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Report Stage: Thursday 18 November 2021

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## Health and Care Bill, As Amended (Amendment Paper)

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 Any withdrawn amendments are listed at the end of the document.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

★ New Amendments.

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

New Amendments: 67 to 74 and 76 to 114 and NC26 to NC61 and NS1

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Secretary Sajid Javid

NC36

★ To move the following Clause—

**“Offence of virginity testing: England and Wales**

- (1) It is an offence under the law of England and Wales for a person to carry out virginity testing.
- (2) “Virginity testing” means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity.
- (3) An offence is committed under subsection (1) only if the person—
  - (a) is in England and Wales, or
  - (b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in England and Wales.
- (4) “United Kingdom national” means an individual who is—
  - (a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,
  - (b) a person who under the British Nationality Act 1981 is a British subject, or
  - (c) a British protected person within the meaning of that Act.
- (5) In subsection (2), “female genitalia” means a vagina or vulva.”

**Member’s explanatory statement**

This new clause creates an offence under the law of England and Wales of virginity testing.

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Secretary Sajid Javid

NC37

★ To move the following Clause—

**“Offence of offering to carry out virginity testing: England and Wales**

- (1) It is an offence under the law of England and Wales—
  - (a) for a person in England and Wales to offer to carry out virginity testing in the United Kingdom or virginity testing that has a sufficient jurisdictional connection, or
  - (b) for a person anywhere to offer to carry out virginity testing if the person is a United Kingdom national or habitually resident in England and Wales.
- (2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—
  - (a) a United Kingdom national, or
  - (b) habitually resident in the United Kingdom.
- (3) In this section—

“United Kingdom national” has the meaning given by section (*Offence of virginity testing: England and Wales*)(4);

“virginity testing” has the meaning given by section (*Offence of virginity testing: England and Wales*)(2).”

**Member’s explanatory statement**

This new clause creates an offence under the law of England and Wales of offering to carry out virginity testing.

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Secretary Sajid Javid

NC38

★ To move the following Clause—

**“Offence of aiding or abetting etc a person to carry out virginity testing: England and Wales**

- (1) It is an offence under the law of England and Wales for a person who is in England and Wales, or for a person who is outside England and Wales but who is a United Kingdom national or habitually resident in England and Wales, to aid, abet, counsel or procure the carrying out of virginity testing that has a sufficient jurisdictional connection.
- (2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—
  - (a) in the United Kingdom,
  - (b) a United Kingdom national, or
  - (c) habitually resident in the United Kingdom.

- (3) This section does not affect the application to an offence under section (*Offence of virginity testing: England and Wales*) of any rule of law relating to aiding, abetting, counselling or procuring.
- (4) In this section—

“United Kingdom national” has the meaning given by section (*Offence of virginity testing: England and Wales*)(4);

“virginity testing” has the meaning given by section (*Offence of virginity testing: England and Wales*)(2).”

**Member’s explanatory statement**

This new clause creates an offence of aiding etc a person to carry out virginity testing in circumstances where the carrying out of that testing might not itself be an offence (depending on the location or status of the person carrying out the testing).

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Secretary Sajid Javid

NC39

★ To move the following Clause—

**“Virginity testing offences in England and Wales: penalties**

- (1) A person who commits an offence under section (*Offence of virginity testing: England and Wales*), (*Offence of offering to carry out virginity testing: England and Wales*) or (*Offence of aiding or abetting etc a person to carry out virginity testing: England and Wales*), is liable—
- (a) on summary conviction, to imprisonment for a term not exceeding the maximum summary term for either-way offences or a fine (or both);
  - (b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).
- (2) In subsection (1)(a) “the maximum summary term for either-way offences” means—
- (a) in relation to an offence committed before the time when paragraph 24(2) of Schedule 22 to the Sentencing Act 2020 comes into force, 6 months;
  - (b) in relation to an offence committed after that time, 12 months.”

**Member’s explanatory statement**

This new clause sets out the penalties for the new offences under the law of England and Wales relating to virginity testing.

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Secretary Sajid Javid

NC40

★ To move the following Clause—

**“Offence of virginity testing: Scotland**

- (1) It is an offence under the law of Scotland for a person to carry out virginity testing.

- (2) “Virginity testing” means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity.
- (3) An offence is committed under subsection (1) only if the person—
  - (a) is in Scotland, or
  - (b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in Scotland.
- (4) “United Kingdom national” means an individual who is—
  - (a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,
  - (b) a person who under the British Nationality Act 1981 is a British subject, or
  - (c) a British protected person within the meaning of that Act.
- (5) In subsection (2), “female genitalia” means a vagina or vulva.”

**Member’s explanatory statement**

This new clause creates an offence under the law of Scotland of virginity testing.

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Secretary Sajid Javid

NC41

★ To move the following Clause—

**“Offence of offering to carry out virginity testing: Scotland**

- (1) It is an offence under the law of Scotland—
  - (a) for a person in Scotland to offer to carry out virginity testing in the United Kingdom or virginity testing that has a sufficient jurisdictional connection, or
  - (b) for a person anywhere to offer to carry out virginity testing if the person is a United Kingdom national or habitually resident in Scotland.
- (2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—
  - (a) a United Kingdom national, or
  - (b) habitually resident in the United Kingdom.
- (3) In this section—

“United Kingdom national” has the meaning given by section (*Offence of virginity testing: Scotland*)(4);

“virginity testing” has the meaning given by section (*Offence of virginity testing: Scotland*)(2).”

**Member’s explanatory statement**

This new clause creates an offence under the law of Scotland of offering to carry out virginity testing.

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Secretary Sajid Javid

NC42

★ To move the following Clause—

**“Offence of aiding or abetting etc a person to carry out virginity testing: Scotland**

- (1) It is an offence under the law of Scotland for a person who is in Scotland, or for a person who is outside Scotland but who is a United Kingdom national or habitually resident in Scotland, to aid, abet, counsel, procure or incite the carrying out of virginity testing that has a sufficient jurisdictional connection.
- (2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—
  - (a) in the United Kingdom,
  - (b) a United Kingdom national, or
  - (c) habitually resident in the United Kingdom.
- (3) This section does not affect the application to an offence under section (*Offence of virginity testing: Scotland*) of any rule of law relating to aiding, abetting, counselling, procuring or inciting.
- (4) In this section—

“United Kingdom national” has the meaning given by section (*Offence of virginity testing: Scotland*)(4);

“virginity testing” has the meaning given by section (*Offence of virginity testing: Scotland*)(2).”

**Member’s explanatory statement**

This new clause creates an offence of aiding etc a person to carry out virginity testing in circumstances where the carrying out of that testing might not itself be an offence (depending on the location or status of the person carrying out the testing).

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Secretary Sajid Javid

NC43

★ To move the following Clause—

**“Virginity testing offences in Scotland: penalties and supplementary**

- (1) A person who commits an offence under section (*Offence of virginity testing: Scotland*), (*Offence of offering to carry out virginity testing: Scotland*) or (*Offence of aiding or abetting etc a person to carry out virginity testing: Scotland*), is liable—
  - (a) on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum (or both);
  - (b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).

- (2) Where a person outside Scotland commits an offence under section (*Offence of virginity testing: Scotland*), (*Offence of offering to carry out virginity testing: Scotland*) or (*Offence of aiding or abetting etc a person to carry out virginity testing: Scotland*) the person may be prosecuted, tried and punished for the offence—
  - (a) in a sheriff court district in which the person is apprehended or in custody, or
  - (b) in a sheriff court district determined by the Lord Advocate, as if the offence had been committed in that district.
- (3) Where subsection (2) applies, the offence is, for all purposes incidental to or consequential on the trial and punishment, deemed to have been committed in that district.
- (4) In this section “sheriff court district” is to be construed in accordance with section 307(1) of the Criminal Procedure (Scotland) Act 1995 (interpretation).”

**Member’s explanatory statement**

This new clause sets out the penalties for the new offences under the law of Scotland relating to virginity testing.

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Secretary Sajid Javid

NC44

★ To move the following Clause—

**“Offence of virginity testing: Northern Ireland**

- (1) It is an offence under the law of Northern Ireland for a person to carry out virginity testing.
- (2) “Virginity testing” means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity.
- (3) An offence is committed under subsection (1) only if the person—
  - (a) is in Northern Ireland, or
  - (b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in Northern Ireland.
- (4) “United Kingdom national” means an individual who is—
  - (a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,
  - (b) a person who under the British Nationality Act 1981 is a British subject, or
  - (c) a British protected person within the meaning of that Act.
- (5) In subsection (2), “female genitalia” means a vagina or vulva.”

**Member’s explanatory statement**

This new clause creates an offence under the law of Northern Ireland of virginity testing.

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Secretary Sajid Javid

NC45

★ To move the following Clause—

**“Offence of offering to carry out virginity testing: Northern Ireland**

- (1) It is an offence under the law of Northern Ireland—
  - (a) for a person in Northern Ireland to offer to carry out virginity testing in the United Kingdom or virginity testing that has a sufficient jurisdictional connection, or
  - (b) for a person anywhere to offer to carry out virginity testing if the person is a United Kingdom national or habitually resident in Northern Ireland.
- (2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—
  - (a) a United Kingdom national, or
  - (b) habitually resident in the United Kingdom.
- (3) In this section—

“United Kingdom national” has the meaning given by section (*Offence of virginity testing: Northern Ireland*)(4);

“virginity testing” has the meaning given by section (*Offence of virginity testing: Northern Ireland*)(2).”

**Member’s explanatory statement**

This new clause creates an offence under the law of Northern Ireland of offering to carry out virginity testing.

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Secretary Sajid Javid

NC46

★ To move the following Clause—

**“Offence of aiding or abetting etc a person to carry out virginity testing: Northern Ireland**

- (1) It is an offence under the law of Northern Ireland for a person who is in Northern Ireland, or for a person who is outside Northern Ireland but who is a United Kingdom national or habitually resident in Northern Ireland, to aid, abet, counsel or procure the carrying out of virginity testing that has a sufficient jurisdictional connection.
- (2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—
  - (a) in the United Kingdom,
  - (b) a United Kingdom national, or
  - (c) habitually resident in the United Kingdom.

(3) This section does not affect the application to an offence under section (*Offence of virginity testing: Northern Ireland*) of any rule of law relating to aiding, abetting, counselling or procuring.

(4) In this section—

“United Kingdom national” has the meaning given by section (*Offence of virginity testing: Northern Ireland*)(4);

“virginity testing” has the meaning given by section (*Offence of virginity testing: Northern Ireland*)(2).”

#### **Member’s explanatory statement**

This new clause creates an offence of aiding etc a person to carry out virginity testing in circumstances where the carrying out of that testing might not itself be an offence (depending on the location or status of the person carrying out the testing).

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Secretary Sajid Javid

**NC47**

★ To move the following Clause—

#### **“Virginity testing offences in Northern Ireland: penalties**

A person who commits an offence under section (*Offence of virginity testing: Northern Ireland*), (*Offence of offering to carry out virginity testing: Northern Ireland*) or (*Offence of aiding or abetting etc a person to carry out virginity testing: Northern Ireland*), is liable—

- (a) on summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum (or both);
- (b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).”

#### **Member’s explanatory statement**

This new clause sets out the penalties for the new offences under the law of Northern Ireland relating to virginity testing.

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Secretary Sajid Javid

**NC48**

★ To move the following Clause—

#### **“Virginity testing: consequential amendments**

Schedule (*Virginity testing: consequential amendments*) contains consequential amendments.”

#### **Member’s explanatory statement**

This new clause introduces a Schedule of consequential amendments relating to the new virginity testing offences.



