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Committee Stage: Tuesday 14 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 Any withdrawn amendments are listed at the end of the document.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.

This document should be read alongside the Chair's provisional Selection and Grouping, which sets out the order in which the amendments will be debated.

★ New Amendments.

New Amendments: 83 to 93 and NC23

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Margaret Greenwood

18

Clause 1, page 1, line 5, at end insert—

“(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.



Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Margaret Greenwood

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, NC20 and NC21, 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.



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 may 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  
Margaret Greenwood

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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Margaret Greenwood 73  
 Clause 6, page 3, line 38, leave out “person” and insert “relevant public body”

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Margaret Greenwood 74  
 Clause 6, page 3, line 40, leave out “person” and insert “public body”

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Margaret Greenwood 75  
 Clause 6, page 4, line 2, after “employees”, insert “, within their terms and conditions of employment,”

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Margaret Greenwood 76  
 Clause 6, page 4, line 9, at end insert—  
 “(5) In subsection 1(a) “relevant public body” means a public authority listed under the title “Health, social care and social security” in Part 1 of Schedule 19 to the Equality Act 2010.”

**Member’s explanatory statement**

This amendment is to ensure that any NHS England resources that are provided to support or assist organisations that are providing or planning to provide health services only go to public sector bodies.

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Justin Madders 92  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

★ Clause 13, page 8, line 19, leave out from beginning to end of line 20 and insert—

- “(3) The area for which an integrated care board is established—
- (a) must not coincide or overlap with the area of any other integrated care board,
  - (b) must not be such that it fails to include the entire area of any local authority,
  - (c) must be agreed by all local authorities within the area for which the integrated care board is established, and
  - (d) must be approved by resolution of each House of Parliament before an order may be made under subsection (2).”

**Member's explanatory statement**

The amendment ensures that ICBs cannot cut across local authority boundaries and that the boundaries are jointly agreed.

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Justin Madders

49

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Margaret Greenwood

Clause 13, page 8, line 34, after "board", insert "NHS trust, NHS foundation trust, trade union, patient representatives and local authority".

**Member's explanatory statement**

This amendment would ensure that trusts and local authorities are consulted before any changes are made to the number, shape and size of ICSs.

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Edward Argar

10

Clause 13, page 9, line 44, leave out from beginning to end of line 12 on page 10 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 38  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth  
 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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Justin Madders 48  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

Schedule 2, page 119, line 18, at end insert—

- “(c) the process by which any proposed changes to the policies of the clinical commissioning groups within the area for which the integrated care board is established will be consulted upon and agreed.”

**Member’s explanatory statement**

This amendment would require ICBs to be clear about how they would make changes in clinical policies and established models of care that have already been established and are applicable to patients in the area for which the integrated care board takes responsibility.

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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 “for” 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 each 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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Justin Madders

50

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Schedule 2, page 119, line 29, leave out “, with the approval of the Secretary of State”.

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Justin Madders

51

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Margaret Greenwood

Schedule 2, page 119, line 29, at end insert—

“4A The constitution must provide for all members of the integrated care board to be consulted, and for any views expressed to be taken into account, before a chair is appointed.”

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Justin Madders 52  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth  
 Margaret Greenwood

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

“(1A) The constitution must provide for all members of the integrated care board and of the integrated care partnership to be consulted, and for any views expressed to be taken into account, before a chief executive is appointed.”

**Member’s explanatory statement**

This amendment would ensure the involvement of the integrated care board and the integrated care partnership in the appointment of the ICB chief executive.

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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  
 Dr Philippa Whitford

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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Anne Marie Morris

57

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

- "(d) one member with specific expertise in commissioning and uptake of medicines and medical devices innovations."

**Member's explanatory statement**

This amendment would require Integrated Care Boards to have members with expertise in commissioning and innovation uptake.

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Justin Madders

30

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Margaret Greenwood

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

33

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Dr Philippa Whitford

Mike Amesbury

Rachel Hopkins

Barbara Keeley

Anneliese Dodds

Rosie Cooper

Margaret Greenwood

Paula Barker

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

Margaret Greenwood

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 agendas 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 agendas at least five working days before each meeting is held.

