009(2), that—

(a) is intended for the benefit of pregnant women, children aged under five years and the families of such pregnant women and children;

(b) provides for health and development assessments and reviews, screening tests, immunisations and health promotion guidance and support tailored to the needs of the pregnant woman, child, or their family at specified stages of development of the pregnant woman or child; and

(c) assists the identification of families in need of additional health or well-being support and children who are at risk of suffering poor health or well-being.

How to respond

(6) In discharging the requirements under paragraph (1), a local authority must act with a view to securing continuous improvement in the percentage of eligible persons participating in universal health visitor reviews.

Persons who are to carry out universal health visitor reviews

5B.—(1) A universal health visitor review must be carried out by a health visitor, or—

(a) in the circumstances described in paragraph (2), a suitably qualified health professional or nursery nurse; or

(b) in the circumstances described in paragraph (3)(a), (b) or (c), the family nurse referred to respectively in paragraph (3)(a), (b) or (c).

(2) The circumstances mentioned in paragraph (1)(a) are that—

(a) a health visitor has decided that a suitably qualified health professional or nursery nurse may carry out a universal health visitor review with guidance from, and supervised by, the health visitor; and

(b) the suitably qualified health professional or nursery nurse has agreed to carry out the review with delegated accountability to the health visitor.

(3) The circumstances mentioned in paragraph (1)(b) are that—

(a) the eligible person is an FNP beneficiary who is regularly visited by a family nurse under the terms of the FNP;

(b) the eligible person is a child who is—

(i) aged between 24 months (two years) and 30 months (two years and six months); and

(ii) a former FNP beneficiary who was regularly visited by a family nurse under the terms of the FNP; or

(c) the eligible person is a—

(i) pregnant woman who is a former FNP beneficiary who was regularly visited by a family nurse under the terms of the FNP; or

(ii) child whose mother is a former FNP beneficiary who was regularly visited by a family nurse under the terms of the FNP.

(4) In this regulation—

“family nurse” means a registered nurse or midwife⁽³⁾ who is employed or contracted to provide services set out in the FNP;

“the FNP” means the Family Nurse Partnership, being a programme—

(a) described in a licence dated 1st April 2009 between the Regents of the University of Colorado, Denver, of 1800 Grant Street, 8th Floor, Denver CO, 80203 United States, and the Secretary of State for Health of 79 Whitehall, London SW1A 2NS together with—

(i) a variation to that licence entitled “Variation No. 1 To Agreement” dated 28th May 2012 agreed between the parties; and

(ii) a further variation entitled “Variation No. 2 To Agreement” dated 30th April 2013⁽⁴⁾;

(b) for the benefit of pregnant women aged 19 and under at the time of conception who will be first time mothers, children aged under two years, the father or prospective father or the mother of such a child and, in certain circumstances, the families of such a pregnant woman or child, living in certain areas of England⁽⁵⁾;

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“FNP beneficiary” means a pregnant woman or child aged under two years in a local authority’s area who is receiving services under the FNP;

“former FNP beneficiary” means a person who was formerly an FNP beneficiary;

“health professional” has the same meaning as in regulation 5;

“health visitor” means a registered nurse or midwife who is also registered as a Specialist Community Public Health Nurse or Health Visitor;

“nursery nurse” means a person who is trained in child health and development who is not a health professional; and

“suitably qualified health professional” means a health professional who is—

- (a) trained in child health and development; and
- (b) not a family nurse.

Review

5C.—(1) The Secretary of State may carry out a review of the operation of regulations 5A and 5B.

(2) Where the Secretary of State carries out the review described in paragraph (1) during the review period, the Secretary of State must arrange for—

- (a) the conclusions of the review to be set out in a report; and
- (b) the report to be published.

(3) The report must be published before the end of the review period and must in particular—

- (a) set out the objectives intended to be achieved by regulations 5A and 5B;
- (b) assess the extent to which those objectives are achieved; and
- (c) assess whether those objectives remain appropriate, and if so, the extent to which they could be achieved with less regulation.

(4) “Review period” in this regulation means the period that begins on 1st October 2015 and ends on 30th March 2017.”

Annex D - proportion of planned grant spend in 2017-18

Category	2017-18 Revenue Account Budget (£m)	2017-18 Revenue Account Budget (%)
Miscellaneous public health services - Mandated 0-5 children's services (prescribed functions)	729.2	21%
Sexual health services - STI testing and treatment (prescribed functions)	353.9	10%
Sexual health services - Contraception (prescribed functions)	175.7	5%
NHS health check programme (prescribed functions)	66.4	2%
Public health advice to NHS commissioners (prescribed functions)	51.4	2%
Health protection - Local authority role in health protection (prescribed functions)	35.2	1%
National child measurement programme (prescribed functions)	26.2	1%
Substance misuse - Treatment for drug misuse in adults	386.2	11%
Substance misuse - Specialist drug and alcohol misuse services for children and young people	48.2	1%
Substance misuse - Preventing and reducing harm from alcohol misuse in adults	37.2	1%
Substance misuse - Preventing and reducing harm from drug misuse in adults	66.0	2%
Substance misuse - Treatment for alcohol misuse in adults	178.4	5%
Miscellaneous public health services - other	419.3	12%
Children 5–19 public health programmes	260.0	8%
Miscellaneous public health services - All Other 0-5 children's services (non-prescribed functions)	160.7	5%
Smoking and tobacco - Stop smoking services and interventions	89.0	3%
Physical activity - adults	65.6	2%

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Obesity - adults	56.2	2%
Sexual health services - Promotion, prevention and advice (non-prescribed functions)	51.5	2%
Public mental health	42.1	1%
Obesity - children	40.3	1%
Health at work	32.0	1%
Physical activity - children	29.1	1%
Smoking and tobacco - Wider tobacco control	10.8	0%
Total	3,410.4	100%

Notes:

1. These figures include planned expenditure from local underspending of the grant in 2016/17
2. The figures include the planned spending of the ten local authorities within the Greater Manchester area. Since April 2017 those authorities have funded all their public health activity through retained business rates, as part of their business rates retention pilot and therefore no longer receive a grant.
3. The figures for substance misuse services include activity around both prevention and treatment. The current grant condition applies only to treatment.