
Committee Stage: Tuesday 7 September 2021

Health and Care Bill (Amendment Paper)

This document lists all amendments tabled to the Health and Care Bill. Any withdrawn amendments are listed at the end of the document. The amendments are arranged in the order in which it is expected they will be decided.

Resolution of the Programming Sub-Committee

The Programming Sub-Committee appointed by the Speaker in respect of the Bill agreed the following Resolution at its meeting on Monday 6 September (Standing Order 83C):

That—

1. the Committee shall (in addition to its first meeting at 9.25 am on Tuesday 7 September) meet—
 - (a) at 2.00 pm on Tuesday 7 September;
 - (b) at 11.30 am and 2.00 pm on Thursday 9 September;
 - (c) at 9.25 am and 2.00 pm on Tuesday 14 September;
 - (d) at 11.30 am and 2.00 pm on Thursday 16 September;
 - (e) at 9.25 am and 2.00 pm on Tuesday 21 September;
 - (f) at 11.30 am and 2.00 pm on Thursday 23 September;
 - (g) at 9.25 am and 2.00 pm on Tuesday 19 October;
 - (h) at 11.30 am and 2.00 pm on Thursday 21 October;
 - (i) at 9.25 am and 2.00 pm on Tuesday 26 October;
 - (j) at 9.25 am and 2.00 pm on Wednesday 27 October;
 - (k) at 11.30 am and 2.00 pm on Thursday 28 October;
 - (l) at 9.25 am and 2.00 pm on Tuesday 2 November;
2. the Committee shall hear oral evidence in accordance with the following Table:

Date	Time	Witness
Tuesday 7 September	Until no later than 10.30 am	NHS Employers; Health Education England
Tuesday 7 September	Until no later than 11.25 am	NHS England and NHS Improvement
Tuesday 7 September	Until no later than 2.30 pm	NHSX

Date	Time	Witness
Tuesday 7 September	Until no later than 3.15 pm	NHS Providers; NHS Confederation
Tuesday 7 September	Until no later than 4.00 pm	Care Quality Commission; Healthcare Safety Investigation Branch
Tuesday 7 September	Until no later than 4.45 pm	Local Government Association; Faculty of Public Health
Tuesday 7 September	Until no later than 5.15 pm	Welsh Government
Thursday 9 September	Until no later than 12.15 pm	UNISON; British Medical Association
Thursday 9 September	Until no later than 1.00 pm	Royal College of General Practitioners; Royal College of Nursing; Academy of Medical Royal Colleges
Thursday 9 September	Until no later than 2.45 pm	The King's Fund; Nuffield Trust
Thursday 9 September	Until no later than 3.15 pm	Gloucestershire Integrated Care System; NHS Confederation's ICS Network Advisorate
Thursday 9 September	Until no later than 4.00 pm	Centre for Governance and Scrutiny; Centre for Mental Health
Thursday 9 September	Until no later than 4.30 pm	Healthwatch England
Thursday 9 September	Until no later than 5.15 pm	Association of Directors of Adult Social Services; British Association of Social Workers;

3. proceedings on consideration of the Bill in Committee shall be taken in the following order: Clause 1; Schedule 1; Clauses 2 to 13; Schedule 2; Clauses 14 to 16; Schedule 3; Clauses 17 to 25; Schedule 4; Clause 26; Schedule 5; Clauses 27 to 38; Schedule 6; Clauses 39 to 41; Schedule 7; Clauses 42 to 59; Schedule 8; Clauses 60 and 61; Schedule 9; Clauses 62 to 66; Schedule 10; Clause 67; Schedule 11; Clauses 68 to 72; Schedule 12; Clauses 73 to 93; Schedule 13; Clauses 94 to 106; Schedule 14; Clauses 107 to 118; Schedule 15; Clauses 119 to 125; Schedule 16; Clauses 126 to 135; new Clauses; new Schedules; remaining proceedings on the Bill; and
4. the proceedings shall (so far as not previously concluded) be brought to a conclusion at 6.00 pm on Tuesday 2 November.

Edward Argar has given notice of his intention to make a motion in the terms of the Resolution of the Programming Sub-Committee (Standing Order No. 83C).

