Health and Care Bill

AMENDMENTS

TO BE MOVED

IN COMMITTEE OF THE WHOLE HOUSE

Clause 5

BARONESS THORNTON

Page 3, line 15, at end insert—

"(d) health inequalities."

Member's explanatory statement

The amendment would extend the triple lock to specifically require NHS England to have regard to the likely effect of decisions in relation to the need to reduce health inequalities.

Clause 16

BARONESS FINLAY OF LLANDAFF
LORD PATEL

Page 13, line 38, at end insert—

"(ea) specialist palliative care services,"

Member's explanatory statement

This amendment would ensure that specialist palliative care services are a core service available equitably across all sectors.

BARONESS MCINTOSH OF PICKERING

Page 14, line 47, 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,

(b) an integrated care board has not arranged for the provision of that treatment under section 3 or 3A, and

(c) a clinician has recommended that treatment for a person for whom that integrated care board has responsibility.

(2) The integrated care board must arrange for the provision of that treatment to the person for whom it has responsibility.

Clause 16 - *continued*

(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.

Clause 20

BARONESS MCINTOSH OF PICKERING

Page 17, line 4, at end insert—

"14Z37A Duty to ensure appropriate uptake of all NICE approved products according to population need

(1) Each integrated care board must publish and promote uptake of all NICE-approved medicines and medical devices in accordance with the need of the population it serves.

(2) This list must be publicly available in an accessible format and kept up to date.

(3) 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 via a publicly accessible format (online), and report on this uptake annually.

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 ICBs to monitor and assess innovation for the benefit of the local population.

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, and
(c) all relevant regional and national health and care research organisations."

Member's explanatory statement
This amendment would require ICBs to establish a research strategy across health and care and other connected measures.

LORD HUNT OF KINGS HEATH

Page 18, line 26, at end insert—

"(d) the impact on the diversity of provision of health and care services, including social enterprises, independent providers and charities in that area."

Member's explanatory statement
The amendment would place a duty on NHS England and Integrated Care Boards to ensure that there is a diversity of provision within local areas including social enterprises so that there is a range of choice and expertise available to local communities.

BARONESS MCINTOSH OF PICKERING

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) Each integrated care board must consider any request from the organiser of an authorised clinical trial for the integrated care board 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.

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.

Clause 20 - *continued*

(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 in a publicly accessible format all medicines and devices that have been added and removed from their formulary over the previous year and maintain an active list of all medicines and devices available on their formulary."

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.

LORD HUNT OF KINGS HEATH

Page 19, line 15, at end insert—

"(2A) In performing its duty under subsection (2) the Integrated Care Board must make adequate arrangements (including where necessary by commissioning) for the receipt and consideration of any reports or other information provided by any relevant Healthwatch (any local Healthwatch whose boundaries coincide with, or in the whole or any part of, the Integrated Care System)."

Member's explanatory statement
The amendment ensures reports of Healthwatch are fully considered by the integrated care board.

BARONESS MCINTOSH OF PICKERING

Page 21, line 5, at end insert—

"*Strategy to support victims of domestic abuse using services*

14Z49A Duty to prepare a strategy to support victims of domestic abuse using services

(1) Each integrated care board in England 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.

Clause 20 - *continued*

(3) Before publishing a strategy under this section, an integrated care board must consult—
  (a) any local authority for an area within the integrated care board's area,
  (b) the domestic abuse local partnership board appointed by the local authority for an area within the integrated care board's area under section 58 of the Domestic Abuse Act 2021, and
  (c) such other persons as the integrated care board considers appropriate.

(4) For the purposes of subsection (3), "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 (6) 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;
  (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;
  (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.

LORD HUNT OF KINGS HEATH

Page 22, line 30, at end insert—

"(aa) the relevant local medical, dental, pharmaceutical and optical committees, and"

Member's explanatory statement
This amendment would ensure that in preparing their annual strategic forward plan, the Integrated Care Board and its partner NHS trusts and NHS foundation trusts would need to consult the relevant primary care Local Representative Committees and publish an explanation of how they took account of those views when publishing their plan.