Secretary Sajid Javid

NC49

★ To move the following Clause—

**“Cap on care costs for charging purposes**

- (1) The Care Act 2014 is amended as follows.
- (2) In section 15 (cap on care costs), for subsections (2) and (3) substitute—
  - “(2) The reference to costs accrued in meeting the adult’s eligible needs is a reference—
    - (a) in so far as a local authority met the eligible needs, to how much of the cost of meeting those needs at the local authority’s rate the adult was required to pay (as reckoned from the amount that was specified in the local authority’s personal budget in respect of those needs (see section 26(2)(b)));
    - (b) in so far as a local authority did not meet the eligible needs, to what the cost of meeting those needs would have been at the rate of the responsible local authority (as reckoned from the amount that was specified in the personal budget (see section 26(2A)(a)) or the independent personal budget (see section 28(1)) in respect of those needs).
  - (3) A reference in subsection (2)(b) to eligible needs does not include any eligible needs during a period when the adult had neither a personal budget nor an independent personal budget, other than eligible needs during the period between the making of a request for an independent personal budget and its preparation.
- (3B) For the purposes of this Part an adult’s needs are “eligible needs” if—
  - (a) the needs meet the eligibility criteria,
  - (b) the needs are not being met by a carer, and
  - (c) the adult is ordinarily resident or present in the area of a local authority.
- (3C) In this Part, “the responsible local authority” means the local authority in whose area the adult is ordinarily resident or in whose area the adult is present (where the adult is of no settled residence).”
- (3) In section 24 (the steps for the local authority to take), for subsection (3) substitute—
  - “(3) Where no local authority is going to meet any of an adult’s needs for care and support, the local authority that is for the time being the responsible local authority must prepare an independent personal budget for the adult (see section 28) if—
    - (a) the adult has any eligible needs, and
    - (b) the adult has at any time asked a local authority that was, at that time, the responsible local authority, to prepare an independent personal budget.”
- (4) In section 26 (personal budget), for subsections (1) and (2) substitute—
  - “(1) A personal budget is a statement which specifies, in respect of the adult’s needs which a local authority is required or decides to meet as mentioned in section 24(1)—

- (a) the cost of meeting those needs at that local authority's rate,
  - (b) how much of that cost the adult must pay, on the basis of the financial assessment, and
  - (c) the amount which that local authority must pay towards that cost (which is the balance of the cost referred to in paragraph (a)).
- (2) If the needs referred to in section 26(1) include eligible needs, the personal budget must also specify—
  - (a) the cost of meeting those eligible needs at that local authority's rate,
  - (b) how much of that cost the adult must pay, on the basis of the financial assessment, and
  - (c) where the amount referred to in paragraph (a) includes daily living costs, the amount attributable to those daily living costs.
- (2A) If the adult also has eligible needs which are not being met by any local authority, the personal budget must specify—
  - (a) what the cost of meeting those eligible needs would be at the responsible local authority's rate, and
  - (b) where the amount referred to in paragraph (a) includes daily living costs, the amount attributable to those daily living costs.
- (2B) References in this section to the cost of meeting needs at a local authority's rate are to the cost that the local authority would incur in meeting those needs, assuming for the purposes of this subsection that the adult is not paying any amount in respect of those needs and has not expressed any preference for particular accommodation."
- (5) In section 28 (independent personal budget)—
  - (a) for subsection (1) substitute—
    - “(1) An independent personal budget is a statement which specifies what the cost of meeting the adult's eligible needs would be at the responsible local authority's rate (but the independent personal budget need not specify the cost of meeting those needs at any time when the local authority required to prepare it has ceased to be the responsible local authority).”;
    - (b) after subsection (2) insert—
      - “(2A)References in this section to the cost of meeting needs at a local authority's rate are to the cost the local authority would incur in meeting those needs, assuming for the purposes of this subsection that the adult is not paying any amount in respect of those needs.”;
      - (c) omit subsection (3).
- (6) In section 29 (care account), in subsection (1), in the words before paragraph (a), for the words from “the local authority” to “present” substitute “the responsible local authority”.
- (7) In section 31 (adults with capacity to request direct payments), in subsection (1)(a), for “needs to which the personal budget relates” substitute “adult's needs which a local authority is required or decides to meet as mentioned in section 24(1) (see section 26(1)(c)).”

- (8) In section 32 (adults without capacity to request direct payments), in subsection (1)(a) for “needs to which the personal budget relates” substitute “adult’s needs which a local authority is required or decides to meet as mentioned in section 24(1)(see section 26(1)(c)).”
- (9) In section 37 (notification, assessment etc.), in subsection (15), omit paragraph (a).
- (10) In section 80 (Part 1: interpretation), in the table in subsection (1), at the appropriate places insert—

“Eligible needs	Section 15(3B)”
“The responsible local authority	Section 15(3C)”.

#### **Member’s explanatory statement**

This new clause makes amendments to the Care Act 2014 which would mean that the costs that accrue towards the cap on care costs are the costs incurred by an adult (at the local authority rate) rather than the combined costs incurred by both the adult and the local authority.

Caroline Nokes  
Mr Kevan Jones  
Sarah Champion  
Caroline Lucas  
Anne Marie Morris  
Paula Barker  
Sir Roger Gale  
Justin Madders  
Sir Graham Brady

Margaret Ferrier  
Alex Norris

Jonathan Ashworth  
Carolyn Harris

NC1

To move the following Clause—

#### **“Licensing of aesthetic non-surgical cosmetic procedures**

- (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 aesthetic non-surgical procedures 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 aesthetic non-surgical cosmetic procedures 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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Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

NC2

To move the following Clause—

**“Health warnings on cigarettes and cigarette papers**

The Secretary of State may by regulations require tobacco manufacturers to print health warnings on individual cigarettes and cigarette rolling papers.”

**Member’s explanatory statement**

This new clause would give powers to the Secretary of State to require manufacturers to print health warnings on individual cigarettes.

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Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

NC3

To move the following Clause—

**“Cigarette pack inserts**

The Secretary of State may by regulations require tobacco manufacturers to display a health information message on a leaflet inserted in cigarette packaging.”

**Member’s explanatory statement**

This new clause would give powers to the Secretary of State to require manufacturers to insert leaflets containing health information and information about smoking cessation services inside cigarette packaging.

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Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

NC4

To move the following Clause—

**“Packaging and labelling of nicotine products**

The Secretary of State may by regulations make provision about the retail packaging and labelling of electronic cigarettes and other novel nicotine products including requirements for health warnings and prohibition of branding elements attractive to children.”

**Member’s explanatory statement**

This new clause would give powers to the Secretary of State to prohibit branding on e-cigarette packaging which is appealing to children.

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Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

NC5

To move the following Clause—

**“Sale and distribution of nicotine products to children under the age of 18 years**

- (1) The Secretary of State may by regulations prohibit the free distribution of nicotine products to those aged under 18 years, and prohibit the sale of all nicotine products to those under 18.
- (2) Regulations under subsection (1) must include an exception for medicines or medical devices indicated for the treatment of persons aged under 18.”

**Member’s explanatory statement**

This new clause would give powers to the Secretary of State to prohibit the free distribution or sale of any consumer nicotine product to anyone under 18, while allowing the sale or distribution of nicotine replacement therapy licensed for use by under 18s.

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Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

NC6

To move the following Clause—

**“Flavoured tobacco products**

The Secretary of State may by regulations remove the limitation of the prohibition of flavours in cigarettes or tobacco products to “characterising” flavours, and extend the flavour prohibition to all tobacco products as well as smoking accessories including filter papers, filters and other products designed to flavour tobacco products.”

**Member’s explanatory statement**

This new clause would give powers to the Secretary of State to prohibit any flavouring in any tobacco product or smoking accessory.

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Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

NC7

To move the following Clause—

**“Tobacco supplies: statutory schemes**

- (1) The Secretary of State may make a scheme (referred to in this section and section [*Tobacco supplies: statutory schemes (supplementary)*]) as a statutory scheme) for one or more of the following purposes—
  - (a) regulating the prices which may be charged by any manufacturer or importer of tobacco products for the supply of any tobacco products,
  - (b) limiting the profits which may accrue to any manufacturer or importer in connection with the manufacture or supply of tobacco products, or
  - (c) providing for any manufacturer or importer of tobacco products to pay to the Secretary of State an amount calculated by reference to sales or estimated sales of those products (whether on the basis of net prices, average selling prices or otherwise).
- (2) A statutory scheme may, in particular, make any provision mentioned in subsections (3) to (6).
- (3) The scheme may provide for any amount representing sums charged by any manufacturer or importer to whom the scheme applies, in excess of the limits determined under the scheme, for tobacco products covered by the scheme to be paid by that person to the Secretary of State within a specified period.
- (4) The scheme may provide for any amount representing the profits, in excess of the limits determined under the scheme, accruing to any

manufacturer or importer to whom the scheme applies in connection with the manufacture or importation of tobacco products covered by the scheme to be paid by that person to the Secretary of State within a specified period.

- (5) The scheme may provide for any amount payable in accordance with the scheme by any manufacturer or importer to whom the scheme applies to be paid to the Secretary of State within a specified period.
- (6) The scheme may—
  - (a) prohibit any manufacturer or importer to whom the scheme applies from varying, without the approval of the Secretary of State, any price charged by him for the supply of any tobacco product covered by the scheme, and
  - (b) provide for any amount representing any variation in contravention of that prohibition in the sums charged by that person for that product to be paid to the Secretary of State within a specified period.”

#### **Member’s explanatory statement**

This new clause and NC8, NC9 and NC10 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

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Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

**NC8**

To move the following Clause—

#### **“Tobacco supplies: statutory schemes (supplementary)**

- (1) The Secretary of State may make any provision the Secretary of State considers necessary or expedient for the purpose of enabling or facilitating—
  - (a) the introduction of a statutory scheme under section [*Tobacco supplies: Statutory schemes*], or
  - (b) the determination of the provision to be made in a proposed statutory scheme.
- (2) The provision may, in particular, require any person to whom such a scheme may apply to—
  - (a) record and keep information,
  - (b) provide information to the Secretary of State in electronic form.
- (3) The Secretary of State must—
  - (a) store electronically the information which is submitted in accordance with subsection (2);
  - (b) ensure that information submitted in accordance with this provision is made publicly available on a website, taking the need to protect trade secrets duly into account.

- (4) Where the Secretary of State is preparing to make or vary a statutory scheme, the Secretary of State may make any provision the Secretary of State considers necessary or expedient for transitional or transitory purposes which could be made by such a scheme.”

**Member’s explanatory statement**

This new clause and NC7, NC9 and NC10 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

NC9

To move the following Clause—

**“Tobacco supplies: enforcement**

- (1) Regulations may provide for a person who contravenes any provision of regulations or directions under section [*Tobacco supplies: statutory schemes*] to be liable to pay a penalty to the Secretary of State.
- (2) The penalty may be—
  - (a) a single penalty not exceeding £5 million,
  - (b) a daily penalty not exceeding £500,000 for every day on which the contravention occurs or continues.
- (3) Regulations may provide for any amount required to be paid to the Secretary of State by virtue of section [*Tobacco supplies: statutory schemes*] (4) or (6)(b) to be increased by an amount not exceeding 50 per cent.
- (4) Regulations may provide for any amount payable to the Secretary of State by virtue of provision made under section [*Tobacco supplies: statutory schemes*] (3), (4), (5) or (6)(b) (including such an amount as increased under subsection (3)) to carry interest at a rate specified or referred to in the regulations.
- (5) Provision may be made by regulations for conferring on manufacturers and importers a right of appeal against enforcement decisions taken in respect of them in pursuance of [*Tobacco supplies: statutory schemes*], [*Tobacco supplies: statutory schemes (supplementary)*] and this section.
- (6) The provision which may be made by virtue of subsection (5) includes any provision which may be made by model provisions with respect to appeals under section 6 of the Deregulation and Contracting Out Act 1994 (c. 40), reading—
  - (a) the references in subsections (4) and (5) of that section to enforcement action as references to action taken to implement an enforcement decision,
  - (b) in subsection (5) of that section, the references to interested persons as references to any persons and the reference to any decision to take enforcement action as a reference to any enforcement decision.



- (7) In subsections (5) and (6), “enforcement decision” means a decision of the Secretary of State or any other person to—
- (a) require a specific manufacturer or importer to provide information to him,
  - (b) limit, in respect of any specific manufacturer or importer, any price or profit,
  - (c) refuse to give approval to a price increase made by a specific manufacturer or importer,
  - (d) require a specific manufacturer or importer to pay any amount (including an amount by way of penalty) to the Secretary of State,
- and in this subsection “specific” means specified in the decision.
- (8) A requirement or prohibition, or a limit, under section [*Tobacco supplies: statutory schemes*], may only be enforced under this section and may not be relied on in any proceedings other than proceedings under this section.
- (9) Subsection (8) does not apply to any action by the Secretary of State to recover as a debt any amount required to be paid to the Secretary of State under section [*Tobacco supplies: statutory schemes*] or this section.
- (10) The Secretary of State may by order increase (or further increase) either of the sums mentioned in subsection (2).”

**Member’s explanatory statement**

This new clause and NC7, NC8 and NC10 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

---

Mary Kelly Foy  
Margaret Ferrier  
Justin Madders  
Alex Norris  
Jonathan Ashworth

**NC10**

To move the following Clause—

**“Tobacco supplies: controls: (supplementary)**

- (1) Any power conferred on the Secretary of State by section [*Tobacco supplies: statutory schemes*] and [*Tobacco supplies: statutory schemes (supplementary)*] may be exercised by—
  - (a) making regulations, or
  - (b) giving directions to a specific manufacturer or importer.
- (2) Regulations under subsection (1)(a) may confer power for the Secretary of State to give directions to a specific manufacturer or importer; and in this subsection “specific” means specified in the direction concerned.
- (3) In this section and section [*Tobacco supplies: statutory schemes*] and [*Tobacco supplies: statutory schemes (supplementary)*] and [*Tobacco supplies: enforcement*]—

“tobacco product” means a product that can be consumed and consists, even partly, of tobacco;

“manufacturer” means any person who manufactures tobacco products;

“importer” means any person who imports tobacco products into the UK with a view to the product being supplied for consumption in the United Kingdom or through the travel retail sector, and contravention of a provision includes a failure to comply with it.”

#### **Member’s explanatory statement**

This new clause and NC7, NC8 and NC9 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

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Mary Kelly Foy  
Margaret Ferrier

**NC11**

To move the following Clause—

#### **“Age of sale of tobacco**

The Secretary of State must consult on raising the age of sale for tobacco from 18 to 21 within three months of the passage of this Act.”

#### **Member’s explanatory statement**

This new clause would require the Secretary of State to consult on raising the age of sale for tobacco products to 21.