Edward Argar

That, subject to the discretion of the Chair, any written evidence received by the Committee shall be reported to the House for publication.

Edward Argar

That, at this and any subsequent meeting at which oral evidence is to be heard, the Committee shall sit in private until the witnesses are admitted.

Anne Marie Morris

1

Schedule 2, page 119, line 24, leave out “three” and insert “five”

Member’s explanatory statement

This amendment would require Integrated Care Boards to have at least 5 other members as well as the chair and chief executive.

Anne Marie Morris

6

Schedule 2, page 120, line 26, at end insert—

- “(d) one member nominated by the mental health trust or trusts that provide mental health services for the purposes of the health service within the Integrated Care Board’s area; and
- (e) one member nominated jointly by the NHS Trust or Trusts and local authority or local authorities that provide social care services within the Integrated Care Board’s area.”

Member’s explanatory statement

This amendment would require Integrated Care Boards to have members representing mental health trusts and social care providers.

Anne Marie Morris

4

Clause 19, page 17, line 7, leave out from beginning to end of line 9 and insert—

- “(a) conduct research on matters relevant to the health service,
- (b) resource research on matters relevant to the health service,
- (c) promote the use in the health service of evidence obtained from research, and

- (d) collaborate with the Academic Health Science Network within the integrated care board's area."

Member's explanatory statement

This amendment would require integrated care boards to increase their research function and collaborate with Academic Health Science Networks.

Chris Skidmore

7

Clause 19, page 17, line 7, leave out from beginning to end of line 9 and insert—

- "(a) support the conduct of research on matters relevant to the health and care system,
- (b) work with universities and other research settings to support the development of the health research workforce and careers, and
- (c) promote the use in the health and care system of evidence obtained from research."

Member's explanatory statement

This amendment would require Integrated Care Boards to work with universities to support research in their local health and care systems.

Chris Skidmore

8

Clause 19, page 17, line 13, after "1F(1)", insert "and work with universities and colleges"

Member's explanatory statement

This amendment would require Integrated Care Boards to work with universities and other education providers to promote education and training in their local health and care systems.

Chris Skidmore

9

Clause 33, page 40, line 6, leave out subsection (1) and insert—

- "(1) The Secretary of State must publish an annual report within an agreed five year strategic plan, developed and agreed by stakeholders across health and education, describing the system in place for assessing and meeting the workforce needs of the health and care system in England."

Member's explanatory statement

This amendment would require the Secretary of State for Health and Social Care to plan for and publish an annual report on meeting the workforce needs of the health and care system in England.

Anne Marie Morris

2

Clause 33, page 40, line 6, leave out “at least once every five years” and insert “annually”

Member’s explanatory statement

This amendment would require the Secretary of State to publish a report on assessing and meeting the workforce need annually.

Anne Marie Morris

3

Clause 33, page 40, line 8, at end insert—

“(1A) The report under this section must set out how workforce integration has been achieved between physical health, mental health and social care.”

Member’s explanatory statement

This amendment would require the Secretary of State to set out how integrated working has been achieved.

Anne Marie Morris

5

Clause 85, page 76, line 34, at end insert—

“(1A) The appropriate authority must exercise the power in subsection (1) to make provision for the establishment and operation of an information system relating to every licensed human medicine.”

Member’s explanatory statement

This amendment would ensure that all licensed human medicines are considered.

Mr Richard Holden
 Jeremy Hunt
 Dame Meg Hillier
 Jackie Doyle-Price
 Sarah Olney
 Dehenna Davison
 Simon Fell
 Lee Anderson
 Tracey Crouch
 Christian Wakeford
 James Daly
 Mr Robert Goodwill
 Paula Barker
 Mr Virendra Sharma
 David Johnston

Paul Howell
 Siobhan Baillie
 Liz Saville Roberts
 Brendan Clarke-Smith
 Duncan Baker
 Sarah Green
 Caroline Lucas
 Sarah Champion
 Mick Whitley

Alexander Stafford
 Laura Farris
 Stephen Metcalfe
 Mr Steve Baker
 Robert Lagan
 Sir Peter Bottomley
 Fiona Bruce
 Chris Loder