Page 22, line 31, at beginning insert "including through any relevant Healthwatch,"

Member's explanatory statement
This is to ensure that in any consultation on the forward plan, Healthwatch should have a pivotal role in relation to consulting local people.

BARONESS MCINTOSH OF PICKERING

Page 25, line 6, at end insert—

"(d) explain what research activity the integrated care board undertook during the year, including—

(i) research to meet local health issues,

(ii) research to support national research projects, and

(iii) the progress of applications considered by the relevant Research Ethics Committee.

(2A) The annual report prepared by the Secretary of State under section 247D 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.

Page 25, line 14, at end insert—

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

(1) Each 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,

Clause 20 - *continued*

(i) the number of patients readmitted to mental healthcare settings, and

(j) the number of patients readmitted to physical health care 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.

LORD HUNT OF KINGS HEATH

Page 27, line 43, at end insert—

"(3) Subsections (1) and (2) do not have effect if the information involves the personal data of patients."

Member's explanatory statement
The amendment is aimed at ensuring that the power to disclose information should exclude personal data on patients and is a probing amendment to see what purpose the Government thinks the power in the clause may be used for.

Clause 21

LORD HUNT OF KINGS HEATH

Page 29, line 19, at end insert—

"(ba) members appointed by each of the local medical, dental, pharmaceutical and optical Committees, and"

Member's explanatory statement
This amendment would ensure that primary care professions would have mandated roles within Integrated Care Partnerships with a member appointed by each of the practitioner committees.

Page 29, line 20, at end insert—

"(2A) An integrated care partnership shall include a representative of Healthwatch, jointly nominated from the local Healthwatch whose areas coincide with, or include the whole or any part of, the integrated care system, and approved by Healthwatch England."

Member's explanatory statement
The amendment ensures that ICPs have a Healthwatch nominee in membership.

Clause 26

BARONESS FINLAY OF LLANDAFF

Page 37, line 30, at end insert ", including compliance with NICE guidelines to be stipulated in the NHS mandate."

Member's explanatory statement
This amendment would require NICE to include in inspections a review of compliance with key NICE guidelines as specified in the NHS Mandate, to ensure equitable access to technologies and treatment pathways.

After Clause 27

LORD HUNT OF KINGS HEATH

Insert the following new Clause—

"Place based integrated care and Primary Care Commissioning Boards

(1) Each place based integrated care board is to be established by regulations made by the Secretary of State for an area within an integrated care board.

(2) An order establishing a place based integrated care board must provide for the constitution of the board.

(3) Before making, varying or revoking an order under this section, the Secretary of State must consult—

(a) the integrated care board in which the place based integrated care committee is intended to operate;

(b) the relevant local authority or local authorities;

(c) the integrated care partnership in which the place based integrated care committee is intended to operate;

(d) the local healthwatch organisations whose areas coincide with or fall wholly or partly within the proposed area of the place based integrated care board.

(4) Members of the public living within the proposed area of the place based integrated care board.

(5) The place based integrated care board may arrange under a scheme of delegation from the integrated care board for the provision of such services or facilities it considers appropriate for the purposes of the health service that relate to securing the improvement—

(a) in the physical and mental health of the people for whom it has responsibility, or

(b) in the prevention, diagnosis and treatment in these people.

(6) In imposing financial requirements on integrated care boards under Section 223GB of the National Health Service Act 2006, NHS England may give additional directions in respect of placed based integrated care committees.

(7) Integrated care boards may give place based integrated care board directions as to any of the functions to which it has given delegated functions.

(8) The Schedule to the Public Bodies (Admission to Meetings) Act 1960 (bodies to which that Act applies) shall be amended as follows.

After Clause 27 - *continued*

(9) After paragraph 1(k), there shall be added the following sub-paragraph—
"(l) Place Based Integrated Care Boards.""

Member's explanatory statement
It's likely that ICBs will set up place based entities which may take many of the key commissioning decisions at the local/Constituency level. This amendment puts place based integrated boards on a statutory basis and subject to Parliamentary oversight and meeting in public.

