
Committee Stage: Thursday 23 September 2021

Health and Care Bill (Committee Stage Decisions)

This document sets out the fate of each clause, schedule, amendment and new clause considered at committee stage. A glossary with key terms can be found at the end of this document.

First to Twelfth Sittings

FIRST AND SECOND SITTINGS

Edward Argar

Agreed to

That—

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

Date	Time	Witness
Tuesday 7 September	Until no later than 10.30 am	NHS Employers; Health Education England
Tuesday 7 September	Until no later than 11.25 am	NHS England and NHS Improvement
Tuesday 7 September	Until no later than 2.30 pm	NHSX
Tuesday 7 September	Until no later than 3.15 pm	NHS Providers; NHS Confederation

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

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

Edward Argar

Agreed to

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

Edward Argar

Agreed to

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

The following Witnesses gave oral evidence:

Danny Mortimer, Chief Executive, NHS Employers, and Dr Navina Evans CBE, Chief Executive, Health Education England

Amanda Pritchard, Chief Executive, NHS England, and Mark Cubbon, Chief Operating Officer, NHS England & NHS Improvement

Simon Madden, Director for Data Policy, NHSX

Saffron Cordery, Deputy Chief Executive, NHS Providers, and Matthew Taylor, Chief Executive, NHS Confederation

Ian Trenholm, Chief Executive, Care Quality Commission, and Keith Conradi, Chief Investigator, Healthcare Safety Investigation Branch

Cllr James Jamieson, Chair, Local Government Association, and Professor Maggie Rae, President, Faculty of Public Health

Eluned Morgan, Minister for Health and Social Services, Lyn Summers, Head of Health and Social Services Central Legislation Team, and Mari Williams, Senior Lawyer (Health), Welsh Government.

THIRD AND FOURTH SITTINGS

The following Witnesses gave oral evidence:

Sara Gorton, Head of Health, UNISON; Dr Chaand Nagpaul CBE, Chair of Council, British Medical Association

Professor Martin Marshall, Chair of Council, Royal College of General Practitioners; Pat Cullen, General Secretary & Chief Executive, Royal College of Nursing; Professor Helen Stokes-Lampard, Chair, Academy of Medical Royal Colleges

Richard Murray, Chief Executive, and Nick Timmins, Senior Fellow, Policy, The King's Fund; Nigel Edwards, Chief Executive, Nuffield Trust

Dame Gill Morgan, Chair, Gloucestershire Integrated Care System and NHS Confederation's ICS Network Advisorate; Louise Patten, ICS Network Lead, NHS Confederation's ICS Network Advisorate

Ed Hammond, Deputy Chief Executive, Centre for Governance and Scrutiny; Andy Bell, Deputy Chief Executive, Centre for Mental Health

Sir Robert Francis QC, Chair, Healthwatch England

Stephen Chandler, President, Association of Directors of Adult Social Services (ADASS); Gerry Nosowska, Chair, British Association of Social Workers

FIFTH AND SIXTH SITTINGS

Justin Madders

Withdrawn after debate 18

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Margaret Greenwood

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.”

Clause agreed to.

Schedule 1 agreed to.

Justin Madders	Withdrawn after debate	36
Alex Norris		
Karin Smyth		
Mary Kelly Foy		
Jonathan Ashworth		
Margaret Greenwood		

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

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

Clause agreed to.

Justin Madders	Negatived on division	19
Alex Norris		
Karin Smyth		
Mary Kelly Foy		
Jonathan Ashworth		

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.”

Justin Madders **Not called** 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.”

Clause agreed to.

Justin Madders **Negatived on division** 21
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth

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

“(d) health inequalities.”

Justin Madders **Not called** 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.”

Clause agreed to.

Margaret Greenwood **Not selected** 73
 Clause 6, page 3, line 38, leave out “person” and insert “relevant public body”

Margaret Greenwood **Not selected** 74
Clause 6, page 3, line 40, leave out "person" and insert "public body"

Margaret Greenwood **Not selected** 75
Clause 6, page 4, line 2, after "employees", insert ", within their terms and conditions of employment,"

Margaret Greenwood **Not selected** 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.”

Clause agreed to.

