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Committee Stage: Thursday 9 September 2021

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## 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 Any withdrawn amendments are listed at the end of the document.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.

★ New Amendments.

☆ Amendments which will comply with the required notice period at their next appearance.

New Amendments: 18 to 38 and NC10 to NC15

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

18

★ Clause 1, page 1, line 5, insert after paragraph (1)—

“(1A) The Board of NHS England shall be made up of—

- (a) a Chair appointed by the Secretary of State,
- (b) five other members so appointed of which—
  - (i) one shall be appointed to represent Directors of Public Health,
  - (ii) one shall be appointed to represent the Local Government Association,
  - (iii) one shall be appointed to represent the interest of patients,
  - (iv) one shall be appointed to represent the staff employed in the NHS, and
  - (v) one shall be appointed to represent the Integrated Care Partnership.
- (c) one further member shall be appointed by the Secretary of State after being recommended by the Health Committee as a person with appropriate knowledge and experience
- (d) executive members as set out in Schedule 1 of the Health and Social Care Act 2012.

(1B) In making the appointments in (1A) (a) and (b) above the Secretary of State must have due regard to—

- (a) the need to ensure diversity and equality of opportunity and must publish a list of at least 5 persons considered for each

- appointment and the reasons why the particular individual appointment was made, and
- (b) that no person who could be perceived to have a conflict of interest by virtue of their current or recent employment or investment holding in any organisation with any role in the delivery of services to the NHS may be considered for appointment."

**Member's explanatory statement**

This amendment changes the makeup of the Board to acknowledge its new role in the integrated NHS and bringing representatives as non executive members on the Board as with integrated care boards.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

36

- ★ Clause 2, page 1, line 9, at end insert—

"(1A)In subsection (1), leave out "it" and insert "the Secretary of State"."

**Member's explanatory statement**

This amendment, with Amendment 37 and NC10, restores the duty on the Secretary of State to provide or secure the provision of services to that in the National Health Service Act 2006.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

19

- ★ Clause 3, page 2, line 12, leave out paragraph (e) and insert—

"(e) after subsection (6) insert—

(6A) The Secretary of State may revise the mandate should urgent or other unforeseen circumstances arise.

(6B) If the Secretary of State revises the mandate, the Secretary of State must publish and lay before Parliament the mandate as revised with a written explanation of the urgent or other unforeseen circumstances that justify the revision and an impact assessment of the proposed change."

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Justin Madders 20  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

★ Clause 3, page 2, line 30, at end insert—

“(6) No mandate shall be laid before Parliament unless the Secretary of State has supplied a statement on how the mandate will be funded.”

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Justin Madders 21  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

★ Clause 4, page 3, line 5, at end insert—

“(d) health inequalities.”

**Member’s explanatory statement**

This amendment would modify the triple aim to explicitly require NHS England to take account of health inequalities when making decisions.

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Justin Madders 22  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

★ Clause 4, page 3, line 5, at end insert—

“(1A) In making a decision about the exercise of its functions, the health and well-being of the people of England must be NHS England’s primary consideration.”

**Member’s explanatory statement**

This amendment would assert that duties to patients come above any other (e.g. organisational) considerations.

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Edward Argar

10

☆ Clause 13, page 9, line 44, leave out subsections (1) and (2) and insert—

- “(1) NHS England may, in connection with the abolition of a clinical commissioning group under section 14Z27, make a scheme for the transfer of the group’s property, rights or liabilities to NHS England or an integrated care board.
- (2) NHS England may, in connection with the establishment of an integrated care board, make a scheme for the transfer of property, rights or liabilities to the board from—
- (a) NHS England,
  - (b) an NHS trust established under section 25,
  - (c) an NHS foundation trust, or
  - (d) a Special Health Authority established under section 28.
- (2A) NHS England may, in connection with the variation of the constitution of an integrated care board or the abolition of an integrated care board, make a scheme for the transfer of the board’s property, rights or liabilities to NHS England or an integrated care board.
- (2B) The reference in subsection (2A) to the variation of the constitution of an integrated care board is to its variation by order under section 14Z25 or under provision included in its constitution by virtue of paragraph 14 of Schedule 1B.”

**Member’s explanatory statement**

This amendment adds a power for NHS England to transfer property, rights and liabilities (including rights and liabilities relating to a contract of employment) from certain NHS bodies to an integrated care board on its establishment: see new subsection (2). In consequence, new subsections (1), (2A) and (2B) restructure material currently in subsections (1) and (2).