Insert the following new Clause—

"Provider Network Boards

(1) A Provider Network Board has the function of arranging for the provision of services delegated to it by integrated care boards.

(2) Each place based Provider Network Board is to be established by regulations made by the Secretary of State for an area within an integrated care board.

(3) An order establishing a Provider Network Board must provide for the constitution of the board.

(4) Before making, varying or revoking an order under this section, the Secretary of State must consult—
  (a) the integrated care board in which the Provider Network Board is intended to operate;
  (b) the relevant local authority or local authorities;
  (c) the integrated care partnership in which the Provider Network Board is intended to operate;
  (d) the local Healthwatch organisations whose areas coincide with or fall wholly or partly within the proposed area of the place based integrated care board;
  (e) members of the public living within the proposed area of the place based integrated care board.

(5) The Provider Network Board may arrange under a scheme of delegation from the integrated care board for the provision of such services or facilities it considers appropriate for the purposes of the health service that relate to securing the improvement—
  (a) in the physical and mental health of the people for whom it has responsibility, or
  (b) in the prevention, diagnosis and treatment in these people.

(6) In imposing financial requirements on integrated care boards under Section 223GB of the National Health Act 2006, NHS England may give additional directions in respect of Provider Network Boards.

(7) Integrated care boards may give Provider Network Boards such directions as to any of the functions to which it has given delegated functions.

(8) The Schedule to the Public Bodies (Admission to Meetings) Act 1960 (bodies to which that Act applies) shall be amended as follows.

(9) After paragraph 1(k), there shall be added the following sub-paragraph—

After Clause 27 - *continued*

"(l) Provider Network Boards.""

Clause 35

BARONESS CUMBERLEGE
BARONESS BRINTON

Page 42, leave out lines 14 to 19 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.""

BARONESS MERRON
BARONESS WATKINS OF TAVISTOCK

Page 42, line 19, at end insert—

"(3) Health Education England must publish a report each year on projected workforce shortages and future staffing requirements for health (including public health) and social care services for the following five, ten and twenty years.

(4) The report must include projections of both headcount and full-time equivalent for the total health and care workforce in England and for each region, covering all regulated professions and including those working for voluntary and private providers of health and social care as well as the NHS.

(5) All relevant NHS bodies, arm's-length bodies, expert bodies, trade unions and the National Partnership Forum must be consulted in the preparation of the report.

(6) The assumptions underpinning the projections must be published at the same time as the report and must meet the relevant standards set out in the National Statistics Authority's Code of Practice for Statistics.

Clause 35 - *continued*

(7) The Secretary of State must update Parliament each year on the Government's strategy to deliver and fund the long-term workforce projections.""

Member's explanatory statement
This amendment adds to requirements around workforce planning and the role of Health Education England to report on staffing requirements.

After Clause 35

BARONESS MERRON
BARONESS WATKINS OF TAVISTOCK

Insert the following new 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."

Member's explanatory statement
This new Clause would require the Secretary of State to lay a strategy for workforce planning and safe staffing supply before Parliament.

Clause 39

LORD HUNT OF KINGS HEATH

Page 47, line 26, at end insert—

"(9) A direction under subsection (1) must include a direction to ensure that liothyronine (T3) is made available to patients when prescribed by a medical practitioner."

Clause 40

BARONESS THORNTON

Baroness Thornton gives notice of her intention to oppose the Question that Clause 40 stand part of the Bill.

Member's explanatory statement
This amendment deletes the provision that increases the scope and scale of the role of the Secretary of State in proposals for service reconfiguration.

Clause 70

BARONESS MERRON

Page 63, line 40, at end insert—

"(c) other services which are required for the purpose of the prevention of illness, the care and after-care of persons suffering from illness, and the treatment of illness as NHS England considers appropriate as part of the health service."

Member's explanatory statement
This amendment extends the scope of the NHS bespoke procurement regime so that it covers patient related services, such as catering, porters, cleaners and other services required for patient care and safety beyond the narrower definition of health care services.