NC1

To move the following Clause—

“Prohibition of virginity testing

- (1) A person is guilty of an offence if they attempt to establish that another person is a virgin by making physical contact with their genitalia.
- (2) A person is guilty of an offence if they provide another person with a product intended for the purpose, or purported purpose, of establishing whether another person is a virgin.
- (3) A person is guilty of an offence if they aid, abet, counsel or procure a person to establish that another person is a virgin by making physical contact with their genitalia.
- (4) No offence is committed by an approved person who performs—
 - (a) a surgical operation on a person which is necessary for their physical or mental health; or
 - (b) a surgical operation on a female who is in any stage of labour, or has just given birth, for purposes connected with the labour or birth.
- (5) The following are approved persons—
 - (a) in relation to an operation falling within subsection (4)(a), a registered medical practitioner; and
 - (b) in relation to an operation falling within subsection (5)(b), a registered medical practitioner, a registered midwife or a person undergoing a course of training with a view to becoming such a practitioner or midwife.
- (6) There is also no offence committed by a person who—
 - (a) performs a surgical operation falling within subsection (4)(a) or (b) outside the United Kingdom; and
 - (b) in relation to such an operation exercises functions corresponding to those of an approved person.
- (7) For the purpose of determining whether an operation is necessary for the mental health of a girl it is immaterial whether she or any other person believes that the operation is required as a matter of custom or ritual.
- (8) This section applies to any act done outside the United Kingdom by a United Kingdom national or resident.

- (9) A person who is guilty of an offence under this section is liable, on summary conviction, to imprisonment for a term not exceeding 12 months, to a fine, or to both.
- (10) The court must refer the case of any person guilty of an offence under this section who is subject to statutory professional regulation for investigation by the relevant regulator.”

Mr Richard Holden
 Jeremy Hunt
 Dame Meg Hillier
 Jackie Doyle-Price
 Sarah Olney
 Dehenna Davison
 Simon Fell
 Lee Anderson
 Tracey Crouch
 Christian Wakeford
 James Daly
 Mr Robert Goodwill
 Paula Barker
 Mr Virendra Sharma
 David Johnston

Paul Howell
 Siobhan Baillie
 Liz Saville Roberts
 Brendan Clarke-Smith
 Duncan Baker
 Sarah Green
 Caroline Lucas
 Sarah Champion
 Mick Whitley

Alexander Stafford
 Laura Farris
 Stephen Metcalfe
 Mr Steve Baker
 Robert Largan
 Sir Peter Bottomley
 Fiona Bruce
 Chris Loder

NC2

To move the following Clause—

“Prohibition of hymenoplasty

- (1) A person is guilty of an offence if they undertake a surgical procedure for the purpose of re-attaching membrane tissue, creating scar tissue or otherwise attempting to re-create the hymen in the vagina of a patient.
- (2) A person is guilty of an offence if they advertise the service of hymenoplasty or any service that purports to “re-virginise” or otherwise re-create or re-attach the hymen of a patient by way of surgical procedure.
- (3) A person is guilty of an offence if they aid, abet, counsel or procure a person to undertake a surgical procedure for the purpose of re-attaching membrane tissue, creating scar tissue or otherwise attempting to or re-creating the hymen in the vagina of a patient.
- (4) This section applies to any act done outside the United Kingdom by a United Kingdom national or resident.
- (5) A person who is guilty of an offence under this section is liable, on conviction, to imprisonment for a term not exceeding 5 years.
- (6) The court must refer the case of any person guilty of an offence under this section who is subject to statutory professional regulation for investigation by the relevant regulator.”

Anne Marie Morris

NC3

To move the following Clause—

“Annual parity of esteem report: spending on mental health and mental illness

Within six weeks of the end of each financial year, the Secretary of State must lay before each House of Parliament a report on the ways in which the allotment made to NHS England for that financial year contributed to the promotion in England of a comprehensive health service designed to secure improvement—

- (a) in the prevention, diagnosis and treatment of mental illness.”
- (b) in the mental health of the people of England, and

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to make an annual statement on how the funding received by mental health services that year from the overall annual allotment has contributed to the improvement of mental health and the prevention, diagnosis and treatment of mental illness.