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Justin Madders

43

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Schedule 2, page 123, line 2, at end insert—

“(5) An integrated care board must apply all relevant collective agreements for staff pay, conditions and pensions.

(6) An integrated care board must ensure that all relevant collective agreements for staff pay, conditions and pensions are applied throughout the area for which it is responsible.

(7) Any integrated care board which wishes to employ anyone directly on an annual salary greater than £161,401 must receive approval from their integrated care partnership before confirming the appointment.”

**Member's explanatory statement**

This amendment puts into primary legislation the current practice that NHS bodies honour collective agreements over staff pay and conditions and gives the integrated care board a role in ensuring this remains the case.

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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  
 Margaret Greenwood

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

**Member’s explanatory statement**

This amendment, with Amendment 36, NC20 and NC21, 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—

“(ca) 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 28  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Dr Philippa Whitford

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  
Dr Philippa Whitford

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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Margaret Greenwood 77  
Clause 19, page 15, line 41, leave out "promotes" and insert "secures the rights set out in"

**Member's explanatory statement**

This amendment seeks to require ICBs to act to ensure that health services are provided in a way which secures the rights set out in the NHS Constitution.

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Justin Madders 45  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Margaret Greenwood

Clause 19, page 16, line 2, at end insert—

“(c) make arrangements to ensure that patients can access services within maximum waiting times in accordance with their rights in the NHS Constitution.”

**Member’s explanatory statement**

This amendment places a duty on each integrated care board, in the exercise of its functions, to meet maximum waiting time standards.

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Margaret Greenwood 78

Clause 19, page 16, line 31, leave out “promote” and insert “enable”

**Member’s explanatory statement**

This amendment, together with Amendment 79, seeks to provide that ICBs enable the involvement of patients, their paid and unpaid carers, and their representatives in decisions relating to the prevention or diagnosis of illness, care or treatment, rather than promoting their involvement.

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Margaret Greenwood 79

Clause 19, page 16, line 31, after “their”, insert “paid and unpaid”

**Member’s explanatory statement**

See explanatory statement to Amendment 78.

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Anne Marie Morris 58  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

Clause 19, page 17, line 4, at end insert “through working with innovation and life sciences ecosystems, facilitated by Academic Health Science Networks, to ensure patients and the public have timely access to transformative innovation.”

**Member’s explanatory statement**

This amendment would mandate Trusts to work with AHSNs to promote innovation in health services.

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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  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

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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Anne Marie Morris

56

Clause 19, page 17, line 9, at end insert—

- “(2) An integrated care partnership must support research programmes within its catchment area considering the efficacy of—
  - (a) new and existing medicines,
  - (b) new and existing medical devices,
  - (c) public health and,
  - (d) social care.
- (3) An integrated care partnership must, in each financial year, prepare a report to demonstrate how it has supported research programmes considering the areas specified in subsection (2).”

**Member's explanatory statement**

This amendment would oblige ICPs to support research into medicines, medical devices, public health and social care in their catchment area.

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Chris Skidmore  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

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  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Dr Philippa Whitford

23

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  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Margaret Greenwood

24

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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Margaret Greenwood 80

Clause 19, page 22, line 12, leave out “in a way that they consider to be significant.”

**Member’s explanatory statement**

This amendment is designed to ensure that ICBs and partner NHS Trusts and NHS Foundation Trusts consult on all revisions to their forward plans.

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Margaret Greenwood 81

Clause 19, page 23, line 31, after “must”, insert “publish a copy of the plan on their website and”

**Member’s explanatory statement**

This amendment is to require capital resource use plans to be made publicly available on the internet.

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Margaret Greenwood 82

Clause 19, page 24, line 9, leave out “in a way that they consider to be significant”

**Member’s explanatory statement**

The purpose of this amendment is to require all revisions of capital resource use plans to be published and disseminated.

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Justin Madders 46  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

Clause 19, page 25, line 37, at end insert—

**“14Z58A Power of the Domestic Abuse Commissioner to obtain information**

- (1) The Domestic Abuse Commissioner may require an integrated care board to provide the Domestic Abuse Commissioner with information.
- (2) The information must be provided in such form, and at such time or within such period, as the Domestic Abuse Commissioner may require.”