Page 64, line 6, at end insert—

"(3A) The regulations must provide that—

(a) where the healthcare service has been or is being provided by an NHS trust or NHS foundation trust then there is a presumption in favour of contracts for such service being awarded to NHS trusts and NHS foundation trusts,

(b) where it is proposed to award a contract for such services to any body other than an NHS trust or NHS foundation trust then the commissioning body responsible must—

(i) conduct a consultation and set out the reasons given for the proposal,

(ii) specify 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
The amendment ensures that the Regulations for provider selection (procurement) for healthcare services are based on a preference for services to be provided by the NHS itself rather than outsourced.

BARONESS THORNTON

Page 64, line 6, at end insert—

"(3A) The regulations must make provision that before a contract for a service listed in subsection (1)(a), with an annual value in excess of £5 million, may be awarded to an organisation that is not an NHS trust or NHS foundation trust, the following requirements must be met—

(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;

Clause 70 - *continued*

(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, the responsible body must within 14 days publish the business case for the award of the contract and the record of the decision.

(3B) The provisions in subsection (3A) do not apply where a contract is provided for primary medical services, primary dental services or primary ophthalmology services."

Member's explanatory statement
This amendment ensures that any NHS specific provider selection regime (procurement regulations) must require proper processes are followed before any significant contracts are awarded outside the NHS.

LORD HUNT OF KINGS HEATH

Page 64, line 8, at end insert—

"(4A) NHS England must publish guidance on how social value will be implemented by relevant authorities."

Member's explanatory statement
This amendment would require NHS England to publish guidance on how social value will be implemented by authorities. Social value is the process of ensuring that all public spending maximises social, economic and environmental wellbeing of the community on whose behalf goods or services are being provided.

After Clause 80

BARONESS MERRON

Insert the following new Clause—

"Secretary of State's duty to report on waiting times for treatment

The Secretary of State must prepare and publish an annual report on waiting times for treatment in England, including 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."

Member's explanatory statement
The Clause would require the Secretary of State to publish an annual report on waiting times for treatment in England, and steps being taken to ensure patients can access services within minimum waiting times in accordance with their rights under the NHS Constitution.

Insert the following new Clause—

"Consultation on service changes

(1) The Secretary of State is required to ensure that NHS staff are engaged in and consulted on decisions that affect them and the services they provide.

(2) Engagement under this section may be done individually, through representative organisations or through local partnership working arrangements.

(3) The Secretary of State is required to ensure that staff consulted under this section are provided with all relevant information that will be considered before decisions are made."

Member's explanatory statement
The Clause would insert into legislation the pledge to engage staff in decisions that affect them and the services they provide, as set out in the NHS Constitution.

Clause 81

LORD HUNT OF KINGS HEATH

Page 71, leave out lines 34 to 37

Member's explanatory statement
The intention of the amendment is to retain the existing obligations on NHS England to have regard to standards published under this section. Clause 81 (d)(6B) appears to remove the explicit obligation that previously existed under Section 250(6)(b) of Health and Social Care Act 2012 that NHS England ("the Board") "must have regard to an information standard published under this section" and replaces it with a power for such obligations to be waived by Regulations.

Page 73, line 4, at end insert—

"(4A) In section 261 (other dissemination of information), in all places that it appears, for "such form and manner", substitute "an accredited data access environment"."

Member's explanatory statement
The amendment aims to restrict existing dissemination of information via access in an accredited data access environment. The term 'accredited data access environment' is used rather than 'Trusted Research Environment' because, while the environment must work for research, it must equally work for planning purposes. Reflecting the DHSC commitment that GP data will be exclusively used in a Trusted Research Environment (TRE), this new clause amends the dissemination powers of NHS Digital to reflect stated policy and the promises made both to patients and to the profession.

Clause 82

LORD HUNT OF KINGS HEATH

Page 73, line 26, at end insert—

"(2A) Healthwatch England has the power to impose a requirement under subsection (1) on providers and commissioners of publicly funded health and care services to capture relevant data to enable Healthwatch to carry out its functions as the statutory champion for people using health and care services."

Member's explanatory statement
The amendment is aimed at ensuring that local Healthwatch or Healthwatch England have access to relevant data and patient feedback information.