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Dawn Butler  
Dame Diana Johnson  
Bob Blackman  
Ian Mearns  
Alex Cunningham  
Jonathan Ashworth  
Barry Gardiner  
Valerie Vaz  
Margaret Greenwood  
Kate Hollern  
Marsha De Cordova  
Richard Burgon  
Rachel Hopkins  
Claudia Webbe  
Ian Byrne

Tulip Siddiq  
Justin Madders  
Rosie Cooper  
Jeremy Corbyn  
Apsana Begum  
Tan Deshi  
Barbara Keeley  
Nadia Whittome

Naz Shah  
Alex Norris  
Paula Barker  
Grahame Morris  
John McDonnell  
Bell Ribeiro-Addy  
Steve McCabe  
Ian Lavery

**NC12**

To move the following Clause—

#### **“Protection of the title of “nurse”**

- (1) A person may not practise or carry on business under any name, style or title containing the word “nurse” unless that person is registered with the Nursing and Midwifery Council and entered in sub part 1 or 2 of the register as a Registered Nurse or in the specialist community public health nursing part of the register.

- (2) Subsection (1) does not prevent any use of the designation “veterinary nurse”, “dental nurse” (for which see section 36K of the Dentists Act 1984) or “nursery nurse”.
- (3) A person who contravenes subsection (1) is guilty of an offence and liable on summary conviction to a fine not exceeding level four on the standard scale.”

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Peter Dowd

NC13

To move the following Clause—

**“National self-care strategy**

- (1) The Secretary of State must prepare a National Self-Care Strategy to fully integrate self-care for minor ailments into the wider health system.
- (2) The National Self-Care Strategy must have regard to the need to—
  - (a) address inequalities in health literacy;
  - (b) enhance the understanding of primary and secondary age children on how to self-care;
  - (c) introduce self-care modules in healthcare professionals’ training curricula and continuing professional development;
  - (d) make best use of, and expand, the Community Pharmacist Consultation Service;
  - (e) improve access to effective self-care treatments;
  - (f) enable community pharmacists to refer people directly to other healthcare professionals;
  - (g) ensure better support for primary care networks to deliver self-care;
  - (h) evaluate the use of technologies that have been developed during the COVID-19 pandemic to promote greater self-care; and
  - (i) accelerate efforts to enable community pharmacists to populate medical records.”

**Member’s explanatory statement**

This new clause would ensure that the Secretary of State for Health and Social Care publishes a national self-care strategy to integrate self-care for minor ailments into the health system.

---

Richard Fuller

NC14

To move the following Clause—

**“Implementation of Restrictions on advertising of less healthy food and drink online**

The regulator shall put in place a mechanism for the delivery of the requirements under Part 2 of Schedule 16 which shall require that advertisers—

- (a) apply media targeting filters, based on robust audience measurement data, to ensure the avoidance of children’s media or editorial content of particular appeal to children;
- (b) use audience targeting tools and, where available, proprietary audience or other first-party data to further exclude children; and
- (c) use campaign evaluation tools to assess audience impacts and use any learning to continually improve future targeting approaches.”

**Member’s explanatory statement**

This new clause would require the regulator to put in place a three-step “filtering” process for restricting online advertising by managing the targeting of an online advertising campaign for foods that are high in fat, salt or sugar, as developed by the Committee of Advertising Practice of the Advertising Standards Authority.

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Dan Carden

NC15

To move the following Clause—

**“Alcohol product labelling**

The Secretary of State must by regulations make provision to ensure alcoholic drinks, as defined by the Department for Health and Social Care’s Low Alcohol Descriptors Guidance, published in 2018, or in future versions of that guidance, display—

- (a) the Chief Medical Officers’ low risk drinking guidelines,
- (b) a warning that is intended to inform the public of the danger of alcohol consumption,
- (c) a warning that is intended to inform the public of the danger of alcohol consumption when pregnant,
- (d) a warning that is intended to inform the public of the direct link between alcohol and cancer, and
- (e) a full list of ingredients and nutritional information.”

**Member’s explanatory statement**

This new clause requires the Secretary of State to introduce secondary legislation on alcohol product labelling.

---

Dan Carden

NC16

To move the following Clause—

**“Annual report on alcohol treatment services: assessment of outcomes**

- (1) The Secretary of State must lay before each House of Parliament at the start of each financial year a report on—
  - (a) the ways in which alcohol treatment providers have been supported in tackling excess mortality, alcohol related hospital

- admissions, and the burden of disease resulting from alcohol consumption, and
- (b) the number of people identified as requiring support who are receiving treatment.
- (2) Alongside the publication of the report, the Secretary of State must publish an assessment of the impact of the level of funding for alcohol treatment providers on their ability to deliver a high-quality service that enables patient choice.”

**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 alcohol treatment providers has supported their work to improve treatment and reduce harm.

---

Dan Carden  
Liam Byrne  
Wera Hobhouse  
Ian Mearns  
Ian Lavery  
John McDonnell

NC17

To move the following Clause—

**“Minimum unit price for alcohol**

- (1) The Secretary of State must by regulations make provision to ensure alcoholic drinks, as defined by the Department for Health and Social Care’s Low Alcohol Descriptors Guidance published in 2018, or in later versions of that document, are liable to a minimum unit price.
- (2) The regulations must provide for the minimum unit price to be calculated by applying the formula  $M \times S \times V$ , where—
- (a) M is the minimum unit price, expressed in pounds sterling,
- (b) S is the percentage strength of the alcohol, expressed as a cardinal number, and
- (c) V is the volume of the alcohol, expressed in litres.”

**Member’s explanatory statement**

This new clause requires the Secretary of State to introduce secondary legislation that applies a minimum unit price to alcohol.

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Peter Aldous  
Sir Peter Bottomley  
Andrew Gwynne  
Clive Lewis  
Daisy Cooper  
Caroline Lucas  
Judith Cummins  
Kim Johnson  
Mr Virendra Sharma  
David Warburton  
Mohammad Yasin

Peter Dowd  
Darren Jones  
Derek Twigg  
Sarah Champion  
Yvette Cooper

Dame Diana Johnson  
Kim Leadbeater  
Dr Dan Poulter  
Rosie Cooper  
Sir Roger Gale

**NC18**

To move the following Clause—

**“Secretary of State’s duty to report on access to NHS dentistry**

- (1) The Secretary of State must publish an annual report setting out levels of access to NHS dentistry across England and average waiting times for primary care dental treatment in each region, and describing the action being taken to improve them.
- (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 to report annually on the levels of access to NHS dentistry in England, setting out average waiting times for primary care dental treatment in each region, and describing action being taken to improve them as necessary.

---

Mr John Baron  
Jeremy Hunt  
Dame Margaret Hodge  
Sammy Wilson  
Daisy Cooper  
Dr Dan Poulter  
Sir Mike Penning  
Stephen Metcalfe  
Nigel Mills  
Mr William Wragg  
Jim Shannon  
Paul Girvan  
Mr Marcus Fysh  
Wera Hobhouse  
Royston Smith  
Stephen McPartland  
Mr Barry Sheerman

Anne Marie Morris  
Henry Smith  
Mr Ian Liddell-Grainger  
Sir Christopher Chope  
Mr Gregory Campbell  
Ian Paisley  
Carla Lockhart  
Sir Iain Duncan Smith  
Julian Sturdy  
Margaret Ferrier  
Jackie Doyle-Price

Dr Julian Lewis  
David Simmonds  
Craig Mackinlay  
Greg Smith  
Mr Andrew Mitchell  
Sir Jeffrey M Donaldson  
Gavin Robinson  
Martin Vickers  
Rob Roberts  
Tim Loughton

**NC19**

To move the following Clause—

**“Inclusion in the NHS mandate of cancer outcome targets**

- (1) Section 13A of the National Health Service Act 2006 (Mandate) is amended in accordance with subsection (2).
- (2) After subsection (2), insert the following new subsection—  
“(2A) The objectives that the Secretary of State considers NHS England should seek to achieve which are specified in subsection (2)(a) must include objectives

for cancer treatment defined by outcomes for patients with cancer, and those objectives are to be treated by NHS England as having priority over any other objectives relating to cancer treatment.””

**Member’s explanatory statement**

This new clause would require the Secretary of State to set objectives for the NHS on cancer treatment which are defined by outcomes (such as one-year or five-year survival rates), and would give those objectives priority over any other objectives relating to cancer treatment (such as waiting times).

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Anne Marie Morris

NC20

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

**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.

Mr Richard Holden  
 Jeremy Hunt  
 Dame Meg Hillier  
 Jackie Doyle-Price  
 Sarah Olney  
 Dehenna Davison  
 Simon Fell  
 Lee Anderson  
 Liz Saville Roberts  
 Christian Wakeford  
 Duncan Baker  
 Sarah Green  
 Paula Barker  
 Chris Loder  
 Caroline Lucas  
 Shaun Bailey  
 Mick Whitley  
 Sir Roger Gale  
 Kate Griffiths  
 Tony Lloyd  
 Dr Jamie Wallis  
 Marsha De Cordova

Paul Howell  
 Siobhan Baillie  
 Tracey Crouch  
 Brendan Clarke-Smith  
 Mr Steve Baker  
 Mr Robert Goodwill  
 Mr Virendra Sharma  
 David Johnston  
 Mrs Emma Lewell-Buck  
 Jill Mortimer  
 Caroline Nokes  
 Mrs Pauline Latham  
 Antony Higginbotham  
 John Spellar  
 Sara Britcliffe  
 Craig Mackinlay

Alexander Stafford  
 Laura Farris  
 Stephen Metcalfe  
 James Daly  
 Robert Langan  
 Sir Peter Bottomley  
 Sarah Champion  
 Fiona Bruce  
 Rosie Cooper  
 Crispin Blunt  
 Jess Phillips  
 Giles Watling  
 Mary Kelly Foy  
 Tonia Antoniazzi  
 Steve Brine

NC21

☆ To move the following Clause—

**“Prohibition of virginity testing**

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



- (7) For the purpose of determining whether an operation is necessary for the mental health of a girl it is immaterial whether she or any other person believes that the operation is required as a matter of custom or ritual.
- (8) This section applies to any act done outside the United Kingdom by a United Kingdom national or resident.
- (9) A person who is guilty of an offence under this section is liable, on summary conviction, to imprisonment for a term not exceeding 12 months, to a fine, or to both.
- (10) The court must refer the case of any person guilty of an offence under this section who is subject to statutory professional regulation for investigation by the relevant regulator."

Mr Richard Holden  
 Jeremy Hunt  
 Dame Meg Hillier  
 Jackie Doyle-Price  
 Sarah Olney  
 Dehenna Davison  
 Simon Fell  
 Lee Anderson  
 Liz Saville Roberts  
 Christian Wakeford  
 Duncan Baker  
 Sarah Green  
 Paula Barker  
 Chris Loder  
 Caroline Lucas  
 Shaun Bailey  
 Mick Whitley  
 Sir Roger Gale  
 Kate Griffiths  
 Tony Lloyd  
 Dr Jamie Wallis  
 Marsha De Cordova

Paul Howell  
 Siobhan Baillie  
 Tracey Crouch  
 Brendan Clarke-Smith  
 Mr Steve Baker  
 Mr Robert Goodwill  
 Mr Virendra Sharma  
 David Johnston  
 Mrs Emma Lewell-Buck  
 Jill Mortimer  
 Caroline Nokes  
 Mrs Pauline Latham  
 Antony Higginbotham  
 John Spellar  
 Sara Britcliffe  
 Craig Mackinlay

Alexander Stafford  
 Laura Farris  
 Stephen Metcalfe  
 James Daly  
 Robert Largan  
 Sir Peter Bottomley  
 Sarah Champion  
 Fiona Bruce  
 Rosie Cooper  
 Crispin Blunt  
 Jess Phillips  
 Giles Watling  
 Mary Kelly Foy  
 Tonia Antoniazzi  
 Steve Brine

NC22

☆ 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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Karin Smyth

NC23

☆ To move the following Clause—

**“NHS Good Governance Commission**

- (1) Regulations shall provide for the establishment of an NHS Good Governance Commission as a Special Health Authority.
- (2) The Commission shall have 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.”

**Member’s explanatory statement**

This new clause returns to the position prior to 2012 and ensures independent oversight of important NHS appointments.

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Ms Marie Rimmer  
Mr Alistair Carmichael  
Jim Shannon  
Sarah Champion  
Dr Philippa Whitford  
Siobhain McDonagh  
Kate Hollern  
Sir Iain Duncan Smith

Patrick Grady  
Fiona Bruce

Chris Bryant

NC24

☆ 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—
- (i) to a country with a system of deemed consent for the donation of controlled material which does not meet the criteria in subsection (1A) and receives any controlled material, for the purpose of transplantation, and
  - (ii) to a country with a system of explicit consent for the donation of controlled material and receives any controlled material for the purpose of transplantation where the material was obtained without—
- (A) the free, informed and specific consent of a living donor, or

- (B) the free, informed and specific consent of the donor's next of kin, where the donor is unable to provide consent; and
  - (g) receives any controlled material for the purpose of transplantation for which, in exchange for the removal of controlled material—
    - (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) The Secretary of State must publish an annual assessment of countries with a system of deemed consent for donation of controlled material determining whether each of those countries—
- (a) provides a formal, publicly funded scheme for opting out of deemed consent for donation of controlled material, and
  - (b) provides an effective programme of public education to its population on the deemed consent system and the opt-out scheme which delivers a high level of public understanding of both.
- (1B) 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.
- (1C) 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.
- (1D) In paragraph (g) in subsection (1), 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 controlled material.
- (1E) 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.
- (1F) For the purposes of subsection (1e)(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.
- (1G) 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.””