**Member’s explanatory statement**

This amendment places a requirement on Integrated Care Boards to share information with the Domestic Abuse Commissioner at their request.

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Edward Timpson  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

55

Clause 20, page 29, line 7, at end insert—

“(2A) When appointing members to the integrated care partnership, the integrated care partnership must pay particular attention to the range of services used by children and young people aged 0-25.”

**Member’s explanatory statement**

This amendment would require integrated care partnerships to consider representation from the full spectrum of services used by babies, children and young people, including education settings.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Dr Philippa Whitford  
Margaret Greenwood

27

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 Timpson  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

54

Clause 20, page 29, line 32, at end insert—

“(c) include specific consideration of how it will meet the needs of children and young people aged 0-25.”

**Member’s explanatory statement**

This amendment would require an integrated care partnership to specifically consider the needs of babies, children and young people when developing its strategy.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

47

Clause 20, page 31, line 31, at end insert—

“(3) The Secretary of State must make regulations which set out the procedure to be followed should an integrated care partnership believe that an integrated care board has failed in its duty under this section.”

**Member’s explanatory statement**

This amendment would require the Secretary of State to establish a procedure for the resolution of any dispute between an integrated care partnership and an integrated care board concerning the implementation of a strategy produced by the integrated care partnership.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

83

★ Clause 20, page 31, line 31, at end insert—

“(3) Where—

- (a) in exercising its functions a responsible local authority or integrated care board diverges from an assessment or strategy mentioned in subsection (1), or
  - (b) in exercising any functions in arranging for the provision of health services in relation to the area of a responsible local authority NHS England diverges from an assessment or strategy mentioned in subsection (2), that local authority, that integrated care board or (as the case may be) NHS England must—
    - (i) within 30 days, make a public statement of its divergence from the assessment or strategy, and
    - (ii) within 60 days, publish its reasons for the divergence, together with any supporting evidence.”
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Justin Madders 53  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Margaret Greenwood

Clause 23, page 35, line 14, at end insert—

“(5) NHS England must publish guidance on the means by which an integrated care board, NHS trust or NHS foundation trust which believes its capital resource limit or revenue resource limit risks compromising patient safety may object to the limit set.”

**Member’s explanatory statement**

This amendment would introduce an objection mechanism when an Integrated Care Board, Trust or Foundation Trust believes its capital resource limit or revenue resource limit risks compromising patient safety.

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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  
 Justin Madders  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth

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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Justin Madders 40  
 Alex Norris  
 Karin Smyth  
 Mary Kelly Foy  
 Jonathan Ashworth  
 Margaret Greenwood

Clause 33, page 40, line 7, leave out ‘the health service’ and insert ‘health and social care services’

**Member’s explanatory statement**

This amendment would require the Secretary of State to publish a report on assessing and meeting the workforce need for both health and social care services.

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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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Hywel Williams 85

★ Clause 33, page 40, line 10, at end insert—

“(3) The Secretary of State must consult the Welsh Ministers before the functions in this section are exercised.”

**Member’s explanatory statement**

This amendment would require the Secretary of State for Health and Social Care to consult the Welsh Government before the functions on workforce assessments in this clause are exercised.

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Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

41

Clause 33, page 40, line 11, at end insert—

- “(3) Health Education England must publish a report each year on projected workforce shortages and future staffing requirements for health and social care services in the following five, ten and twenty years.
- (4) The report must report projections of both headcount and full-time equivalent for the total health and care workforce in England and for each region, covering all regulated professions and including those working for voluntary and private providers of health and social care as well as the NHS.
- (5) All relevant NHS bodies, arm’s-length bodies, expert bodies, trade unions and the National Partnership forum must be consulted in the preparation of the report.
- (6) The assumptions underpinning the projections must be published at the same time as the report and must meet the relevant standards set out in the National Statistics Authority’s Code of Practice for Statistics.
- (7) The Secretary of State must update Parliament each year on the Government’s strategy to deliver and fund the long-term workforce projections.”