Page 73, line 31, at end insert—

"(4A) Regulations may be introduced to enable any relevant local Healthwatch, or Healthwatch England, to request patient feedback data gathered by any provider or commissioner of a publicly funded health and social care service."

Member's explanatory statement
The amendment is aimed at ensuring that local Healthwatch or Healthwatch England have access to relevant data and patient feedback information.

Clause 83

LORD HUNT OF KINGS HEATH

Page 74, line 8, leave out subsection (2) and insert—

"(2) In section 253(1) (general duties of the Information Centre), omit paragraphs (ca) and (d), and insert at the end—

"(d) facilitating research and planning for health and social care in England, and

(e) patients' ability to dissent from data being used for purposes beyond direct care through the National Data Opt-out.""

Member's explanatory statement
The aim of the amendment is to require NHS England to balance the needs of research and planning with patient dissent from data used for purposes beyond direct care.

Clause 88

LORD HUNT OF KINGS HEATH

Page 83, line 6, leave out paragraph (b)

Member's explanatory statement
The Government has announced that it will be using the powers in this Clause to merge NHS Digital and NHSX to form part of the new Transformation Directorate within NHSE. The Health and Social Care Information Centre is an executive non-departmental public body created by statute, also known as NHS Digital. This amendment which would prevent this happening to the Health and Social Care Information Centre, is designed to probe what safeguards are being built in to protect patient data.

Clause 89

LORD HUNT OF KINGS HEATH

Page 83, line 23, at end insert—

"(3A) Regulations under this section may not transfer a function as defined in Part 9 of the Health and Social Care Act 2012."

Member's explanatory statement
Part 9, Chapter 2 of the Health and Social Care Act 2012 lays out the functions and obligations of the statutory safe haven for patient data from across health and social care system, required for the production of national statistics and for commissioning, regulatory and research purposes, in addition to supporting patient care. The amendment seeks to keep these statutory protections in place and ensure that NHS England do not take on this responsibility because of a potential conflict of interest in their role.

Clause 140

BARONESS WHEELER

Baroness Wheeler gives notice of her intention to oppose the Question that Clause 140 stand part of the Bill.

Member's explanatory statement
This removes clause 140, which was not considered in the Commons Bill Committee, and which sets out provisions about how one aspect of the cost cap is to be treated.

Clause 147

LORD HUNT OF KINGS HEATH

Page 125, leave out lines 13 to 20 and insert—

"(6A) The Secretary of State may by regulations conduct a national consultation on the desirability of introducing water fluoridation schemes generally in England.

(6B) Where such a national consultation has taken place, no local consultation shall be undertaken.";"

Member's explanatory statement
This amendment would ensure that a national consultation on future water fluoridation schemes would be undertaken obviating the need for local consultation.

Page 125, leave out lines 17 to 20

Member's explanatory statement
This amendment would remove the ability of the Secretary of State to pass the cost of water fluoridation onto another public body.

BARONESS MCINTOSH OF PICKERING

Baroness McIntosh of Pickering gives notice of her intention to oppose the Question that Clause 147 stand part of the Bill.

After Clause 147

LORD HUNT OF KINGS HEATH

Insert the following new Clause—

"Fluoridation of water supplies: report

(1) Within 12 months of this Act being passed, the Secretary of State must lay before Parliament a report setting out a programme for the fluoridation of water supplies in England with a timetable for each proposed scheme.

(2) The Secretary of State must lay before Parliament a report 3 years after the passing of this Act, and each subsequent three years setting out which areas of England have had their water supplies fluoridated and the programme for the next three years for implementing new water fluoridation schemes."

Member's explanatory statement
This amendment is to ensure that a programme for implementing water fluoridation schemes is established within 12 months of the Act being passed and to ensure that regular progress reports are made to Parliament on progress made in implementing new water fluoridation schemes.

Clause 148

BARONESS MCINTOSH OF PICKERING

Baroness McIntosh of Pickering gives notice of her intention to oppose the Question that Clause 148 stand part of the Bill.

After Clause 148

BARONESS MCINTOSH OF PICKERING

Insert the following new 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.