Clauses 7 to 12 agreed to.

Justin Madders **Not selected** 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).”

Justin Madders **Withdrawn after debate** 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”.

Edward Argar **Agreed to** 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.”

Edward Argar **Agreed to** 11

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

Justin Madders **Withdrawn after debate** 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.”

Clause, as amended, agreed to.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

Withdrawn after debate 48

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.”

Anne Marie Morris

Not selected 1

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

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

Negated on division 31

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”

Justin Madders **Negatived on division** 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”.

Justin Madders **Not called** 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.”

Justin Madders **Not called** 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.”

Anne Marie Morris **Not selected** 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.”

Justin Madders **Negated on division** 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.”

Anne Marie Morris **Not selected** 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.”

Justin Madders **Withdrawn after debate** 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.”

Justin Madders		Not called	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.”

SEVENTH AND EIGHTH SITTINGS

Justin Madders		Withdrawn after debate	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.”

Justin Madders		Negated on division	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.”

Karin Smyth **Withdrawn after debate** 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.”

Schedule agreed to.

Clause 14 agreed to.

Justin Madders **Not called** 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”

Edward Argar **Agreed to** 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),”

Edward Argar **Agreed to** 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),”

Clause, as amended, agreed to.

Clause 16 agreed to.

Justin Madders **Negatived on division** 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"

Justin Madders **Not called** 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"

Schedule agreed to.

Clauses 17 and 18 agreed to.

Margaret Greenwood **Not selected** 77

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

Justin Madders **Negatived on division** 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."

Margaret Greenwood **Not selected** 78

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

Margaret Greenwood **Not selected** 79
 Clause 19, page 16, line 31, after “their”, insert “paid and unpaid”

Anne Marie Morris **Withdrawn after debate** 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.”

Anne Marie Morris **Not selected** 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.”

Chris Skidmore **Withdrawn after debate** 7
 Justin Madders
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 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.”

Anne Marie Morris **Not selected** 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)."

Chris Skidmore **Not called** 8
 Justin Madders
 Alex Norris
 Karin Smyth
 Mary Kelly Foy

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

Justin Madders **Not called** 23
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Dr Philippa Whitford

Clause 19, page 18, line 13, at end insert—
 "(d) health inequalities."

Justin Madders **Not called** 24
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Margaret Greenwood

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."

Margaret Greenwood **Not selected** 80
 Clause 19, page 22, line 12, leave out "in a way that they consider to be significant."

Margaret Greenwood **Not selected** 81
 Clause 19, page 23, line 31, after "must", insert "publish a copy of the plan on their website and"

Margaret Greenwood **Not selected** 82
 Clause 19, page 24, line 9, leave out "in a way that they consider to be significant"

Justin Madders **Withdrawn after debate** **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.”

Clause agreed to.

Edward Timpson **Withdrawn after debate** **55**
 Justin Madders
 Alex Norris
 Karin Smyth
 Mary Kelly Foy

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.”

Justin Madders **Not called** **27**
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Dr Philippa Whitford
 Margaret Greenwood

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.”

Edward Timpson **Not called** **54**
 Justin Madders
 Alex Norris
 Karin Smyth
 Mary Kelly Foy

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.”

Justin Madders **Negated on division** **47**
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth

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.”

Justin Madders **Not called** **83**
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth

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.”

Clause agreed to.

Clauses 21 and 22 agreed to.

Justin Madders **Withdrawn after debate** 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.”

Clause agreed to.

Clause 24 agreed to.

NINTH AND TENTH SITTINGS

Clause 25 agreed to.

Edward Argar **Agreed to** 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)”.”

Schedule agreed to.

Clause 26 agreed to.

Schedule 5 agreed to.

Clauses 27 to 32 agreed to.

Chris Skidmore **Withdrawn after debate** 94

Clause 33, page 40, line 6, leave out from beginning to end of line 11 and insert—

“(1) The Secretary of State must, at least once every two years, lay a report before Parliament describing the system in place for assessing and meeting the workforce needs of the health, social care and public health services in England.