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Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

42

Clause 33, page 40, line 11, at end insert—

- “(3) The annual report must include an assessment by the Secretary of State of safe staffing levels in the health service in England and whether those levels are being met.”
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Justin Madders 35  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth  
Margaret Greenwood

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  
Margaret Greenwood

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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Justin Madders 84  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

★ Schedule 10, page 197, line 17, at end insert—

“(1A) The NHS payment scheme must ensure that the price paid to any provider of services which is neither an NHS Trust nor an NHS Foundation Trust cannot be different from the price paid to an NHS Trust or NHS Foundation Trust.”

**Member’s explanatory statement**

This amendment ensures payment to private providers can only be made at tariff price to prevent competition for services based on price.

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Karin Smyth 93

★ Clause 67, page 60, line 15, at end insert—

“(1AA) The regulations must make provision—

(a) for anyone with a diagnosis of terminal illness to be offered a conversation about their holistic needs, wishes and preferences

- for the end of their life, including addressing support for their mental and physical health and wellbeing, financial and practical support, and support for their social relationships,
- (b) that where that individual lacks capacity for such a conversation, it is offered to another relevant person, and
  - (c) that for the purposes of section 12ZB a relevant authority must have regard to the needs and preferences recorded in such conversations in making decisions about the procurement of services.”

**Member’s explanatory statement**

This amendment ensures that the scope of the regulations as to patient choice includes those at the end of life.

---

Anne Marie Morris

59

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 within two years of licensing for each medicine.”

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

65

Clause 85, page 77, line 3, at beginning insert “Subject to subsection (3A),”

**Member’s explanatory statement**

This amendment, together with Amendment 66, would allow specified people and organisations who are required to provide information for a registry or information system to provide information to NHS Digital in pseudonymised form.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

66

Clause 85, page 77, line 12, at end insert—

“(3A) The provision mentioned in subsection (2)(b) must enable those required to provide information to provide information in pseudonymised form.”



**Member's explanatory statement**

See explanatory statement to Amendment 65.

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Dr Philippa Whitford 64  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

Clause 85, page 77, line 33, at end insert—

“(5A) The Scottish Ministers may exempt persons to whom subsection (5) applies and who are in Scotland from any requirements imposed by regulations under this section.”

**Member's explanatory statement**

This amendment would allow Scottish Ministers to exempt providers in Scotland from participating in any particular registry or medical devices information system.

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Dr Philippa Whitford 61  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

Clause 85, page 77, line 34, at beginning insert “Subject to subsection (6A),”

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Dr Philippa Whitford 62  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

Clause 85, page 77, line 47, at end insert—

“(6A) Provision under subsection (6)(c) and (d) may only provide for the disclosure, use or (as the case may be) further disclosure of information for purposes of public health analysis, and must prohibit disclosure, use or further disclosure of information for commercial use.”

**Member's explanatory statement**

This amendment would require that the disclosure of information will only be for the purposes of public health analysis and not for commercial use.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Hywel Williams

63

Clause 85, page 78, line 1, leave out “includes power to vary or revoke the directions by a subsequent direction” and insert “—

- (a) includes power to vary or revoke the directions by a subsequent direction, and
- (b) is subject to the consent of—
  - (i) the Scottish Ministers insofar as the direction makes provision for any matter which falls within the legislative competence of the Scottish Parliament,
  - (ii) the Welsh Ministers insofar as the direction makes provision for any matter which falls within the legislative competence of Senedd Cymru, and
  - (iii) the Northern Ireland Ministers insofar as the direction makes provision for any matter which falls within the legislative competence of the Northern Ireland Assembly.”

**Member’s explanatory statement**

This amendment would require the appropriate authority to obtain the legislative consent of the devolved governments before powers under this clause are exercised.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Hywel Williams

60

Clause 85, page 78, line 9, at end insert—

“(8A) Regulations under subsection (1) may not be made without the consent of the Scottish Ministers, the Welsh Ministers and the Northern Ireland Ministers.”

**Member’s explanatory statement**

This amendment would require the Secretary of State for Health and Social Care to obtain the legislative consent of the devolved governments before powers in this clause are exercised.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Hywel Williams

67

Clause 85, page 79, line 8, at end insert—

“(4) Provision under subsection (3) which changes the territorial extent of provisions of Chapter 2 of Part 9 of the Health and Social Care Act 2012 (constitution and functions etc of the Health and Social Care Information Centre) and—

- (a) relates to Scotland may only be made with the consent of the Scottish Ministers,
- (b) relates to Wales may only be made with the consent of the Welsh Ministers, and
- (c) relates to Northern Ireland may only be made with the consent of the Northern Ireland Ministers.”