Anne Marie Morris

NC4

To move the following Clause—

“Annual parity of workforce training report

- (1) The Secretary of State must, annually, publish a report setting out what steps have been taken to integrate and standardise training programmes across health and social care settings.
- (2) NHS England and Health Education England must assist in the preparation of a report under this section, if requested to do so by the Secretary of State.”

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to make an annual statement on what progress has been made on integrating training across the health and social care workforce.

Anne Marie Morris

NC5

To move the following Clause—

“Support provided by the NHS to victims of domestic abuse

- (1) Each Integrated Care Board must—
 - (a) assess, or make arrangements for the assessment of, the need for support for victims of domestic abuse using their services;
 - (b) prepare and publish a strategy for the provision of such support in its area;
 - (c) monitor and evaluate the effectiveness of the strategy;

- (d) designate a domestic abuse and sexual violence lead; and
 - (e) publish an annual report on how it has discharged its duties relating to the provision of services to victims of domestic violence under the Care Act 2014.
- (2) An Integrated Care Board that publishes a strategy under this section must, in carrying out its functions, give effect to the strategy.
- (3) Before publishing a strategy under this section, an Integrated Care Board must consult—
 - (a) any local authority for an area within the relevant Integrated Care Board's area;
 - (b) the domestic abuse local partnership board appointed by the local authority for an area within the relevant clinical commissioning group's area under section 58 of the Domestic Abuse Act 2021; and
 - (c) such other persons as the relevant local authority considers appropriate.
- (4) For the purposes of subsection (4), "local authority" means—
 - (a) a county council or district council in England; or
 - (b) a London borough council.
- (5) An Integrated Care Board that publishes a strategy under this section—
 - (a) must keep the strategy under review;
 - (b) may alter or replace the strategy; and
 - (c) must publish any altered or replacement strategy.
- (6) The Secretary of State may by regulations make provision about the preparation and publication of strategies under this section.
- (7) The power to make regulations under subsection (7) may, in particular, be exercised to make provision about—
 - (a) the procedure to be followed by an Integrated Care Board in preparing a strategy;
 - (b) matters to which an Integrated Care Board must have regard in preparing a strategy;
 - (c) how an Integrated Care Board must publish a strategy;
 - (d) the date by which an Integrated Care Board must first publish a strategy; and
 - (e) the frequency with which an Integrated Care Board must review its strategy or any effect of the strategy on the provision of other provision in its area.
- (8) Before making regulations under this section, the Secretary of State must consult—
 - (a) all Integrated Care Boards; and

- (b) such other persons as the Secretary of State considers appropriate.”

Member’s explanatory statement

This new clause would require Integrated Care Boards to publish a strategy for the provision of support for victims of domestic abuse using their services and designate a domestic abuse and sexual violence lead.

Anne Marie Morris

NC6

To move the following Clause—

“Report on assessing and meeting parity of outcomes

- (1) The Secretary of State must publish an annual report describing the system in place for assessing and achieving parity of esteem between care types.
- (2) In this section “care types” means—
 - (a) care for physical health;
 - (b) care for mental health; and
 - (c) social care.
- (3) The report must contain an assessment of how parity of esteem between care types has been pursued in the measurement and tackling of—
 - (a) excess mortality;
 - (b) burden of disease;
 - (c) number of patients with a diagnosis who are receiving treatment;
 - (d) waiting times;
 - (e) readmission rates; and
 - (f) any other matters the Secretary of State considers appropriate.”

Member’s explanatory statement

This new clause would require the Secretary of State to set out how parity of esteem has been achieved between physical health, mental health and social care.

Karin Smyth

NC7

To move the following Clause—

“Transparency of decision-making by NHS bodies

- (1) All meetings of NHS bodies must be held in public and reasonable provision must be made for access to meetings other than by physical attendance.
- (2) All—
 - (a) agendas; and
 - (b) other papers

to be considered at meetings of NHS bodies must be published at least 10 days before the date of the meeting.