Ms Marie Rimmer  
 Mr Alistair Carmichael  
 Jim Shannon  
 Sarah Champion  
 Dr Philippa Whitford  
 Siobhain McDonagh  
 Kate Hollern  
 Sir Iain Duncan Smith

Patrick Grady  
 Fiona Bruce

Chris Bryant

NC25

☆ To move the following Clause—

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

- (1) The Human Tissue Act 2004 is amended as follows.

- (2) 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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Sarah Owen

NC26

★ To move the following Clause—

**“Report on claims for reimbursement of the immigration health surcharge**

The Secretary of State must publish and lay a Report before Parliament giving the numbers of completed claims that have been made under the immigration health surcharge reimbursement scheme within 6 weeks of the commencement of this Act.”

**Member’s explanatory statement**

This new clause requires the Secretary of State to report the number of completed claims under the Immigration Health Surcharge for NHS and care workers from overseas.

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Justin Madders

Alex Norris

Jonathan Ashworth

NC27

★ To move the following Clause—

**“Secretary of State’s duty to report on waiting times for treatment**

The Secretary of State must prepare and publish a report annually on waiting times for treatment in England, disparities in waiting times for treatment in England and the steps being taken to ensure that patients can access services within maximum waiting times in accordance with their rights in the NHS Constitution.”

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Justin Madders

Alex Norris

Jonathan Ashworth

NC28

★ To move the following Clause—

**“Secretary of State’s duty to report on long term workforce planning**

- (1) The Secretary of State must prepare and publish a report each year on projected workforce shortages and future staffing requirements for health, public health and social care sectors in the following five, ten and twenty years.
- (2) The report must report projections of both headcount and full-time equivalent for the total health, public 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.

- (3) The projections must be independently verified and based on projected health and care needs of the population for the following 5, 10 and 20 years, consistent with the Office for Budget Responsibility long-term fiscal projections.
- (4) All relevant NHS bodies, arm's-length bodies, expert bodies, trade unions and the Social Partnership forum must be consulted in the preparation of the report.
- (5) 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.
- (6) 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  
Jonathan Ashworth

NC29

★ To move the following Clause—

**"Duty on the Secretary of State to report on workforce planning and safe staffing**

- (1) At least every five years the Secretary of State must lay before Parliament a health and care workforce strategy for workforce planning and safe staffing supply.
- (2) This strategy must include—
  - (a) actions to ensure the health and care workforce meets the numbers and skill-mix required to meet workforce requirements,
  - (b) equality impact assessments for planned action for both workforce and population,
  - (c) application of lessons learnt from formal reviews and commissions concerning safety incidents,
  - (d) measures to promote retention, recruitment, remuneration and supply of the workforce, and
  - (e) due regard for and the promotion of workplace health and safety, including provision of safety equipment and clear mechanisms for staff to raise concerns."

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Hywel Williams

NC30

★ To move the following Clause—

**"Problem drug use as a health issue**

- (1) The UK Government will adopt a cross-government approach to drugs policy which treats problem drug use as primarily a health issue ("the health issue principle").
- (2) In accordance with the health issue principle, the Prime Minister must, as soon as reasonably practicable—

- (a) make the Secretary of State for Health and Social Care responsible for leading drugs policy in England,
  - (b) lay before Parliament a report on the steps that will be taken to transfer responsibilities to the Department for Health and Social Care from other departments, and
  - (c) undertake a review of devolution and drugs policy in light of that transfer and in accordance with subsection (3).
- (3) The review of devolution and drugs policy must consider—
- (a) steps to transfer responsibility for drugs policy to the devolved administrations in a manner consistent with the health issue principle and the transfers of responsibilities in England in subsection (2), and
  - (b) the consistency of the devolution settlement, including the specific reservation of the misuse of drugs under paragraph B1 of Part II of Schedule 5 of the Scotland Act 1998, paragraph 54 of Schedule 7A of the Government of Wales Act 2006 and paragraph 9f of Schedule 3 of the Northern Ireland Act 1998 with the health principle and any associated recommendations for change.
- (4) In undertaking that review, the Prime Minister must consult—
- (a) the Scottish Ministers,
  - (b) the Welsh Ministers, and
  - (c) the Department of Health in Northern Ireland.
- (5) A report on the findings of the review must be laid before Parliament within six months of the passing of this Act.”

#### Member’s explanatory statement

This new clause would require the UK Government to approach problem drug use primarily as a health issue and, in so doing, to make the Secretary of State for Health and Social Care the lead minister for drugs policy in England. The Prime Minister would also be required to undertake a review of the devolution of responsibility over drugs policy in the new context of recognising problem drug use primarily as a health issue.

Fiona Bruce  
Carla Lockhart  
Miriam Cates  
Chris Green  
Scott Benton  
Sir Edward Leigh  
Sir John Hayes  
Ian Paisley

Sir Desmond Swayne

Jim Shannon

NC31

★ To move the following Clause—

#### “Reduction in upper gestation limit for abortion to 22 weeks’ gestation

- (1) The Infant Life (Preservation) Act 1929 is amended as follows.  
In section 1(2) for “twenty-eight” substitute “twenty-two”.
- (2) The Abortion Act 1967 is amended as follows.

In section 1(1)(a) for “twenty-fourth” substitute “twenty-second”.

**Member’s explanatory statement**

This new clause would reduce the upper gestational limit for abortion in most cases to 22 weeks’ gestation.

Emma Hardy

NC32

★ To move the following Clause—

**“Resolution of differences over the care of children with life-limiting illnesses**

- (1) This section applies where there is a difference of opinion between a parent of a child with a life-limiting illness and a doctor responsible for the child’s treatment about—
  - (a) the nature (or extent) of specialist palliative care that should be made available for the child, or
  - (b) the extent to which palliative care provided to the child should be accompanied by one or more disease-modifying treatments.
- (2) Where the authorities responsible for a health service hospital become aware of the difference of opinion they must take all reasonable steps—
  - (a) to ensure that the views of the parent, and of anyone else concerned with the welfare of the child, are listened to and taken into account;
  - (b) to make available to the parent any medical data relating to the child which is reasonably required as evidence in support of the parent’s proposals for the child’s treatment (including obtaining an additional medical opinion);
  - (c) to refer the difference of opinion to any appropriate clinical ethics committee (whether or not within the hospital) or to any other appropriate source for advice.
- (3) Where the responsible authorities consider that the difference of opinion is unlikely to be resolved informally, they must take all reasonable steps to provide for a mediation process, between the parent or parents and the doctor or doctors, which is acceptable to both parties.
- (4) In the application of subsections (2) and (3) the hospital authorities—
  - (a) must involve the child’s specialist palliative care team so far as possible; and
  - (b) may refuse to make medical data available if the High Court grants an application to that effect on the grounds that disclosure might put the child’s safety at risk in special circumstances.
- (5) Where the difference of opinion between the parent and the doctor arises in proceedings before a court—
  - (a) the child’s parents are entitled to legal aid, within the meaning of section 1 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (Lord Chancellor’s functions) in respect of the



- proceedings; and the Lord Chancellor must make any necessary regulations under that Act to give effect to this paragraph; and
- (b) the court may not make any order that would prevent or obstruct the parent from pursuing proposals for obtaining disease-modifying treatment for the child (whether in the UK or elsewhere) unless the court is satisfied that the proposals—
    - (i) involve a medical institution that is not generally regarded within the medical community as a responsible and reliable institution, or
    - (ii) pose a disproportionate risk to the child of significant harm.
- (6) Nothing in subsection (4) requires, or may be relied upon so as to require, the provision of any specific treatment by a doctor or institution; in particular, nothing in subsection (4)—
- (a) requires the provision of resources for any particular course of treatment; or
  - (b) requires a doctor to provide treatment that the doctor considers likely to be futile or harmful, or otherwise not in the best interests of the child.
- (7) Subsection (4)(a) does not prevent the court from making an order as to costs, or any other order, at any point in the proceedings.
- (8) In this section—

“child” means an individual under the age of 18;

“health service hospital” has the meaning given by section 275 of the National Health Service Act 2006 (interpretation);

“parent” means a person with parental responsibility for a child within the meaning of the Children Act 1989; and

“person concerned with the welfare of the child” means a parent, grandparent, sibling or half-sibling.

- (9) Nothing in this section affects the law about the appropriate clinical practice to be followed as to—
- (a) having regard to the child’s own views, where they can be expressed; and
  - (b) having regard to the views of anyone interested in the welfare of the child, whether or not a person concerned within the welfare of the child within the meaning of this section.”

#### **Member’s explanatory statement**

This new clause has a single purpose, which is to make provision about the resolution of differences of opinion between a child’s parents and the doctors responsible for the child’s treatment.

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Anne Marie Morris

NC33

★ To move the following Clause—

**“Support provided by the NHS to victims of domestic abuse**

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

- (e) the frequency with which an Integrated Care Board must review its strategy or any effect of the strategy on the provision of other provision in its area.
- (8) Before making regulations under this section, the Secretary of State must consult—
  - (a) all Integrated Care Boards; and
  - (b) such other persons as the Secretary of State considers appropriate.”

**Member’s explanatory statement**

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

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Dan Carden

NC34

★ To move the following Clause—

**“Visits to care homes**

- (1) Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is amended as follows.
- (2) After Regulation 9, paragraph (3), sub-paragraph (i), insert—
  - “(j) facilitating face to face contact between the service user and persons significant to the service user so as to meet the service user’s needs and preferences, having particular regard to their emotional and psychological needs;
  - (k) where the registered person determines following an individualised risk assessment that unrestricted face to face contact between significant persons and the service user is not possible, facilitating face to face contact with the significant person or persons whom the registered person reasonably believes best meets the needs and preferences of the service user;
  - (l) where the registered person determines following an individualised risk assessment that no face to face contact between any significant persons and the service user is possible, facilitating contact with significant persons in such other ways as best meets the needs and preferences of the service user and is in accordance with the individualised risk assessment.”
- (3) After Regulation 9, paragraph (6), insert—
  - “(7) In this regulation

“face to face contact” means contact without fixed physical barriers between the service user and the significant person, but includes contact where the service user and/or relevant person or persons are wearing appropriate personal protective equipment if such is required to prevent or control the spread of infections, including those that are health care associated;

“an individualised risk assessment” means a risk assessment which considers—

- (a) the risks to the health and well-being of the service user both of having and not having face to face contact with either two or more significant persons (for purposes of paragraph 3, sub-paragraph (k)) or one relevant person (for purposes of paragraph 3, sub-paragraph (l));
- (b) the risks to the health and well-being of other service users arising from the registered person facilitating face to face contact between the service user and a person or persons significant to that service user; and
- (c) the risks to the health and well-being of the service user (and to other service users) of alternative options for contact to minimise the risks identified in (a) and (b).

“significant person” means any person falling within section 4(7) sub-paragraphs (a) to (d) of the 2005 Act (whether or not the service user lacks capacity for purposes of the 2005 Act to decide whether or not to have face to face contact with them) and “person significant to the service user” is to be read accordingly.”

#### **Member’s explanatory statement**

This new clause would give effect to the recommendation of the Joint Committee on Human Rights to require individualised risk assessments for care home residents, and to ensure procedures are in place for such assessments to be queried where adequate efforts have not been made to enable safe visits to care homes.

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Dan Carden

NC35

★ To move the following Clause—

#### **“Visits to patients in hospital**

- (1) The Secretary of State must by regulations make provision to ensure that arrangements are made to allow visitors to patients staying in hospital.
- (2) The regulations must ensure that any such arrangements observe the following principles—
  - (a) Safety – The approach to visiting must balance the health and safety needs of patients, staff, and visitors, and ensure risks are mitigated.
  - (b) Emotional well-being – Allowing visitors is intended to support the emotional well-being of patients by reducing any potential negative impacts related to social isolation.
  - (c) Equitable access – All patients must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard patients.
  - (d) Flexibility – The physical/infrastructure characteristics of the hospital, its staffing availability, the risks arising from any outbreak of disease in the hospital and the availability of personal protective equipment are all variables to take into account when setting hospital-specific policies.

(e) Equality – Patients have the right to choose their visitors.”

**Member’s explanatory statement**

This new clause would require the Secretary of State to make regulations providing for rights to visit patients in hospital.

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Mrs Maria Miller  
Dame Diana Johnson

NC50

★ To move the following Clause—

**“Amendment of the law relating to abortion**

- (1) The Offences Against the Person Act 1861 is amended as follows.
- (2) In section 58 (administering drugs or using instruments to procure abortion)—
  - (a) omit the words from the beginning to “intent, and”;
  - (b) at the end insert “; but this section does not apply to a woman in relation to the procurement of her own miscarriage.”
- (3) In section 59 (procuring drugs, etc. to cause abortion), at the end insert “; but this section does not apply to a woman in relation to the procurement of her own miscarriage.”

**Member’s explanatory statement**

This new clause would have the effect that a woman could not be held criminally liable under the Offences against the Person Act 1861 in relation to procuring, or attempting to procure, her own abortion.

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Carla Lockhart  
Miriam Cates  
Chris Green  
Scott Benton  
Sir Edward Leigh  
Sir John Hayes  
Sir Desmond Swayne

Jim Shannon

Ian Paisley

NC51

★ To move the following Clause—

**“Termination of pregnancy on the grounds of the sex of the foetus**

Nothing in section 1 of the Abortion Act 1967 is to be interpreted as allowing a pregnancy to be terminated on the grounds of the sex of the foetus.”