**Member’s explanatory statement**

This amendment would require the Secretary of State for Health and Social Care to obtain the legislative consent of the devolved governments before regulations under this provision are made.

---

Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

69

Clause 87, page 80, line 7, at end insert—

“(2A) Regulations under this section which make provision affecting the functions of Scottish Ministers may not be made unless the Secretary of State has consulted the Scottish Ministers on that provision.”

**Member’s explanatory statement**

This amendment would put a duty on UK Ministers to consult Scottish Ministers on regulations making provisions on conferring of functions on the Scottish Ministers or amending or removing functions from them in reserved areas before these regulation making powers are exercised.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Hywel Williams

68

Clause 87, page 80, line 33, at end insert—

“(5A) Regulations under this section to which subsection (5) applies may not be made without the consent of—

- (a) the Scottish Ministers, if they contain provision for a body to exercise a function that is exercisable in relation to Scotland,
- (b) the Welsh Ministers, if they contain provision for a body to exercise a function that is exercisable in relation to Wales, or
- (c) the Northern Ireland Ministers, if they contain provision for a body to exercise a function that is exercisable in relation to Northern Ireland.”

**Member’s explanatory statement**

This amendment would require the Secretary of State for Health and Social Care to obtain the legislative consent of the devolved governments before powers in this clause are exercised.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Hywel Williams

70

Clause 88, page 81, line 17, at end insert—

“(4A) Regulations under this section to which subsection (4) applies may not be made without the consent of the—

- (a) Scottish Ministers, if they contain provision for a body to exercise a function that is exercisable in relation to Scotland,
- (b) Welsh Ministers, if they contain provision for a body to exercise a function that is exercisable in relation to Wales, or
- (c) Northern Ireland Ministers, if they contain provision for a body to exercise a function that is exercisable in relation to Northern Ireland.”

**Member's explanatory statement**

This amendment would require the Secretary of State for Health and Social Care to obtain the legislative consent of the devolved governments before powers in this clause are exercised.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Hywel Williams

71

Clause 89, page 82, line 13, at beginning insert "Subject to subsection (6A),"

**Member's explanatory statement**

This amendment, together with Amendment 72, would require the Secretary of State for Health and Social Care to obtain the legislative consent of the devolved governments before powers in this clause are exercised.

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Dr Philippa Whitford  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Hywel Williams

72

Clause 89, page 82, line 19, at end insert—

"(6A) Regulations under section 87 or 88 containing provision by virtue of section 131(1)(a) and repealing, revoking or amending provision made by or under—

- (a) an Act of the Scottish Parliament may only be made with the consent of the Scottish Ministers,
- (b) a Measure or Act of Senedd Cymru may only be made with the consent of the Welsh Ministers, and
- (c) Northern Ireland legislation may only be made with the consent of the Northern Ireland Ministers."

**Member's explanatory statement**

See explanatory statement to Amendment 71.

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Dr Philippa Whitford  
Sir Bernard Jenkin

86

★ Clause 106, page 92, line 26, leave out subsection (2) and insert—

“(2) In this Part “protected material” means—

- (a) all statements taken from persons by the HSSIB during a safety investigation or in the course of deciding whether an incident is going to be subject to an HSSIB investigation,
- (b) records revealing the identity of persons who have given evidence in the context of the safety investigation,
- (c) information that has been collected by the HSSIB which is of a particularly sensitive and personal nature, such as (but not limited to) copies taken by the HSSIB of health records, care records, clinical notes, or personnel records,
- (d) material subsequently produced during the course of an HSSIB investigation such as (but not limited to) notes, drafts and opinions written by the investigators, or opinions expressed in the analysis of information obtained through the investigation,
- (e) drafts of preliminary or final reports or interim reports,
- (f) information that would be subject to legally enforceable commercial privileges.”

**Member’s explanatory statement**

This amendment would define more closely the materials covered by the “safe space” protection provided for by the Bill.