- (2) This report must include—
- (a) an independently verified assessment, compliant with the National Statistics Authority's Code of Practice for Statistics, of health, social care and public health workforce numbers, current at the time of publication, and the projected workforce supply for the following five, ten and 20 years.
 - (b) an independently verified assessment, compliant with the National Statistics Authority's Code of Practice for Statistics, of future health, social care and public health workforce numbers based on the projected health and care needs of the population for the following five, ten and 20 years, consistent with the Office for Budget Responsibility long-term fiscal projections.
- (3) NHS England and Health Education England must assist in the preparation of a report under this section.
- (4) The organisations listed in subsection (3) must consult health and care employers, providers, trade unions, Royal Colleges, universities and any other persons deemed necessary for the preparation of this report, taking full account of workforce intelligence, evidence and plans provided by local organisations and partners of integrated care boards."

Anne Marie Morris **Not called** **2**
 Justin Madders
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Paula Barker

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

Justin Madders **Negated on division** **40**
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Margaret Greenwood
 Paula Barker

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

Anne Marie Morris **Not selected** **3**
 Paula Barker

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."

Justin Madders **Negatived on division** 41
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Paula Barker

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.”

Justin Madders **Not called** 42
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Paula Barker

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.”

Hywel Williams **Withdrawn after debate** 85

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

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

Clause agreed to.

Clauses 34 and 35 agreed to.

Justin Madders

Negatived on division 108

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Paula Barker

Clause 36, page 42, line 33, at end insert—

“(10) Nothing in subsection (2) supersedes Part 4 of the Health and Care Act 2021.”

Clause agreed to.

Clause 37 agreed to.

Justin Madders

Not selected 35

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Margaret Greenwood

Paula Barker

Page 46, line 23, leave out Clause 38

Clause agreed to.

Karin Smyth

Not called 102

Paula Barker

Schedule 6, page 180, line 12, at end insert—

““relevant Health Overview & Scrutiny Committee” means any Health Overview and Scrutiny Committee in an area to which the proposal for a reconfiguration of NHS services relates.”

Karin Smyth **Not called** 103
Paula Barker

Schedule 6, page 180, line 41, at end insert—

“(3A) Before taking a decision under sub-paragraph (2)(a), the Secretary of State must—

- (a) consult all relevant Health Overview & Scrutiny Committees, and
- (b) have regard to, and publish, clinical advice from the Integrated Care Board’s Medical Director.”

Karin Smyth **Not called** 104
Paula Barker

Schedule 6, page 180, line 43, at end insert—

“(aa) publish a statement demonstrating that the decision is in the public interest,”

Schedule agreed to.

Justin Madders **Not called** 25
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth
Paula Barker

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

“(d) health inequalities.”

Justin Madders **Not called** 26
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth
Margaret Greenwood
Paula Barker

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.”

Clause agreed to.

Clauses 40 to 50 agreed to.

ELEVENTH AND TWELFTH SITTINGS

Clauses 51 to 59 agreed to.

Edward Argar	Agreed to	15
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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”

Edward Argar	Agreed to	16
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Schedule 8, page 185, line 36, at end insert—

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

Schedule, as amended, agreed to.

Clauses 60 and 61 agreed to.

Schedule 9 agreed to.

Clauses 62 to 66 agreed to.

Justin Madders	Negatived on division	84
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Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Paula Barker

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.”

Justin Madders **Not called** 100
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth
Paula Barker

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

“(1A) NHS England must obtain the agreement of the Secretary of State before publishing the NHS payment scheme.”

Margaret Greenwood **Not selected** 105
Paula Barker
Mick Whitley
Richard Burgon
Bell Ribeiro-Addy
John McDonnell
Dan Carden

Schedule 10, page 197, line 46, after “(1),” insert “not undermine an NHS provider’s ability to provide a service whilst maintaining the pay rates in Agenda for Change, pensions and the other terms and conditions of all eligible NHS staff and”

Margaret Greenwood **Not selected** 106
Paula Barker
Mick Whitley
Richard Burgon
Bell Ribeiro-Addy
John McDonnell
Dan Carden

Schedule 10, page 198, line 32, after “following” insert “on the likely impact of the proposed scheme”

Margaret Greenwood **Not selected** 107
Paula Barker
Mick Whitley
Richard Burgon
Bell Ribeiro-Addy
John McDonnell
Dan Carden

Schedule 10, page 198, line 34, at end insert—

“(ba) all relevant trade unions and other organisations representing staff who work in the health and care sectors;”

Schedule agreed to.