**Member’s explanatory statement**

This new clause would clarify that abortion on the grounds of the sex of the foetus is illegal.

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Carla Lockhart

Miriam Cates

Chris Green

Scott Benton

Sir Edward Leigh

Sir John Hayes

Sir Desmond Swayne

Jim Shannon

Ian Paisley

NC52

★ To move the following Clause—

**“Introduction of upper gestational limit on abortion on the grounds of disability**

- (1) The Abortion Act 1967 is amended as follows.
- (2) In section 1 (Medical termination of pregnancy) at the beginning of sub-paragraph (d) to paragraph (1), insert—
  - “ that the pregnancy has not exceeded the gestational limit identified in sub-paragraph (a) and”

**Member’s explanatory statement**

This new clause would introduce an upper gestational limit on abortion on the grounds of disability equal to the upper gestational limit on most other abortions

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Apsana Begum

Bell Ribeiro-Addy

NC53

★ To move the following Clause—

**“Review of effect on migrants of charges for NHS treatment**

- (1) Within six months of the passage of this Act, the Secretary of State must conduct a review of the effect on migrants of charges for NHS treatment, and lay a report of that review before Parliament.
- (2) Before completing the review, the Secretary of State must consult representatives of groups subject to such charges.”

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Apsana Begum

Bell Ribeiro-Addy

NC54

★ To move the following Clause—

**“Equality impact analyses of provisions of this Act**

- (1) The Secretary of State must review the equality impact of the provisions of this Act in accordance with this section and lay a report of that review before the House of Commons within six months of the passage of this Act.
- (2) A review under this section must consider the impact of those provisions on—
  - (a) households at different levels of income,

- (b) people with protected characteristics (within the meaning of the Equality Act 2010),
  - (c) the Government's compliance with the public sector equality duty under section 149 of the Equality Act 2010, and
  - (d) equality in different parts of the United Kingdom and different regions of England.
- (3) A review under this section must include a separate analysis of each section of the Act, and must also consider the cumulative impact of the Act as a whole."

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David Simmonds  
Geraint Davies

NC55

★ To move the following Clause—

**"Guidance for babies, children and young people**

- (1) The Secretary of State must publish guidance on how integrated care systems should meet the needs of babies, children and young people aged 0-25.
- (2) Integrated care systems must act in accordance with the guidance in subsection (1)."

**Member's explanatory statement**

This new clause would require the Secretary of State to publish guidance on how integrated care systems should meet the needs of babies, children and young people aged 0-25 and would require integrated care systems to act in accordance with the guidance.

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Bell Ribeiro-Addy  
Apsana Begum

NC56

★ To move the following Clause—

**"Abolition of prescription charges**

- (1) Charges may not be made for NHS prescriptions.
- (2) Within six weeks of the passage of this Act, the Secretary of State must exercise the relevant powers under the National Health Service Act 2006 to give effect to subsection (1).
- (3) Subsection (1) does not apply to any charges which may be made before the action necessary to give effect to that subsection has been taken under subsection (2)."

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Bell Ribeiro-Addy  
Apsana Begum

NC57

★ To move the following Clause—

**“NHS England’s duty as to reducing inequalities**

Section 13G of the National Health Service Act (duty as to reducing inequalities), is amended by the addition of the following subsections—

- “(2) NHS England must publish guidance about the collection, analysis, reporting and publication of performance data by relevant NHS bodies with respect to factors or indicators relevant to health inequalities.
- (3) Relevant NHS bodies must have regard to guidance published by NHS England under this section.
- (4) In this section “relevant NHS bodies” means—
- (a) NHS England,
  - (b) integrated care boards,
  - (c) integrated care partnerships established under section 116ZA of the Local Government and Public Involvement in Health Act 2007,
  - (d) NHS trusts established under section 25, and
  - (e) NHS foundation trusts.”

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Geraint Davies

NC58

★ To move the following Clause—

**“Sharing children’s data**

- (1) This section applies to information about a child that is held by a relevant health, education or children’s social care commissioner or provider (“the relevant person”).
- (2) The relevant person must ensure that the information is disclosed to—
- (a) persons working for the relevant person, and
  - (b) any other relevant health, education or children’s social care commissioner or provider with whom the relevant person communicates about the child.”

**Member’s explanatory statement**

This new clause would require health, education and children’s social care commissioners or providers to share information about a child to other relevant health, education and children’s social care commissioners or providers.



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Geraint Davies

NC59

★ To move the following Clause—

**“Using the NHS identification number as a single unique identifier for children**

The Secretary of State must work with the Secretary of State for Education to develop plans for the NHS identification number to become the single unique identifier for children.”

**Member’s explanatory statement**

This new clause would require the Secretary of State to publish plans to use the NHS number as a single unique identifier for children.

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Robin Millar  
Simon Baynes  
Karen Bradley  
Sir Graham Brady  
Alun Cairns  
James Daly  
Mr David Jones

Andrea Leadsom

Sir Iain Duncan Smith

NC60

★ To move the following Clause—

**“Duty to consider residents of other parts of UK**

For section 130 of the National Health Service Act 2006 substitute—

**“130 Duty to consider residents of other parts of UK**

- (1) In making a decision about the exercise of its functions, NHS England must have regard to any likely impact of the decision on—
  - (a) the provision of health services to people who reside in Wales, Scotland or Northern Ireland, or
  - (b) services provided in England for the purposes of—
    - (i) the health service in Wales,
    - (ii) the system of health care mentioned in section 2(1)(a) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (c. 1 (N.I.)), or
    - (iii) the health service established under section 1 of the National Health Service (Scotland) Act 1978.
- (2) The Secretary of State must publish guidance for NHS England on the discharge of the duty under subsection (1).
- (3) NHS England must have regard to guidance published under subsection (2).”

**Member’s explanatory statement**

This new clause places a duty on NHS England to consider the likely impact of their decisions on the residents of Wales, Scotland and Northern Ireland, and to consider the impact of services provided in England on patient care in Wales, Scotland and Northern Ireland.

Robin Millar  
 Simon Baynes  
 Karen Bradley  
 Sir Graham Brady  
 Alun Cairns  
 James Daly  
 Mr David Jones

Andrea Leadsom

Sir Iain Duncan Smith

NC61

★ To move the following Clause—

**“Interoperability of data and collection of comparable healthcare statistics across the UK**

- (1) The Health and Social Care Act 2012 is amended as follows.
- (2) In section 250 (Powers to publish information standards)—
- (a) in subsection (3), at the beginning, insert “Subject to subsection (3A)”;
  - (b) after subsection (3), insert the following subsection—
- “(3A)The Secretary of State may also exercise the power under subsection (1) so as to specify binding data interoperability requirements which apply across the whole of the United Kingdom, and an information standard prepared and published by virtue of this subsection may apply to any public body which exercises functions in connection with the provision of health services anywhere in the United Kingdom.”
- (c) after subsection (6E) (inserted by section 79 of this Act), insert the following subsection—
- “(6F)The Secretary of State must report to Parliament each year on progress on the implementation of an information standard prepared in accordance with subsection (3A).”
- (3) In section 254 (Powers to direct Information Centre to establish information systems), after subsection (2), insert—
- “(2A)The Secretary of State must give a direction under subsection (1) directing the Information Centre to collect and publish information about healthcare performance and outcomes in all parts of the United Kingdom in a way which enables comparison between different parts of the United Kingdom.
- (2B) Scottish Ministers, Welsh Ministers and Northern Ireland Ministers must arrange for the information relating to the health services for which they have responsibility described in the direction made under subsection (2A) to be made available to the Information Centre in accordance with the direction.””

**Member’s explanatory statement**

This new clause would enable the Secretary of State to specify binding data interoperability standards across the UK, require the collection and publication of comparable information about healthcare performance and outcomes across the UK, and require Ministers in the devolved institutions to provide information on a comparable basis.

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Sir Charles Walker  
Rehman Chishti  
Tony Lloyd  
Henry Smith  
Wera Hobhouse  
Daisy Cooper

89

★ Clause 4, page 2, line 40, after first “the” insert “physical and mental”

**Member’s explanatory statement**

This amendment requires NHS England to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Justin Madders  
Alex Norris  
Jonathan Ashworth

67

★ Clause 4, page 3, line 7, 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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Sir Charles Walker  
Rehman Chishti  
Tony Lloyd  
Henry Smith  
Wera Hobhouse  
Daisy Cooper

90

★ Clause 4, page 3, line 10, after “of” insert “physical and mental”

**Member’s explanatory statement**

This amendment requires NHS England to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Margaret Greenwood

44

☆ Clause 6, page 3, line 40, leave out “person” and insert “relevant public body”

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Margaret Greenwood

45

- ☆ Clause 6, page 4, line 1, leave out “person” and insert “public body”

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Margaret Greenwood

46

- ☆ Clause 6, page 4, line 4, after “employees”, insert “, within their terms and conditions of employment,”

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Margaret Greenwood

47

- ☆ Clause 6, page 4, line 11, at end insert—

“(5) In paragraph 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 or an NHS Trust.”

**Member’s explanatory statement**

This amendment provides that NHS England resources for supporting or assisting organisations that are providing or planning to provide health services may only be directed to public sector bodies.

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Margaret Greenwood

58

Claudia Webbe  
Caroline Lucas  
John McDonnell  
Andy McDonald  
Paula Barker  
Kate Osborne  
Kim Johnson

Peter Dowd  
Grahame Morris

Ian Lavery

- ☆ Clause 12, page 8, line 6, at end insert—

“(2) An integrated care board may not—

- (a) delegate that function; and
- (b) exercise that function to enter into an integrated care provider contract with any body other than a statutory NHS body.

(3) In paragraph (2)(b) an “integrated care provider contract” has the same meaning as in Schedule 3A of the National Health Service (General Medical Services Contracts) Regulations 2015.”

**Member's explanatory statement**

This amendment is designed to ensure that an organisation carrying out the functions of an ICB on its behalf is a statutory NHS body.

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<hr style="width: 100%;"/> <p>Margaret Greenwood Claudia Webbe Caroline Lucas John McDonnell Andy McDonald Paula Barker Kate Osborne Kim Johnson</p>	<p>Peter Dowd Grahame Morris</p>	<p>Ian Lavery</p>
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☆ Clause 14, page 12, line 29, at end insert—

“(3A) Nothing in—

- (a) the rules referred to in subsection (1),
- (b) this Act, or
- (c) any regulations made under this Act

shall entitle any provider of health services to withhold provision of those services from any individual on the basis of the integrated care board to which that individual has been allocated.”

**Member's explanatory statement**

This amendment is to ensure that any providers of health services cannot withhold provision of those services from any individual because of the integrated care board that they have been allocated to.

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<hr style="width: 100%;"/> <p>Karin Smyth</p>		<p>66</p>
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☆ Clause 15, page 13, line 44, at end insert—

“(j) palliative care services.”

**Member's explanatory statement**

This amendment adds a requirement for the commissioning of palliative and end of life care services.

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Anne Marie Morris

21

Clause 15, page 14, line 43, at end insert—

**“3AA Duty of integrated care boards to commission approved treatments**

- (1) This section applies where—
  - (a) a treatment has been approved by the National Institute for Health and Care Excellence, and
  - (b) an integrated care board has not arranged for the provision of that treatment under section 3 or 3A of this Act, and
  - (c) a clinician has recommended that treatment for a person for whom that integrated care board has responsibility.
- (2) The integrated care board referred to in subsection (1) must arrange for the provision of that treatment to the person for whom it has responsibility.
- (3) In subsection (1) “clinician” means a medical professional employed by or acting on behalf of an NHS Trust, NHS Foundation Trust or primary care service from whom the integrated care board has arranged for the provision of services.”

**Member’s explanatory statement**

This amendment would require an integrated care board to arrange for the provision of a NICE-approved treatment to any patient whose NHS clinician has recommended it, even if that treatment is not otherwise available to patients in that ICB area.

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Margaret Greenwood

48

☆ Clause 19, page 16, line 6, leave out “promotes” and insert “secures the rights set out in”

**Member’s explanatory statement**

This amendment requires 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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Apsana Begum  
Bell Ribeiro-Addy

99

★ Clause 19, page 16, line 34, at end insert—

- “(2) In fulfilling their duties under this section, integrated care boards must have particular regard to the need to reduce inequalities between migrant and non-migrant users of health services.”

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Margaret Greenwood 49

- ☆ Clause 19, page 16, line 37, leave out “promote” and insert “enable”

**Member’s explanatory statement**

This amendment, together with Amendment 50 provides 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 50

- ☆ Clause 19, page 16, line 37, after “their”, insert “paid and unpaid”

**Member’s explanatory statement**

This amendment, together with the Amendment 49, provides 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.

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Anne Marie Morris 22

Clause 19, page 17, line 4, at end insert—

**“14Z37A Obligation on integrated care boards to ensure appropriate uptake of all NICE approved products according to population need**

- (1) Each 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 amendment 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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Anne Marie Morris 19

Clause 19, page 17, line 14, at end insert—

**“14Z39A Duty to review latest innovations with a view to local commissioning**

- (1) Integrated care boards must review all new—
  - (a) medicines,
  - (b) medical devices, and

- (c) other health care solutions that may benefit the local population.
- (2) Integrated care boards must—
  - (a) appoint a dedicated innovation officer to their board, and
  - (b) develop and maintain a system to keep up to date with medicines and devices innovation and review suitability for patient usage, including engagement with the relevant—
    - (i) academic health science network, and
    - (ii) local pharmaceutical committee.”