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Dr Philippa Whitford

87

★ Clause 106, page 93, line 4, leave out “information, document, equipment or other item held by that individual” and insert “protected material”

**Member’s explanatory statement**

This amendment is consequential on Amendment 86.

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Dr Philippa Whitford

91

★ Schedule 14, page 212, line 14, leave out paragraph 6

**Member’s explanatory statement**

This amendment would remove the provision allowing coroners to require the disclosure of protected material.

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Dr Philippa Whitford

88

- ★ Clause 107, page 93, line 17, leave out from "Part" to the end of line 41

**Member's explanatory statement**

This amendment would remove the ability of the Secretary of State to make regulations authorising disclosure of protected material beyond that provided for in the Bill.

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Dr Philippa Whitford

89

- ★ Clause 108, page 94, line 15, leave out paragraph (c)

**Member's explanatory statement**

This amendment is consequential on Amendment 88.

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Dr Philippa Whitford

90

- ★ Clause 109, page 95, line 6, leave out subsection (7)

**Member's explanatory statement**

This amendment is consequential on Amendment 91.

  

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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  
 Alex Norris

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  
 Peter Gibson  
 Karin Smyth

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  
 Justin Madders

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

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  
 Peter Gibson  
 Karin Smyth

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  
 Justin Madders

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  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

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  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

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.

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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  
Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy

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  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC11

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  
Dr Philippa Whitford  
Margaret Greenwood

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).”



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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Caroline Nokes  
Carolyn Harris  
Anne Marie Morris  
Sarah Champion

NC16

To move the following Clause—

**“Licensing of beauty and aesthetics treatments**

- (1) No person may carry on an activity to which this subsection applies—
  - (a) except under the authority of a licence for the purposes of this section, and
  - (b) other than in accordance with specified training.
- (2) Subsection (1) applies to an activity relating to the provision of beauty or aesthetics treatments which is specified for the purposes of the subsection by regulations made by the Secretary of State.
- (3) A person commits an offence if that person contravenes subsection (1).
- (4) The Secretary of State may by regulations make provision about licences and conditions for the purposes of this section.
- (5) Before making regulations under this section, the Secretary of State must consult the representatives of any interests concerned which the Secretary of State considers appropriate.
- (6) Regulations may, in particular—
  - (a) require a licensing authority not to grant a licence unless satisfied as to a matter specified in the regulations; and
  - (b) require a licensing authority to have regard, in deciding whether to grant a licence, to a matter specified in the regulations.”

**Member’s explanatory statement**

This new clause gives the Secretary of State the power to introduce a licensing regime for cosmetic treatments and makes it an offence for someone to practise without a licence. The list of treatments, detailed conditions and training requirements would be set out in regulations after consultation with relevant stakeholders.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC17

To move the following Clause—

**“Secretary of State’s duty to maintain safe staffing levels**

After section 1G of the National Health Service Act 2006 (but before the italic heading after it) insert—

**“1GA Secretary of State’s duty to maintain safe staffing levels**

The Secretary of State has a duty to maintain safe staffing levels in the health and care service in England.””

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC18

To move the following Clause—

**“Workforce responsibilities of integrated care boards**

- (1) Each integrated care board must at least every two years publish a report setting out an analysis of the current workforce, the workforce requirements to enable the Board to fulfil its duties over the following 2, 5 and 10 years, and the plans the Board has to close any gaps identified.
- (2) In drawing up the report the Board must consult—
  - (a) the Trusts and Foundation Trusts that provide services in its area,
  - (b) providers of primary care in its area, and
  - (c) the recognised trade unions.”

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC19

To move the following Clause—

**“Secretary of State’s duty to provide access to occupational health services to NHS staff**

After section 1G of the National Health Service Act 2006 (but before the italic heading after it) insert—

**“1GA Secretary of State’s duty to provide access to occupational health services to NHS staff**

The Secretary of State must provide access to occupational health services to meet the reasonable requirements of all persons who are employed in an activity which involves or relates to the provision of services as part of the health service in England.””