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Edward Argar

11

☆ Clause 13, page 10, line 13, after “(1)” insert “or (2A)”

**Member’s explanatory statement**

This amendment is consequential on Amendment 10.

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Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

38

★ Clause 13, page 11, line 10, at end insert—

*“Accountability*

**14Z28A Reporting: duties on integrated care boards and the Secretary of State**

- (1) Integrated care boards must report annually to the Secretary of State on their actions and policies and the outcomes for patients of the services they commission.
- (2) The Secretary of State must prepare and publish a report each year on the actions and policies of integrated care boards and the outcomes for patients of the services they commission and must lay a copy of the report before Parliament.
- (3) A Minister of the Crown must, not later than one month after the report has been laid before Parliament, make a motion in the House of Commons in relation to the report.”

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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.

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Justin Madders 31  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

- ★ Schedule 2, page 119, line 28, leave out from “the chair” to end of line 29 and insert “an initial chair to be appointed by NHS England, with the approval of the Secretary of State, for a period of no more than 2 years and for subsequent chairs to be elected by the voters in the area for which the integrated care board is established in accordance with regulations made by the Secretary of State for that purpose”

**Member’s explanatory statement**

This amendment would require the first Chair of the Integrated Care Board to be appointed by NHS England, with the approval of the Secretary of State for a period of no more than 2 years and for subsequent chairs to be chosen through local election.

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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.

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Justin Madders 32  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

- ★ Schedule 2, page 120, line 26, at end insert—
- “(d) at least one member nominated by the mental health trust or trusts that provide mental health services within the integrated care board’s area;
  - (e) at least one member nominated by the Directors of Public Health that serve each local authority within the integrated care board’s area;
  - (f) at least one member nominated jointly by any NHS trust, NHS foundation trust and local authority that provides social care services within the integrated care board’s area;
  - (g) at least one member nominated by the trade unions representing the health and social care workforce that serves the integrated care board’s area;

- (h) at least one member appointed to represent the voice of patients in the integrated care board's area."

**Member's explanatory statement**

This amendment would require integrated care boards to have members nominated by Directors of Public Health, mental health trusts, social care providers and trade union representatives and a member representing patients.

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Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

30

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

"(2A)The constitution must prohibit representatives of GP practices with active Alternative Provider Medical Services contracts from becoming members."

**Member's explanatory statement**

This amendment would mean that the only GPs able to participate in integrated care boards would be those whose practices are on the standard General Medical Services (GMS) contract.

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Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

33

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

"(2B)Representatives of private providers of healthcare services, other than general practitioners who hold a contract for the provision of primary medical services in the area, may not be appointed to integrated care boards."

**Member's explanatory statement**

This amendment prevents private providers of healthcare services from becoming members of integrated care boards.

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Justin Madders 34  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

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

“(2C)The constitution must require integrated care boards and any committee or sub-committee of the board, to meet in public and publish all papers and agenda at least 5 working days before each meeting is held.”

**Member’s explanatory statement**

This amendment mandates integrated care boards and their sub-committees including “place based committees” to meet in public and publish all papers and agenda at least five working days before each meeting is held.

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Karin Smyth 17

☆ Schedule 2, page 124, line 14, at end insert—

“(7) An integrated care board may enter into an externally financed development agreement in respect of any Local Improvement Finance Trust relevant to the area for which it has responsibility and receive the income related to that agreement.

(8) An integrated care board may enter into an externally financed development agreement in respect of any proposed Local Improvement Finance Trust relevant to the area for which it has responsibility.”

**Member’s explanatory statement**

This amendment would enable integrated care boards to participate in existing and future LIFT schemes and to receive the income that would come to the local area from the local investment in such schemes.

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Justin Madders 37  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

★ Clause 15, page 13, line 18, leave out “it” and insert “the Secretary of State”

**Member’s explanatory statement**

This amendment, with Amendment 36 and NC10, restores the duty on the Secretary of State to provide or secure the provision of services to that in the National Health Service Act 2006.



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Edward Argar

12

☆ Clause 15, page 13, line 22, at end insert—

“(ba) medical services other than primary medical services (for primary medical services, see Part 4),”

**Member’s explanatory statement**

This amendment makes it clear that integrated boards have a duty to commission secondary medical services (replicating the current position for clinical commissioning groups). Although secondary medical services would appear to fall within new section 3(1)(f) and (g), in the existing legislation they are mentioned specifically so the amendment would continue that approach.