Karin Smyth **Withdrawn after debate** 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.”

Clause agreed to.

Schedule 11 agreed to.

Justin Madders **Negated on division** 95
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth
 Paula Barker

Clause 68, page 61, line 32, leave out “health care services” and insert “services required” —

Justin Madders **Negated on division** 99
 Alex Norris
 Karin Smyth
 Mary Kelly Foy
 Jonathan Ashworth

Clause 68, page 61, line 35, at end insert—

“(1A) The regulations must provide that no contract for the provision of the services specified in subsection (1)(a) and subsection (1)(b) may be awarded other than to a relevant authority unless a formal competitive tendering process provided for by the regulations has been followed.”

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth
Paula Barker

Negatived on division 96

Clause 68, page 62, line 1, at end insert—

“(3A) The regulations must—

- (a) include the power for integrated care boards to continue to commission the services provided by an NHS trust or Foundation Trust without any requirement for any re-tendering process,
- (b) require that, prior to commencing any formal procurement process for a service provided by an NHS provider, where the contract value exceeds a threshold set by the relevant integrated care partnership, the integrated care board must conduct a public consultation and publish the business case for opening the service to a competitive tender process,
- (c) require an assessment to be made of alternative ways of providing a service using NHS providers before a contract with a non-NHS provider may be extended or renewed,
- (d) be based on the assumption that the NHS is the preferred provider of services, and
- (e) require providers to pay staff in line with NHS rates of pay and to provide terms and conditions of employment at least equivalent to NHS terms and conditions.

(3B) NHS England must publish a report each year on the proportion of contracts subject to the regulations which are awarded to each of NHS, third sector, local authority and independent sector providers.

(3C) NHS England and each integrated care board must publish a plan every three years on reducing the provision of NHS services by private providers and increasing the capacity of NHS providers to provide those services.

(3D) Integrated care boards must publish, in full and without any recourse to commercial confidentiality, all—

- (a) bids received for contracts,
- (b) contracts signed, and
- (c) reports of routine contract management.”

Clause agreed to.

Justin Madders **Withdrawn after debate** 97
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth
Paula Barker

Clause 69, page 62, line 26, at end insert—

“(1A) In the National Health Service Act 2006, in section 272(6), after paragraph (za), insert the following paragraph—

“(zaa) regulations under section 12ZB,””

Clause agreed to.

Clauses 70 to 72 agreed to.

Schedule 12 agreed to.

Clauses 73 to 77 agreed to.

Justin Madders **Negated on division** 98
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

Clause 78, page 68, line 22, at end insert—

“(2A) A social care needs assessment must be carried out by the relevant local authority before a patient is discharged from hospital or within 2 weeks of the date of discharge.

(2B) Each integrated care board must agree with all relevant local authorities the process to apply for social care needs assessment in hospital or after discharge, including reporting on any failures to complete required assessments within the required time and any remedies or penalties that would apply in such cases.

(2C) Each integrated care board must ensure that—

- (a) arrangements made for the discharge of any patient without a relevant social care assessment are made with due regard to the care needs and welfare of the patient, and
- (b) the additional costs borne by a local authority in caring for a patient whilst carrying out social care needs assessments after a patient has been discharged are met in full.

(2D) The Secretary of State must publish an annual report on the effectiveness of assessment of social care needs after hospital discharge, including a figure of how many patients are readmitted within 28 days.”

Clause agreed to.

Adjourned until Tuesday 19 October at 9.25 am

Glossary

Added: New Clause agreed without a vote and added to the Bill.

Agreed to: agreed without a vote.

Agreed to on division: agreed following a vote.

Negated: rejected without a vote.

Negated on division: rejected following a vote.

Not called: debated in a group of amendments, but not put to a decision.

Not moved: not debated or put to a decision.

Question proposed: debate underway but not concluded.

Withdrawn after debate: moved and debated but then withdrawn, so not put to a decision.

Not selected: not chosen for debate by the Chair.