**Member’s explanatory statement**

This amendment would mandate integrated care boards to monitor and assess innovation for the benefit of the local population.

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Anne Marie Morris

16

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

- “(2) Each integrated care board must each year prepare, consult on and adopt a research strategy for patient benefit which—
- (a) meets local need;
  - (b) meets national research undertakings.
- (3) In developing a strategy under subsection (2), an integrated care board must engage with—
- (a) the National Institute for Health Research,
  - (b) academic health science networks, and
  - (c) all other relevant regional and national health research organisations.”

**Member’s explanatory statement**

This amendment would require ICBs to establish a research strategy and other connected measures.

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Sir Charles Walker  
 Rehman Chishti  
 Tony Lloyd  
 Henry Smith  
 Wera Hobhouse  
 Daisy Cooper

91

★ Clause 19, page 18, line 18, after first “the” insert “physical and mental”

**Member’s explanatory statement**

This amendment will require Integrated Care Boards to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness replicating the parity of esteem duty as introduced in the Health and Social Care Act 2012.



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Sir Charles Walker  
Rehman Chishti  
Tony Lloyd  
Henry Smith  
Wera Hobhouse  
Daisy Cooper

92

★ Clause 19, page 18, line 23, after first “of” insert “physical and mental”

**Member’s explanatory statement**

This amendment will require Integrated Care Boards to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness replicating the parity of esteem duty as introduced in the Health and Social Care Act 2012.

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Justin Madders  
Alex Norris  
Jonathan Ashworth

68

★ Clause 19, page 18, line 26, at end insert—  
“(d) health inequalities.”

**Member’s explanatory statement**

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

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Anne Marie Morris

17

Clause 19, page 18, line 38, at end insert—

**“14Z43A Duty on integrated care boards to consider requests to engage in clinical trials, and patient participation**

- (1) An integrated care board must consider any request from the organiser of an authorised clinical trial for the ICB to engage in that trial.
- (2) If such a request is accepted, the integrated care board must offer the ability to participate in the trial to any patient within their area who is eligible to take part.”

**Member’s explanatory statement**

This amendment would require integrated care boards to consider any requests to engage in clinical trials and offer patients the opportunity to participate.

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Anne Marie Morris

20

Clause 19, page 18, line 38, at end insert—

**“14Z43A Duty to update formularies to include all NICE-approved products**

- (1) Within 28 days of any medicine or device receiving market authorisation from NICE, an integrated care board must update its formulary to include that medicine or device.
- (2) On receipt of notice of the market authorisation by NICE of any medicine or device, an integrated care board must immediately instruct providers of health and care services commissioned by the board to update their formularies in such a way that all NICE-approved medicines and devices are available to patients on the recommendation of a healthcare practitioner within 28 days of market authorisation.
- (3) An integrated care board must report annually all medicines and devices that have been added and removed from their formulary over the previous year.”

**Member’s explanatory statement**

This amendment would mandate integrated care boards and healthcare providers (e.g. hospital trusts) to update their formularies to include all NICE-approved medicines or devices within 28 days of market authorisation to ensure they are available for healthcare practitioners (e.g. physician or prescribing pharmacist) to make available for suitable patients.

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Mrs Maria Miller

102

★ Clause 19, page 21, line 25, at end insert—

- “(c) set out any steps that the integrated care board proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).”

**Member’s explanatory statement**

This amendment requires the joint forward plan for an integrated care board and its partners to set out any steps it proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

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Margaret Greenwood

51

☆ Clause 19, page 22, line 23, leave out “in a way that they consider to be significant.”

**Member’s explanatory statement**

This amendment requires ICBs and partner NHS Trusts and NHS Foundation Trusts to consult on all revisions to their forward plans.

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Margaret Greenwood

52

☆ Clause 19, page 23, line 42, at end add “on its website”

**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

53

☆ Clause 19, page 24, line 22, 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.

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Anne Marie Morris

18

Clause 19, page 25, line 6, at end insert—

“(d) explain what research activity it undertook during the year, including

(i) research to meet local health issues, and

(ii) research to support national research projects.

(2A) The annual report prepared by the Secretary of State under section 247D of this Act must include a section which reproduces, and comments on, the sections of the annual reports of each integrated care board prepared under paragraph (1)(d).”

**Member’s explanatory statement**

This amendment would require integrated care boards to publish an account of their research activity, and require the report the Secretary of State must prepare and lay before Parliament under section 247D of the National Health Service Act 2006 to include a section which reproduces, and comments on, the research activity of all ICBs.

---

Anne Marie Morris

23

Clause 19, page 25, line 14, at end insert—

**“14Z56A Report on assessing and meeting parity of physical and mental health outcomes**

(1) An integrated care board must annually set out in a report the steps it has taken to fulfil its obligations to deliver parity of esteem between physical and mental health to its local population.

(2) The report must set out—

(a) the number of patients presenting with mental health conditions,

- (b) the number of patients presenting with physical health conditions,
  - (c) the number of mental health patients waiting for initial assessment,
  - (d) the number of physical health patients waiting for initial assessment,
  - (e) the number of mental health patients waiting for treatment,
  - (f) the number of physical health patients waiting for treatment,
  - (g) the number of mental health patients receiving treatment,
  - (h) the number of physical health patients receiving treatment,
  - (i) the number of patients readmitted to mental healthcare settings, and
  - (j) the number of patients readmitted to physical healthcare settings.
- (3) The report must set out performance against nationally set standards in both physical and mental health.
- (4) Each year the Secretary of State must lay before Parliament a consolidated report of all the reports made by integrated care boards under this section, and make a statement to each House of Parliament on the report.”

**Member’s explanatory statement**

This amendment would require an ICB to report on assessing and meeting parity of physical and mental health outcomes.

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Dame Diana Johnson  
Sir Peter Bottomley  
Sarah Champion

15

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

“(2A) The Secretary of State may by regulations make provision about representation of particular health, social care, and local interests, clinical fields, and types of health or care provision in the membership of integrated care partnerships.”

**Member’s explanatory statement**

This amendment would enable the Secretary of State to make provision about the membership of integrated care partnerships.

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Margaret Greenwood

100

★ Clause 20, page 29, line 22, at end insert—

“(4) A member of the Integrated Care Partnership may not work for, be the representative of or hold financial interest in any private company delivering or seeking to deliver health and care services or services supporting the health and care sector or producing or seeking to produce health and care products, with the exception of general practitioners.”

**Member’s explanatory statement**

This amendment seeks to ensure that Integrated Care Partnerships are made up wholly of representatives from public sector organisations and that private companies are not represented on them.

---

Peter Dowd

1

Clause 20, page 29, line 45, at end insert—

“(c) fully integrate the promotion of everyday wellbeing, self-care for minor ailments and the management of long-term conditions into local health systems.”

**Member’s explanatory statement**

This amendment would ensure that everyday wellbeing, self-care for minor ailment and management of long term conditions are integrated and promoted into local health systems.

---

Peter Dowd

2

Clause 20, page 30, line 3, after “services” insert “including services provided by pharmacists for minor ailments”

**Member’s explanatory statement**

This amendment would ensure that integrated care partnerships include in a strategy its views on how health-related services, including provision for self-treatable conditions, are integrated into health and social care services in that area.

---

Justin Madders

Alex Norris

Jonathan Ashworth

69

★ Clause 23, page 35, line 32, 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.”

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Jeremy Hunt

114

★ Clause 25, page 37, line 27, at end insert—

“(2A) The priorities set by the Secretary of State under subsection (2)(a) must include priorities relating to leadership, the integration of services and the quality and safety of services.”

**Member’s explanatory statement**

The Secretary of State has the function of setting priorities for the Care Quality Commission in carrying out assessments in relation to integrated care systems. This amendment requires the Secretary of State to set priorities relating to certain matters.

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Secretary Sajid Javid

83

★ Clause 33, page 42, line 4, after “capital gains tax,” insert “value added tax,”

**Member’s explanatory statement**

This amendment enables regulations under clause 33(1) to vary the way VAT would have effect in relation to transfer schemes under clause 32.

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Jeremy Hunt

10

Sir Peter Bottomley

Sir Bernard Jenkin

Jonathan Ashworth

Daisy Cooper

Dr Philippa Whitford

Mr Andrew Mitchell

Sir Paul Beresford

Mark Garnier

Philip Dunne

Craig Tracey

Anne Marie Morris

Tim Farron

Hilary Benn

Rosie Cooper

Sarah Champion

Dame Meg Hillier

Henry Smith

Alex Norris

Chris Skidmore

Greg Clark

Ms Nusrat Ghani

Richard Graham

Sir Roger Gale

Grahame Morris

Munira Wilson

Taiwo Owatemi

Barbara Keeley

Neale Hanvey

Wera Hobhouse

Sarah Olney

Mr John Baron

David Morris

Harriett Baldwin

Paul Bristow

Mr Tobias Ellwood

Dr Liam Fox

Dr Lisa Cameron

Caroline Lucas

Sarah Owen

Andrew Gwynne

Hannah Bardell

Karin Smyth

Justin Madders

Kate Griffiths

Clause 34, page 42, line 12, leave out from beginning to the end of line 17 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 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; and
  - (b) an independently verified assessment 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.”

#### **Member’s explanatory statement**

This amendment would require the Government to publish independently verified assessments every two years of current and future workforce numbers required to deliver care to the population in England, based on the economic projections made by the Office for Budget Responsibility, projected demographic changes, the prevalence of different health conditions and the likely impact of technology.

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Secretary Sajid Javid

84

- ★ Clause 37, page 46, line 30, at end insert “value added tax,”

**Member’s explanatory statement**

This amendment enables regulations under new section 7E(1) of the National Health Service Act 2006 to vary the way VAT would have effect in relation to transfer schemes under new section 7D of the National Health Service Act 2006.

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Justin Madders

Alex Norris

Jonathan Ashworth

70

- ★ Page 48, line 34, leave out Clause 39
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Sir Charles Walker

Rehman Chishti

Tony Lloyd

Henry Smith

Wera Hobhouse

Daisy Cooper

93

- ★ Clause 44, page 49, line 31, after first “the” insert “physical and mental”

**Member’s explanatory statement**

This amendment will require NHS Trusts to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Sir Charles Walker

Rehman Chishti

Tony Lloyd

Henry Smith

Wera Hobhouse

Daisy Cooper

94

- ★ Clause 44, page 49, line 36, after first “of” insert “physical and mental”

**Member’s explanatory statement**

This amendment will require NHS Trusts to prioritise both the physical and mental health and



well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Justin Madders 71  
 Alex Norris  
 Jonathan Ashworth

- ★ Clause 44, page 49, line 39, 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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Sir Charles Walker 95  
 Rehman Chishti  
 Tony Lloyd  
 Henry Smith  
 Wera Hobhouse  
 Daisy Cooper

- ★ Clause 58, page 55, line 23, after first “the” insert “physical and mental”

**Member’s explanatory statement**

This amendment will require NHS foundation trusts to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Sir Charles Walker 96  
 Rehman Chishti  
 Tony Lloyd  
 Henry Smith  
 Wera Hobhouse  
 Daisy Cooper

- ★ Clause 58, page 55, line 28, after first “of” insert “physical and mental”

**Member’s explanatory statement**

This amendment will require NHS foundation trusts to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis

or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Margaret Greenwood

61

☆ Clause 64, page 59, line 27, leave out from beginning to end of line 28

**Member's explanatory statement**

This amendment is to ensure that a commissioner cannot also be a provider.

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Sir Charles Walker  
Rehman Chishti  
Tony Lloyd  
Henry Smith  
Wera Hobhouse  
Daisy Cooper

97

★ Clause 66, page 61, line 26, after first "the" insert "physical and mental"

**Member's explanatory statement**

This amendment will require decisions on licensing of health care to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Sir Charles Walker  
Rehman Chishti  
Tony Lloyd  
Henry Smith  
Wera Hobhouse  
Daisy Cooper

98

★ Clause 66, page 61, line 32, after first "of" insert "physical and mental"

**Member's explanatory statement**

This amendment will require decisions on licensing of health care to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention,

diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

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Margaret Greenwood 62

- ☆ Clause 69, page 63, line 30, leave out “may” and insert “must”

**Member’s explanatory statement**

This amendment makes it a requirement that regulations make provision in relation to the procurement by relevant authorities of (a) health care services for the purposes of the health service in England, and (b) other goods or services that are procured together with those health care services.

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Margaret Greenwood 63

- ☆ Clause 69, page 63, line 36, leave out “may” and insert “must”

**Member’s explanatory statement**

This amendment makes it a requirement that regulations make provision in relation to (a) general objectives of procurement, and (b) procurement processes.

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Margaret Greenwood 64

- ☆ Clause 69, page 63, line 39, leave out “may” and insert “must”

**Member’s explanatory statement**

This amendment along with Amendment 65 makes it a requirement that regulations make provision for the purposes of (a) ensuring transparency and fairness in relation to procurement, and (b) ensuring that compliance can be verified, or managing conflicts of interest.

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Margaret Greenwood 65

- ☆ Clause 69, page 63, line 41, leave out “or” and insert “and”

**Member’s explanatory statement**

This amendment is to make it a requirement for regulations to make provision to ensure both transparency and fairness in relation to procurement.