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Edward Argar

13

☆ Clause 15, page 13, line 24, at end insert—

“(ba) ophthalmic services other than primary ophthalmic services (for primary ophthalmic services, see Part 6),”

**Member’s explanatory statement**

This amendment makes it clear that integrated boards have a duty to commission secondary ophthalmic services (replicating the current position for clinical commissioning groups). Although secondary ophthalmic services would appear to fall within new section 3(1)(f) and (g), in the existing legislation they are mentioned specifically so the amendment would continue that approach.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

28

★ Schedule 3, page 126, line 28, leave out “person” and insert “general practitioner, GP partnership or social enterprise providing primary medical services”

**Member’s explanatory statement**

This amendment would prevent an integrated care board from entering into or renewing any Alternative Provider Medical Services (APMS) contract.

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Justin Madders 29  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

- ★ Schedule 3, page 126, line 32, leave out “person” and insert “general practitioner, GP partnership or social enterprise providing primary medical services”

**Member’s explanatory statement**

This amendment would prevent NHS England from entering into or renewing any Alternative Provider Medical Services (APMS) contract.

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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.

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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.

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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.

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Justin Madders

23

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

★ Clause 19, page 18, line 13, at end insert—

“(d) health inequalities.”

**Member’s explanatory statement**

This amendment would modify the triple aim explicitly to require integrated care boards to take account of health inequalities when making decisions.

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Justin Madders

24

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

★ Clause 19, page 18, line 13, at end insert—

“(1A) In making a decision about the exercise of its functions, the health and well-being of the people it serves must be the primary consideration of an integrated care board.”

**Member’s explanatory statement**

This amendment would assert that duties to patients come above any other (e.g. organisational) considerations.

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Justin Madders 27  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

★ Clause 20, page 29, line 9, at end insert—

“(4) Representatives of private providers of healthcare services, other than general practitioners who hold a contract for the provision of primary medical services in the area, may not be appointed to integrated care partnerships.”

**Member’s explanatory statement**

This amendment prevents private providers of healthcare services from becoming members of Integrated Care Partnerships.

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Edward Argar 14

☆ Schedule 4, page 151, line 34, at end insert—

“107A In section 187 (charges for designated services or facilities), for “section 3(1)(d) or (e)” substitute “section 3(1)(e) or (f)”.”

**Member’s explanatory statement**

This amendment is consequential on clause 15 of the Bill, which changes the numbering in section 3(1) of the National Health Service Act 2006.

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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.

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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.

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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.

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Justin Madders

35

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

★ Page 46, line 23, leave out Clause 38

**Member’s explanatory statement**

This amendment would remove clause 38, which introduces Schedule 6, which confers intervention powers on the Secretary of State in relation to the reconfiguration of NHS services, from the Bill.

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Justin Madders 25  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

- ★ Clause 43, page 47, line 32, at end insert—  
 “(d) health inequalities.”

**Member’s explanatory statement**

This amendment would modify the triple aim to explicitly require NHS trusts to take account of health inequalities when making decisions.

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Justin Madders 26  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

- ★ Clause 43, page 47, line 32, at end insert—

“(1A) In making a decision about the exercise of its functions, the health and well-being of the people it serves must be the primary consideration of an NHS trust.”

**Member’s explanatory statement**

This amendment would assert that duties to patients come above any other (e.g. organisational) considerations.

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Edward Argar 15

- ☆ Schedule 8, page 185, line 29, at end insert—

“(ia) any integrated care board in whose area the trust has hospitals, establishments or facilities, and”

**Member’s explanatory statement**

This amendment requires the Care Quality Commission to consult relevant integrated care boards before triggering the requirement for NHS England to make a trust special administration order for an NHS trust.

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Edward Argar

16

☆ Schedule 8, page 185, line 36, at end insert—

“(aa) any integrated care board in whose area the trust has hospitals, establishments or facilities,”

**Member’s explanatory statement**

This amendment requires NHS England to consult relevant integrated care boards before exercising its discretion to make a trust special administration order for an NHS trust.

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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.