- (3) For the purposes of this section an NHS body is—
 - (a) NHS England;
 - (b) an Integrated Care Board;
 - (c) an NHS Trust;
 - (d) an NHS Foundation Trust; and
 - (e) a Special Health Authority.
- (4) An NHS body may, by resolution, exclude the public from the whole or part of a meeting if it considers that publicity would be prejudicial to the public interest because confidential business is to be transacted at the meeting or for other reasons stated in the resolution.
- (5) A resolution to exclude the public from a meeting under subsection (4) must be published at least five days before the date of the meeting and must explain—
 - (a) what is covered by the resolution; and
 - (b) the reason publication is not in the public interest.
- (6) Any responses from the public to the publication of the resolution under subsection (5) must be considered in public at the meeting.
- (7) All major decisions taken by an NHS body must be based on—
 - (a) a business case prepared to the standards required by HM Treasury and published at least one month before the decision is to be considered;
 - (b) a Stage Gate Review or similar external independent assurance review, the summary of which must be published at least one month before the decision is to be considered; and
 - (c) consideration of any responses from the public, patients or staff representatives to the business case.
- (8) For the purposes of subsection (7) neither the business case nor any part of it nor any record of the consideration of the case by the NHS body may be considered to be commercially confidential under the Freedom of Information Act 2000.
- (9) For the purposes of subsection (7) a “major decision” includes, but is not restricted to, any proposal for—
 - (a) capital expenditure in excess of £5m;
 - (b) the award of any contract with a value in excess of £1m to any organisation that is not an NHS Trust or NHS Foundation Trust; and
 - (c) any change in the organisation of the provision of services that will involve or may involve—
 - (i) more than 10 staff; or
 - (ii) more than 10 patients or service users.

- (10) NHS England may publish guidance on the consideration of major decisions under subsections (7) to (9)."

Member's explanatory statement

This new clause requires all NHS organisations to hold meetings and make decisions in an open and transparent manner and allows the public and patients to express views on important proposals.

Karin Smyth

NC8

To move the following Clause—

"NHS Good Governance Commission

- (1) Regulations must provide for the establishment of an NHS Good Governance Commission as a Special Health Authority.
- (2) The Commission has responsibility for ensuring that anyone appointed to, or elected into, a non-executive role on an NHS body—
 - (a) is a fit and proper person for that role; and
 - (b) has been appointed or elected by a process that the Commission considers appropriate.
- (3) For the purposes of subsection (2) a Chair or ordinary member of an Integrated Care Board must be considered to be a non-executive role.
- (4) NHS England may publish guidance, which must be approved by the Commission, about how appointments are made to NHS bodies.
- (5) The Commission must publish an annual assessment of diversity and inclusion in decision-making by NHS bodies and in appointments to executive and non-executive roles in NHS bodies.
- (6) For the purposes of subsection (2) an NHS body is—
 - (a) NHS England;
 - (b) an Integrated Care Board;
 - (c) an NHS Trust;
 - (d) an NHS Foundations Trust; and
 - (e) a Special Health Authority."

Member's explanatory statement

This new clause returns to the position prior to 2012 by recreating a body with independent oversight of important NHS appointments.

Chris Skidmore

NC9

To move the following Clause—

“Duty to promote research

For Section 1E of the National Health Service Act 2006 substitute—

“Duty to promote research

The Secretary of State must—

- (a) support the conduct of research on matters relevant to the health and care system,
- (b) provide funding for research on matters relevant to the health and care system, via ring-fenced funding for the National Institute for Health Research, and
- (c) promote the use in the health and care system of evidence obtained from research.”

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to have a duty to support, fund and promote the use of research in the health and care system in England, via ring-fenced funding for the National Institute for Health Research.

Order of the House

[14 July 2021]

That the following provisions shall apply to the Health and Care Bill:

Committal

1. The Bill shall be committed to a Public Bill Committee.

Proceedings in Public Bill Committee

2. Proceedings in the Public Bill Committee shall (so far as not previously concluded) be brought to a conclusion on Tuesday 2 November 2021.
3. The Public Bill Committee shall have leave to sit twice on the first day on which it meets.

Proceedings on Consideration and Third Reading

4. Proceedings on Consideration shall (so far as not previously concluded) be brought to a conclusion one hour before the moment of interruption on the day on which proceedings on Consideration are commenced.
5. Proceedings on Third Reading shall (so far as not previously concluded) be brought to a conclusion at the moment of interruption on that day.
6. Standing Order No. 83B (Programming committees) shall not apply to proceedings on Consideration and Third Reading.

Other proceedings

7. Any other proceedings on the Bill may be programmed.
-