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Richard Burgon  
 Rebecca Long Bailey  
 John McDonnell  
 Apsana Begum  
 Nadia Whittome  
 Andy McDonald  
 Grahame Morris  
 Ms Diane Abbott  
 Clive Lewis  
 Zarah Sultana  
 Caroline Lucas

Bell Ribeiro-Addy  
 Ian Mearns  
 Dawn Butler  
 Claudia Webbe  
 Peter Dowd

Ian Lavery  
 Jon Trickett  
 Jeremy Corbyn  
 Ian Byrne  
 Dan Carden

9

Clause 69, page 64, line 1, at end insert—

“(3A) The regulations must provide that—

- (a) there is a presumption—
  - (i) in favour of contracts being awarded to NHS trusts and NHS foundation trusts, and
  - (ii) that integrated care provider contracts will not be awarded to a body other than to an NHS trust or an NHS foundation trust, except for under the provisions of paragraph (b);
- (b) if an NHS trust or an NHS foundation trust does not consider that it is able, or does not wish, to provide certain services under a contract, it must publish its reasons;
- (c) if paragraph (b) applies, the integrated care board must consult the public if it proposes to award any contract for those services to any body other than an NHS trust or NHS foundation trust;
- (d) a consultation under paragraph (c) must—
  - (i) set out the responses of the integrated care provider to the reasons given by the NHS trust or NHS foundation trust under paragraph (b),
  - (ii) specify the proposed parties to and the full terms and conditions of the proposed contract, and
  - (iii) specify that the terms and conditions for staff under the proposed contract must be at least equivalent to NHS terms and conditions.”

**Member’s explanatory statement**

This amendment would make NHS trusts and foundation trusts the default providers of NHS services.

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Justin Madders  
 Alex Norris  
 Jonathan Ashworth

72

★ Clause 69, page 64, line 1, at end insert—

“(3A) The regulations must make provision in relation to the procurement of the services referred to in paragraph (1)(a) (other than primary medical services, primary dental services and primary ophthalmology services) that before any contract for a service with an annual value in excess of

£5m may be awarded to an organisation that is not an NHS trust or NHS foundation trust—

- (a) the business case for the award of the contract must be published;
- (b) any responses to the proposal in the business case must be considered and published;
- (c) the process for awarding the contract must be open and transparent and non-discriminatory at every stage, including (but not limited to)—
  - (i) procurement strategy and plan,
  - (ii) invitation to tender,
  - (iii) responses to invitations,
  - (iv) evaluation of tenders,
  - (v) decision to award, and
  - (vi) contract awarded;
- (d) the process for awarding the contract must demonstrate due regard to the principles established in the Public Contracts Regulations 2015 (S.I.2015/102) or any regulations which may supersede them;
- (e) in any case where it is claimed that an emergency justifies an award without the process being used then the responsible body must within 14 days publish the business case for the award of the contract and the record of the decision.”

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Margaret Greenwood  
 Claudia Webbe  
 Caroline Lucas  
 John McDonnell  
 Andy McDonald  
 Paula Barker  
 Kate Osborne  
 Kim Johnson

Peter Dowd  
 Grahame Morris

Ian Lavery

60

☆ Page 71, line 6, leave out Clause 80

**Member’s explanatory statement**

This amendment is to ensure that social care assessments take place prior to discharge from hospital.

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Justin Madders

Alex Norris

Jonathan Ashworth

73

★ Clause 80, page 71, line 9, 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.”

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Secretary Sajid Javid

85

★ Clause 93, page 87, line 45, after “capital gains tax,” insert “value added tax,”

**Member’s explanatory statement**

This amendment enables regulations under clause 93(1) to vary the way VAT would have effect in relation to transfer schemes under clause 92.

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Dr Philippa Whitford  
Sir Bernard Jenkin

40

☆ Clause 108, page 95, line 9, 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, and
- (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  
Sir Bernard Jenkin

41

☆ Clause 108, page 96, line 32, 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 40.

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Dr Philippa Whitford  
Sir Bernard Jenkin

43

☆ Clause 109, page 96, line 43, leave out from “Part” to end of line 24 on page 97

**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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Justin Madders  
Alex Norris  
Jonathan Ashworth

74

★ Page 101, line 1, leave out Clause 115

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Secretary Sajid Javid

24

Clause 121, page 103, line 16, leave out “sections 112 and 113” and insert “the case of an investigation mentioned in section 112(1)(b), 113 or 114”

**Member’s explanatory statement**

This amendment clarifies that the provisions of Part 4 of the Bill about investigations apply only to investigations carried out by the HSSIB in exercising its main investigation function (and not, for example, investigations carried out to assist NHS bodies or investigations carried out under an agreement with another person relating to Wales or Northern Ireland).

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Margaret Greenwood  
Claudia Webbe  
Caroline Lucas  
John McDonnell  
Andy McDonald  
Paula Barker  
Kate Osborne  
Kim Johnson

57

Peter Dowd  
Grahame Morris

Ian Lavery

☆ Page 110, line 11, leave out Clause 127



**Member's explanatory statement**

This amendment seeks to ensure that a profession currently regulated cannot be removed from statutory regulation and that regulatory bodies cannot be abolished.

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Dr Philippa Whitford

82

★ Clause 135, page 117, line 14, at end insert—

“(2A) Regulations may only be made under this Act with the consent of the—

- (a) Scottish Ministers insofar as they make provision for any matter which falls within the legislative competence of the Scottish Parliament,
- (b) Welsh Ministers insofar as they make provision for any matter which falls within the legislative competence of Senedd Cymru, and
- (c) Northern Ireland Ministers insofar as they make provision for any matter which falls within the legislative competence of the Northern Ireland Assembly.”

**Member's explanatory statement**

This amendment would require the Secretary of State for Health and Social Care to obtain the consent of the relevant devolved government before powers to make regulations under the Act in an area falling within the legislative competence of a devolved institution, are exercised.

---

Secretary Sajid Javid

86

★ Clause 137, page 117, line 34, after “(2)” insert “(2A), (2B)”.

**Member's explanatory statement**

This amendment paves the way for the changes made by Amendment 87.

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Secretary Sajid Javid

87

★ Clause 137, page 117, line 41, at end insert—

“(2A) Sections (*Offence of virginity testing: Scotland*), (*Offence of offering to carry out virginity testing: Scotland*), (*Offence of aiding or abetting etc a person to carry out virginity testing: Scotland*) and (*Virginity testing offences in Scotland: penalties*) extend to Scotland only.

(2B) Sections (*Offence of virginity testing: Northern Ireland*), (*Offence of offering to carry out virginity testing: Northern Ireland*), (*Offence of*

*aiding or abetting etc a person to carry out virginity testing: Northern Ireland) and (Virginity testing offences in Northern Ireland: penalties) extend to Northern Ireland only."*

**Member's explanatory statement**

This amendment ensures that the new clauses relating to virginity testing in Scotland and Northern Ireland form part of the law of those jurisdictions and only those jurisdictions.

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Dan Carden

14

Clause 138, page 118, line 5, after "drink)", insert "and section [*Minimum unit price for alcohol*]"

**Member's explanatory statement**

This amendment would bring NC17 into force at the same time as section 129 and Schedule 16 (advertising of less healthy food and drink).

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Secretary Sajid Javid

NS1

★ To move the following Schedule—

"Virginity testing: consequential amendments

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*Police and Criminal Evidence Act 1984*

1 In section 65A of the Police and Criminal Evidence Act 1984 (qualifying offences for the purposes of Part 5 of that Act), in subsection (2), after paragraph (t) insert—

"(u) an offence under section (*Offence of virginity testing: England and Wales*), (*Offence of offering to carry out virginity testing: England and Wales*) or (*Offence of aiding or abetting etc a person to carry out virginity testing: England and Wales*) of the Health and Care Act 2021 (offences relating to virginity testing)."

*Police and Criminal Evidence (Northern Ireland) Order 1989*

2 In Article 53A of the Police and Criminal Evidence (Northern Ireland) Order 1989 (S.I. 1989/1341 (N.I. 12)) (qualifying offences for the purposes of Part 6 of that Order), in paragraph (2)—

(a) the second sub-paragraph (t) (inserted by the Space Industry Act 2018) becomes sub-paragraph (u);

(b) after that sub-paragraph insert—

“(v) an offence under section (*Offence of virginity testing: Northern Ireland*), (*Offence of offering to carry out virginity testing: Northern Ireland*) or (*Offence of aiding or abetting etc a person to carry out virginity testing: Northern Ireland*) of the Health and Care Act 2021 (offences relating to virginity testing).”

*Criminal Justice and Public Order Act 1994*

3 (1) Schedule 7A to the Criminal Justice and Public Order Act 1994 (offences for which cross-border powers of arrest available) is amended as follows.

(2) After paragraph 25 insert—

“25A An offence under any of the following sections of the Health and Care Act 2021—

- (a) section (*Offence of virginity testing: England and Wales*) (virginity testing);
- (b) section (*Offence of offering to carry out virginity testing: England and Wales*) (offering to carry out virginity testing);
- (c) section (*Offence of aiding or abetting etc a person to carry out virginity testing: England and Wales*) (aiding or abetting etc a person to carry out virginity testing).”

(3) After paragraph 43 insert—

“43A An offence under any of the following sections of the Health and Care Act 2021—

- (a) section (*Offence of virginity testing: Scotland*) (virginity testing);
- (b) section (*Offence of offering to carry out virginity testing: Scotland*) (offering to carry out virginity testing);
- (c) section (*Offence of aiding or abetting etc a person to carry out virginity testing: Scotland*) (aiding or abetting etc a person to carry out virginity testing).”

(4) After paragraph 67 insert—

“68 An offence under any of the following sections of the Health and Care Act 2021—

- (a) section (*Offence of virginity testing: Northern Ireland*) (virginity testing);
- (b) section (*Offence of offering to carry out virginity testing: Northern Ireland*) (offering to carry out virginity testing);
- (c) section (*Offence of aiding or abetting etc a person to carry out virginity testing: Northern Ireland*) (aiding or abetting etc a person to carry out virginity testing).”

*Crime and Disorder Act 1998*

4 In section 51C of the Crime and Disorder Act 1998 (notices in certain cases involving children), in subsection (3)—

(a) after paragraph (da) insert—

“(db) under section (*Offence of virginity testing: England and Wales*), (*Offence of offering to carry out virginity testing: England and Wales*) or (*Offence of aiding or abetting etc a person to carry out virginity testing: England and Wales*) of the Health and Care Act 2021 (virginity testing etc);”

(b) for “paragraph (a), (b), (c), (d) or (da)” substitute “any of paragraphs (a) to (db)”.

*Modern Slavery Act 2015*

- 5 In Schedule 4 to the Modern Slavery Act 2015 (offences to which defence in section 45 does not apply), after paragraph 36A insert—

*“Health and Care Act 2021*

- 36B An offence under any of the following provisions of the Health and Care Act 2021—
- (a) section (*Offence of virginity testing: England and Wales*) (virginity testing);
  - (b) section (*Offence of offering to carry out virginity testing: England and Wales*) (offering to carry out virginity testing);
  - (c) section (*Offence of aiding or abetting etc a person to carry out virginity testing: England and Wales*) (aiding or abetting etc a person to carry out virginity testing).”

**Member’s explanatory statement**

This new Schedule contains consequential amendments relating to NC36 to NC48 creating offences relating to virginity testing.

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Secretary Sajid Javid

25

Schedule 2, page 125, line 26, at end insert—

“3A The constitution must prohibit a person from appointing someone as a member (“the candidate”) if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.”

**Member’s explanatory statement**

This amendment prevents the appointment of a member of an integrated care board if they could reasonably be regarded as undermining the independence of the NHS because of their involvement in the private healthcare sector or otherwise.

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Margaret Greenwood

101

- ★ Schedule 2, page 125, line 26, at end insert—

“(3) Members of an Integrated Care Board may not work for, be the representative of or hold financial interest in any private company delivering or seeking to deliver health and care services or services supporting the health and care sector or producing or seeking to produce health and care products, with the exception of general practitioners.”

**Member’s explanatory statement**

This amendment seeks to ensure that ICBs are made up wholly of representatives from public sector organisations and that private companies, their employees and representatives, and those with financial interests in them, are not represented on ICBs.

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Secretary Sajid Javid 26

Schedule 2, page 126, line 14, at beginning insert “at least”

**Member’s explanatory statement**

This amendment makes it clear that the constitution of an ICB may provide for more than one member to be nominated by NHS trusts and NHS foundation trusts.

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Secretary Sajid Javid 27

Schedule 2, page 126, line 19, at beginning insert “at least”

**Member’s explanatory statement**

This amendment makes it clear that the constitution of an ICB may provide for more than one member to be nominated by primary medical service providers.

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Secretary Sajid Javid 28

Schedule 2, page 126, line 24, at beginning insert “at least”

**Member’s explanatory statement**

This amendment makes it clear that the constitution of an ICB may provide for more than one member to be nominated by local authorities.

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Justin Madders 76  
Alex Norris  
Jonathan Ashworth

★ Schedule 2, page 126, 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 and carers in the integrated care board’s area.”

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Justin Madders

Alex Norris

Jonathan Ashworth

77

- ★ Schedule 2, page 126, line 26, at end insert—

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

**Member’s explanatory statement**

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

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Justin Madders

Alex Norris

Jonathan Ashworth

78

- ★ Schedule 2, page 126, line 26, at end insert—

“(2A) 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 NHS decision-making boards, integrated care boards, or any place-based committee or sub-committee of the boards.”