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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  
 Rosie Cooper  
 Crispin Blunt  
 John Spellar  
 Kate Griffiths  
 Mrs Pauline Latham  
 Dr Jamie Wallis  
 Sara Britcliffe

Paul Howell  
 Siobhan Baillie  
 Liz Saville Roberts  
 Brendan Clarke-Smith  
 Duncan Baker  
 Sarah Green  
 Caroline Lucas  
 Sarah Champion  
 Mick Whitley  
 Shaun Bailey  
 Steve Brine  
 Tony Lloyd  
 Caroline Nokes  
 Giles Watling  
 Tonia Antoniazzi

Alexander Stafford  
 Laura Farris  
 Stephen Metcalfe  
 Mr Steve Baker  
 Robert Langan  
 Sir Peter Bottomley  
 Fiona Bruce  
 Chris Loder  
 Mrs Emma Lewell-Buck  
 Jill Mortimer  
 Marsha De Cordova  
 Antony Higginbotham  
 Mary Kelly Foy  
 Jess Phillips  
 Sir Roger Gale

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 (4)(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  
 Rosie Cooper  
 Crispin Blunt  
 John Spellar  
 Kate Griffiths  
 Mrs Pauline Latham  
 Dr Jamie Wallis  
 Sara Britcliffe

Paul Howell  
 Siobhan Baillie  
 Liz Saville Roberts  
 Brendan Clarke-Smith  
 Duncan Baker  
 Sarah Green  
 Caroline Lucas  
 Sarah Champion  
 Mick Whitley  
 Shaun Bailey  
 Steve Brine  
 Tony Lloyd  
 Caroline Nokes  
 Giles Watling  
 Tonia Antoniazzi

Alexander Stafford  
 Laura Farris  
 Stephen Metcalfe  
 Mr Steve Baker  
 Robert Largan  
 Sir Peter Bottomley  
 Fiona Bruce  
 Chris Loder  
 Mrs Emma Lewell-Buck  
 Jill Mortimer  
 Marsha De Cordova  
 Antony Higginbotham  
 Mary Kelly Foy  
 Jess Phillips  
 Sir Roger Gale

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.”

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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.

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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.

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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.

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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 papersto 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.

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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.

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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.

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Justin Madders

NC10

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

★ To move the following Clause—

**“Duty on the Secretary of State to provide a comprehensive health service**

- (1) The Health and Social Care Act 2012 is amended as follows.
- (2) Leave out section 1.”

**Member’s explanatory statement**

This new clause would repeal section 1 of the Health and Social Care Act 2012, thus restoring the provision under the National Health Service Act 2006 in which the Secretary of State “must provide or secure the provision of services” for a comprehensive health service.

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Justin Madders

NC11

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

★ To move the following Clause—

**“Consultation with staff and patients on service changes**

- (1) The Secretary of State must consult staff, staff representatives and patient representatives on any changes in services which fall within the

definition of reconfiguration of services or which impact on the roles of more than 20 staff and publish the results of the consultation.

- (2) NHS England, ICBs, NHS Trusts and FTs must publish a response to the results of consultations undertaken under subsection (1) and have due regard to the outcome of any consultation.
- (3) Where significant changes to services are proposed by any NHS body, that body must produce a business case using the Five Case Model recommended by Her Majesty's Treasury, or other requirements as set out in guidance prepared and published by the Secretary of State under this section.
- (4) The business case mentioned in subsection (3) must be published for consultation and the responses to the consultation taken into account when a decision is taken whether to implement the change."

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC12

★ To move the following Clause—

**"NHS as the preferred provider of NHS contracts**

- (1) The NHS is the preferred provider of NHS contracts.
- (2) NHS contracts must be provided by NHS suppliers unless the NHS supplier is unable to fulfil the terms of that contract.
- (3) Where the NHS is unable to fulfil the terms of a contract, a competitive tender must be held to identify an alternative provider.
- (4) For the purposes of this section—
  - (a) "alternative provider" means private companies and independent sector treatment centres, and
  - (b) general practice and GP-led community services are NHS suppliers."

**Member's explanatory statement**

This new clause would establish NHS suppliers of services as the preferred providers of NHS contracts. Independent sector providers could hold NHS contracts after winning a competitive tender.



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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC13

★ To move the following Clause—

**“Secretary of State’s duty to set targets on population health and reduction of inequalities**

- (1) The Secretary of State must, at least every five years, publish a report setting targets on—
  - (a) the improvement of the physical and mental health of the population, and
  - (b) the reduction of health inequalities.
- (2) The Secretary of State must publish an annual report recording progress against the targets in subsection (1).”