**Member’s explanatory statement**

This new clause would place a new duty on the Secretary of State to provide access to OH services to meet the reasonable requirements of all NHS staff. The duty would apply to all healthcare professionals delivering health care including doctors, dentists, nurses, midwives, pharmacists, healthcare scientists and the allied health professions.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

**NC20**

To move the following Clause—

**“Secretary of State’s duty to promote health service**

- (1) The National Health Service Act 2006 is amended as follows.
- (2) For section 1 (Secretary of State’s duty to promote comprehensive health service) substitute the following—

**“Secretary of State’s duty to promote health service**

- (1) The Secretary of State must continue the promotion in England of a comprehensive health service designed to secure improvement—
  - (a) in the physical and mental health of the people of England, and
  - (b) in the prevention, diagnosis and treatment of illness.
- (2) The Secretary of State must for that purpose provide or secure the provision of services in accordance with this Act.
- (3) The services so provided must be free of charge except in so far as the making and recovery of charges is expressly provided for by or under any enactment, whenever passed.”

**Member’s explanatory statement**

This new clause would restore the wording of section 1 of the NHS Act 2006, concerning the duties of the Secretary of State regarding the promotion of the health service, to its original form, before it was amended by section 1 of the Health and Social Care Act 2012.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC21

To move the following Clause—

**“Duties on the Secretary of State to provide services**

- (1) The Secretary of State must provide, in England, to such extent as he considers necessary to meet all reasonable requirements—
  - (a) hospital accommodation,
  - (b) other accommodation for the purpose of any service provided under this Act,
  - (c) medical, dental, ophthalmic, nursing and ambulance services,
  - (d) such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as he considers are appropriate as part of the health service,
  - (e) such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as he considers are appropriate as part of the health service,
  - (f) such other services or facilities as are required for the diagnosis and treatment of illness.
- (2) For the purposes of the duty in subsection (1), services provided under—
  - (a) section 82A (primary medical services), section 98C (primary dental services) or section 114C (primary ophthalmic services), of the NHS Act 2006, and
  - (b) a general medical services contract, a general dental services contract or a general ophthalmic services contract,must be regarded as provided by the Secretary of State.”

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Anne Marie Morris

NC22

To move the following Clause—

**“Obligation on integrated care boards to ensure appropriate uptake of all NICE approved products according to population need**

- (1) An integrated care board must promote uptake of all NICE approved medicines and medical devices in accordance with the need of the population it serves.
- (2) An integrated care board must, in each financial year, prepare a report on the uptake of all NICE approved medicines and medical devices, including the number of patients that have accessed each product.”

**Member’s explanatory statement**

This new clause would require ICBs to ensure that all NICE approvals are available and promoted to their population, and report on this uptake annually.

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Justin Madders  
Alex Norris  
Karin Smyth  
Mary Kelly Foy  
Jonathan Ashworth

NC23

★ To move the following Clause—

**“Cap on private charges**

(1) Section 43 of the National Health Service Act 2006 is amended as follows.

(2) Leave out subsection (2A) and insert—

“(2A) An NHS foundation trust does not fulfil its primary purpose if the proportion of the total income of the NHS foundation trust in any financial year derived from private charges is greater than the proportion of the total income of the NHS trust derived from such charges in the financial year ending 31 March 2022.

(2B) For the purposes of subsections (2A) and (2C) “private charges” means charges imposed in respect of goods and services provided to patients other than patients being provided with goods and services for the purposes of the health service.

(2C) An NHS foundation trust does not fulfil its principal purpose if in any year the proportion of the total income derived from private charges is greater than the proportion of the total income of the NHS trust derived from such charges in the previous financial year unless—

- (a) the appropriate integrated care boards and integrated care partnerships have been notified of the intention that this increase will occur;
- (b) that intention has been published with a statement of the reasons why it is considered to benefit the NHS;
- (c) the appropriate integrated care boards and integrated care partnerships have used reasonable endeavours to consider any responses to the publication mentioned in (b); and
- (d) any integrated care board which has commissioned services from the trust, and the integrated care partnership for the board, have informed the NHS foundation trust that the proposed increase is justified.””

**Member’s explanatory statement**

This new clause would prevent NHS foundation trusts increasing their income from private patients year on year unless the conditions set in subsection (2C) are met.

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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.
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## 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
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.

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## Notices Withdrawn

The following notices were withdrawn on 9 September 2021:

5 and NC10

The following notices were withdrawn on 13 September 2021:

44

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