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Karin Smyth

Chris Green

81

- ★ Schedule 2, page 130, 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 79  
 Alex Norris  
 Jonathan Ashworth

- ★ Schedule 3, page 132, 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 80  
 Alex Norris  
 Jonathan Ashworth

- ★ Schedule 3, page 132, 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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Secretary Sajid Javid 29

Schedule 3, page 143, line 31, at end insert—

*“Health and Social Care (Community Health and Standards) Act 2003*

47A In section 150 of the Health and Social Care (Community Health and Standards) Act 2003 (liability to pay NHS charges), in subsection (7)(d), for “99” substitute “99A”.”

**Member’s explanatory statement**

This amendment is consequential on the amendments made to Part 5 of the National Health Service Act 2006 by Part 1 of Schedule 3 to the Bill. It ensures that primary dental services provided by virtue of the provisions in Part 5 of the National Health Service Act 2006 will continue to be excluded from the definition of “NHS treatment” in section 150 of the Health and Social Care (Community Health and Standards) Act 2003.

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Secretary Sajid Javid

30

Schedule 4, page 173, line 29, at end insert—

*“Network and Information Systems Regulations 2018 (S.I. 2018/506)*

233A The Network and Information Systems Regulations 2018 are amended as follows.

233B In regulation 1(2) (interpretation), in the definition of “OES”, after “regulation 8(1)” insert “or (2A)”.

233C(1) Regulation 8 (identification of operators of essential services) is amended as follows.

(2) After paragraph (2) insert—

“(2A) Each integrated care board is deemed to be designated as an OES for the healthcare settings subsector and, in relation to an integrated care board, any services provided by it (including the making of arrangements for the provision of services by others) are deemed to be essential services.”

(3) In paragraph (8), after “paragraph (1)” insert “or (2A)”.

**Member’s explanatory statement**

This amendment ensures that the Network and Information Systems Regulations 2018 apply to integrated care boards.

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David Simmonds  
Sir Roger Gale

103

★ Schedule 6, page 186, line 4, 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.”.

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David Simmonds  
Sir Roger Gale

104

★ Schedule 6, page 186, line 31, at end insert—

“(c) must consult relevant Health Overview & Scrutiny Committees.”



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David Simmonds 105  
Sir Roger Gale

★ Schedule 6, page 186, line 43, at end insert—

- “(b) have regard to, and publish, the clinical advice of the Integrated Care Board’s Medical Director in relation to any decision under sub-paragraph (2)(a),
  - (c) publish a statement demonstrating that any decision made under sub-paragraph (2)(a) is in the public interest, and”
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Margaret Greenwood 54  
Claudia Webbe  
Caroline Lucas  
John McDonnell  
Andy McDonald  
Paula Barker  
Kate Osborne Peter Dowd Ian Lavery  
Kim Johnson Grahame Morris

☆ Schedule 10, page 204, line 7, 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”

**Member’s explanatory statement**

This amendment aims to ensure that the pay rates of Agenda for Change, pensions, and other terms and conditions of all eligible NHS staff are not undermined as a result of the adoption of the NHS payment scheme.

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Margaret Greenwood 55  
Claudia Webbe  
Caroline Lucas  
John McDonnell  
Andy McDonald  
Paula Barker  
Kate Osborne Peter Dowd Ian Lavery  
Kim Johnson Grahame Morris

☆ Schedule 10, page 204, line 39, after “following” insert “on the likely impact of the proposed scheme”

**Member’s explanatory statement**

This amendment requires NHS England to consult stakeholders on the likely impact of the NHS payment scheme.

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Margaret Greenwood  
 Claudia Webbe  
 Caroline Lucas  
 John McDonnell  
 Andy McDonald  
 Paula Barker  
 Kate Osborne  
 Kim Johnson

Peter Dowd  
 Grahame Morris

Ian Lavery

56

- ☆ Schedule 10, page 204, line 41, at end insert—

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

**Member’s explanatory statement**

This amendment aims to ensure that all relevant trade unions and other organisations representing staff who work in the health and care sectors are consulted by NHS England on the likely impact of the proposed NHS Payment Scheme.

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Secretary Sajid Javid

88

- ★ Schedule 13, page 217, line 20, at end insert “value added tax,”

**Member’s explanatory statement**

This amendment enables regulations under paragraph 23 of Schedule 13 to vary the way VAT would have effect in relation to transfer schemes under paragraph 22 of Schedule 13.

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Dr Philippa Whitford

42

- ☆ Schedule 14, page 218, line 30, 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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Richard Fuller 3  
John Stevenson

Schedule 16, page 222, line 8, at end insert—

“(3) A brand may continue to advertise, or provide sponsorship, if the advertisement or sponsorship does not include an identifiable less healthy food and drink product.”

**Member’s explanatory statement**

This amendment makes an explicit exemption from the advertising restrictions on television programme services between 5.30 am and 9.00 pm for brand advertising and sponsorship, where there is no identifiable less healthy food and drink product.

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Secretary Sajid Javid 31

Schedule 16, page 222, leave out lines 9 to 11

**Member’s explanatory statement**

This amendment is consequential on Amendment 33.

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Secretary Sajid Javid 32

Schedule 16, page 222, line 14, at end insert “and anything else which, under a sponsorship agreement, is included in a television programme service, other than in a television programme;”

**Member’s explanatory statement**

This amendment makes it clearer that sponsorship credits in television programme services are included in the meaning of “advertising” in the new section 321A of the Communications Act 2003 inserted by Schedule 16.

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Dan Carden 11

Schedule 16, page 222, line 26, at end insert—

“(da) a drink product is “less healthy” if it is an alcoholic product in accordance with the Department for Health and Social Care’s Low Alcohol Descriptors Guidance, published in 2018, or future versions of that guidance;”

**Member’s explanatory statement**

This amendment ensures that alcohol is considered a “less healthy” product and therefore liable to the watershed proposed for TV programme services.

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John Stevenson

111

- ★ Schedule 16, page 222, line 28, leave out from “meaning” to end of line 30 and insert “given in Section 465 of the Companies Act 2006 (Companies qualifying as medium-sized: general)”

**Member’s explanatory statement**

This amendment, and Amendments 112 and 113, aims to define companies to whom the advertising restrictions imposed by this schedule would apply as medium-sized companies within the meaning given by section 465 of the Companies Act 2006.

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Secretary Sajid Javid

33

Schedule 16, page 222, line 36, at end insert—

“(6A)Before making regulations under subsection (2)(b) or (6), the Secretary of State must consult such persons as the Secretary of State considers appropriate.”

**Member’s explanatory statement**

This amendment requires the Secretary of State to consult before making regulations changing the meaning of “the relevant guidance” for the purposes of the television advertising provisions of Schedule 16.

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Richard Fuller

6

Schedule 16, page 222, line 38, after “unless”, insert “a public consultation has been carried out on the proposed change to the relevant guidance, and”.

**Member’s explanatory statement**

This amendment requires a public consultation to take place before any change can be made to the Nutrient Profiling Technical Guidance under which a food or drink product may be identified as “less healthy” and its advertising restricted on television programme services between 5.30 am and 9.00 pm.

---

Richard Fuller  
John Stevenson

4

Schedule 16, page 223, line 4, at end insert—

“(3) A brand may continue to advertise, and provide sponsorship as a brand, if the advertisement or sponsorship does not include an identifiable less healthy food and drink product.”

**Member’s explanatory statement**

This amendment makes explicit exemptions from the advertising restrictions on on-demand programme services for brand advertising and sponsorship, where there is no identifiable less healthy food and drink product.

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Secretary Sajid Javid 34  
 Mr John Baron  
 Kate Griffiths

Schedule 16, page 223, leave out lines 7 to 9

**Member's explanatory statement**

This amendment is consequential on Amendment 36.

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Secretary Sajid Javid 35

Schedule 16, page 223, line 11, after second "advertisements" insert "and sponsorship announcements (within the meaning given by section 368G(17))"

**Member's explanatory statement**

This amendment makes it clearer that sponsorship announcements in on-demand programme services are included in the meaning of "advertising" in the new section 368FA of the Communications Act 2003 inserted by Schedule 16.

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Dan Carden 12

Schedule 16, page 223, line 24, at end insert—

"(da) a drink product is "less healthy" if it is an alcoholic product in accordance with the Department for Health and Social Care's Low Alcohol Descriptors Guidance, published in 2018, or future versions of that guidance;"

**Member's explanatory statement**

This amendment ensures that alcohol is considered a "less healthy" product and therefore liable to the watershed proposed for TV programme services.

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John Stevenson 112

- ★ Schedule 16, page 223, line 26, leave out from "meaning" to end of line 27 and insert "given in Section 465 of the Companies Act 2006 (Companies qualifying as medium-sized: general)"

**Member's explanatory statement**

See explanatory statement to Amendment 111.

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Secretary Sajid Javid 36

Schedule 16, page 223, line 34, at end insert—

"(7A)Before making regulations under subsection (3) or (7), the Secretary of State must consult such persons as the Secretary of State considers appropriate."

**Member's explanatory statement**

This amendment requires the Secretary of State to consult before making regulations changing the meaning of "the relevant guidance" for the purposes of the provisions of Schedule 16 relating to advertising in on-demand programme services.

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Richard Fuller

7

Schedule 16, page 223, line 36, after "unless", insert "a public consultation has been carried out on the proposed change to the relevant guidance, and".

**Member's explanatory statement**

This amendment requires a public consultation to take place before any change can be made to the Nutrient Profiling Technical Guidance under which a food or drink product may be identified as "less healthy" and its advertising restricted on on-demand programme services.

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Greg Smith

106

- ★ Schedule 16, page 224, line 8, leave out "must not pay for" and insert "must not market, sell or arrange"

**Member's explanatory statement**

This series of connected probing amendments is intended to create parity in treatment of television and online advertising. The platform carrying the advertising, rather than those paying for advertising, would be responsible for the placing of advertisements. The wording to denote a platform mirrors that used by Ofcom in its recent regulation of Video Sharing Platforms consultation.

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John Stevenson

110

- ★ Schedule 16, page 224, line 16, at end insert—
  - “(aa) in relation to advertisements placed on distributor or retailer websites which are associated with the sale of food or drink”

**Member's explanatory statement**

This amendment aims to ensure paid-for branded HFSS product advertisements are treated as equivalent to HFSS own-brand products on retailer-owned spaces.

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Secretary Sajid Javid

37

Schedule 16, page 224, line 21, leave out from "to" to "advertisements" in line 24

**Member's explanatory statement**

This amendment widens the exception from the prohibition in new section 368Z14(3)(d) (online advertising of less healthy food and drink) for advertising not intended to be accessed principally from the UK, so that the exception applies to businesses in the UK as well as those outside it.

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Richard Fuller 5  
John Stevenson

Schedule 16, page 224, line 26, at end insert—

“(4) A brand may continue to advertise, and provide sponsorship as a brand, if the advertisement does not include an identifiable less healthy food and drink product.”

**Member’s explanatory statement**

This amendment makes an explicit exemption from the restrictions on online advertising for brand advertising and sponsorship, where there is no identifiable less healthy food and drink product.

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Secretary Sajid Javid 38

Schedule 16, page 224, leave out lines 29 to 31

**Member’s explanatory statement**

This amendment is consequential on Amendment 39.

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Dan Carden 13

Schedule 16, page 225, line 10, at end insert—

“(fa) a drink product is “less healthy” if it is an alcoholic product in accordance with the Department for Health and Social Care’s Low Alcohol Descriptors Guidance, published in 2018, or future versions of that guidance;”

**Member’s explanatory statement**

This amendment ensures that alcohol is considered a “less healthy” product and therefore liable to the online ban.

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John Stevenson 113

- ★ Schedule 16, page 225, line 12, leave out from “meaning” to end of line 14 and insert “given in Section 465 of the Companies Act 2006 (Companies qualifying as medium-sized: general)”.

**Member’s explanatory statement**

See explanatory statement to Amendment 111.

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Secretary Sajid Javid 39

Schedule 16, page 225, line 22, at end insert—

“(8A)Before making regulations under subsection (4) or (8), the Secretary of State must consult such persons as the Secretary of State considers appropriate.”

**Member's explanatory statement**

This amendment requires the Secretary of State to consult before making regulations changing the meaning of "the relevant guidance" for the purposes of the provisions of Schedule 16 relating to online advertising.

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Richard Fuller

8

Schedule 16, page 225, line 24, after "unless", insert "a public consultation has been carried out on the proposed change to the relevant guidance, and".

**Member's explanatory statement**

This amendment requires a public consultation to take place before any change can be made to the Nutrient Profiling Technical Guidance under which a food or drink product may be identified as "less healthy" and its advertising restricted online.

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Greg Smith

107

- ★ Schedule 16, page 225, line 28, leave out "made a payment for" and insert "marketed, sold or arranged"

**Member's explanatory statement**

See explanatory statement for Amendment 106.

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Greg Smith

108

- ★ Schedule 16, page 225, line 30, leave out "made" and insert "received"

**Member's explanatory statement**

See explanatory statement for Amendment 106.

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Greg Smith

109

- ★ Schedule 16, page 227, line 3, leave out from "with" to end of line 4 and insert "the person marketing, selling or arranging advertisements published on the internet"

**Member's explanatory statement**

See explanatory statement for Amendment 106.

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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 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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