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Alex Norris

NC14

★ To move the following Clause—

**“Appropriate consent to transplantation activities when travelling abroad**

The Human Tissue Act 2004 is amended as follows—

- (1) Section 32 (prohibition of commercial dealings in human material for transplantation) is amended as follows.
- (2) In subsection (1), after paragraph (e) insert—
  - “(f) travels outside the United Kingdom and receives any controlled material, for the purpose of transplantation, where the material was obtained without—
    - (i) the free, informed and specific consent of a living donor, or
    - (ii) the free, informed and specific consent of the donor’s next of kin, where the donor is unable to provide consent;
  - (g) receives any controlled material for the purpose of transplantation for which, in exchange for the removal of organs—
    - (i) the living donor, or a third party, receives a financial gain or comparable advantage, or

- (ii) from a deceased donor, a third party receives financial gain or comparable advantage.
- (1A) For the purposes of paragraphs (f) and (g) in subsection (1), it is immaterial whether the offence of dealing in controlled material for transplantation is caused by an act or an omission.
- (1B) For the purposes of paragraph (g) in subsection (1), it is immaterial whether the acts or omissions which form part of the offence take place in the United Kingdom or elsewhere.
- (1C) In subsection (1)(g), the expression “financial gain or comparable advantage” does not include compensation for loss of earnings and any other justifiable expenses caused by the removal or by the related medical examinations, or compensation in case of damage which is not inherent to the removal of organs.
- (1D) Subsection (1F) applies if—
- (a) no act which forms part of an offence under subsection (1) takes place in the United Kingdom, but
  - (b) the person committing the offence has a close connection with the United Kingdom.
- (1E) For the purposes of subsection (1D)(b), a person has a close connection with the United Kingdom if, and only if, the person was one of the following at the time the acts or omissions concerned were done or made—
- (a) a British citizen,
  - (b) a British overseas territories citizen,
  - (c) a British National (Overseas),
  - (d) a British Overseas citizen,
  - (e) a person who under the British Nationality Act 1981 was a British subject,
  - (f) a British protected person within the meaning of that Act,
  - (g) an individual ordinarily resident in the United Kingdom,
  - (h) a body incorporated under the law of any part of the United Kingdom,
  - (i) a Scottish partnership.
- (1F) In such a case, proceedings for the offence may be taken in any criminal court in England and Wales or Northern Ireland.”
- (3) In subsection (3), after “subsection (1)” insert “(a) to (e)”.
- (4) In subsection (4), after “subsection (1)” insert “(a) to (e)”.
- (5) After subsection (4), insert—
- “(4A) A person guilty of an offence under subsection (1)(f) or (1)(g) shall be liable—
- (a) on summary conviction—
    - (i) to imprisonment for a term not exceeding 12 months,
    - (ii) to a fine not exceeding the statutory maximum, or
    - (iii) to both;
  - (b) on conviction on indictment—

- (i) to imprisonment for a term not exceeding 9 years,
  - (ii) to a fine, or
  - (iii) to both.”
- (6) Section 34 (information about transplant operations) is amended as follows.
- (7) After subsection (2), insert—

“(2A) Regulations under subsection (1) must require specified persons to—

  - (a) keep patient identifiable records for all instances of UK citizens who have received transplant procedures performed outside the United Kingdom; and
  - (b) report instances of transplant procedures performed on UK citizens outside the United Kingdom to NHS Blood and Transplant.

(2B) Regulations under subsection (1) must require NHS Blood and Transplant to produce an annual report on instances of UK citizens receiving transplant procedures outside the United Kingdom.””

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Alex Norris

NC15

★ To move the following Clause—

**“Regulation of the public display of imported cadavers**

The Human Tissue Act 2004 is amended as follows—

In subsections (5)(a), (6)(a) and (6)(b) of section 1 (authorisation of activities for scheduled purposes) after “imported” insert “other than for the purpose of public display”.

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## 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.

**Order of the Committee****[7 September 2021]**

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:

<b>Date</b>	<b>Time</b>	<b>Witness</b>
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
Tuesday 7 September	Until no later than 3.15 pm	NHS Providers; NHS Confederation

<b>Date</b>	<b>Time</b>	<b>Witness</b>
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.