LORD HUNT OF KINGS HEATH
LORD PATEL

Insert the following new Clause—

"Review of the surgical consultant appointment process

(1) The National Health Service (Appointment of Consultants) Regulations 1996 (S.I. 1996/701) are amended as follows.

(2) In paragraph (1) of regulation 2 (interpretation), in the entry for ""relevant college" in relation to a proposed appointment, means whichever one of the following bodies" amend sub-paragraph (c) to "the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow".

(3) In paragraph (1) of regulation 2, in the entry for ""relevant college" in relation to a proposed appointment, means whichever one of the following bodies" amend sub- paragraph (d) to "the Royal College of Surgeons of England, the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and each of their associated Dental Faculties".

(4) In paragraph (1) of regulation 2, in the entry for ""relevant college" in relation to a proposed appointment, means whichever one of the following bodies" amend subparagraph (d) to remove "the Inter Collegiate Faculty of Accident and Emergency Medicine".

(5) In paragraph (1) of regulation 2, in the entry for ""relevant college" in relation to a proposed appointment, means whichever one of the following bodies" insert a new sub-paragraph (i) "the Royal College of Emergency Medicine"."

Member's explanatory statement
The new clause would add the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and each of their associated dental faculties and the Royal College of Emergency Medicine to the medical Royal Colleges who may be involved in the appointment of NHS surgical and dental consultants. It would also add the Royal College of Physicians of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow to the colleges who may be involved in the appointment of NHS consultants physicians and includes specific reference to the Royal College of Emergency Medicine as the 1996 Regulations and subsequent 2005 Guidance pre-date their establishment as a separate medical Royal College.

LORD HUNT OF KINGS HEATH
BARONESS NORTHOVER
LORD RIBEIRO
LORD ALTON OF LIVERPOOL

Insert the following new 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", in each place it occurs, insert "other than for the purpose of public display"."

Member's explanatory statement
This amendment would ensure that imported bodies for display would need the same consent requirements as bodies sourced from within the UK.

BARONESS MERRON

Insert the following new 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 that 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.

Schedule 2

BARONESS THORNTON

Page 136, line 26, at end insert—

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

Member's explanatory statement

This prohibits certain persons from being members of an ICB if they hold APMS contracts, which allow organisations other than general practitioners/partnerships of GPs to provide primary care services. This is consistent with the provision to exclude private sector interests from ICBs.

BARONESS MERRON

Page 136, leave out lines 27 to 31 and insert—

"4 (1) A person who—

Schedule 2 - *continued*

(a) is currently employed by or has in the previous 5 years been employed by or acted as a representative of any private company that delivers or seeks to deliver goods or services to the health service,
(b) has a financial interest in any private company that delivers or seeks to deliver goods or services to the health service, or
(c) could otherwise reasonably be regarded as having an involvement or previous involvement with the promotion of private healthcare,

may not be appointed to or remain a member of an integrated care board or of any committee or subcommittee of an integrated care board other than an integrated care partnership.

(2) The restrictions provided in sub-paragraph (1) do not apply to—
(a) general practitioners who hold a contract for the provision of primary medical services in the area, or
(b) employees or representatives of any organisation that is classified as a social enterprise or charitable organisation."

Member's explanatory statement
This amendment would restrict certain persons with an involvement in promoting private healthcare from being appointed to an integrated care board.

BARONESS THORNTON

Page 137, line 30, 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."

Member's explanatory statement
This amendment adds to the list of requirements for membership of an ICB that must be included in ICB constitutions.

Schedule 3

BARONESS THORNTON

Page 143, line 28, leave out "person" and insert "general practitioner, GP partnership or social enterprise providing primary medical services"

Member's explanatory statement
This amendment removes the possibility for further use of APMS contracts. It provides that ICBs must make contractual arrangements for the provision of primary medical services with any general practitioners, GP partnerships or social enterprises, rather than with 'any person'.

Page 143, line 32, leave out "person" and insert "general practitioner, GP partnership or social enterprise providing primary medical services"

Member's explanatory statement
This amendment removes the possibility for further use of APMS contracts. It provides that ICBs must make contractual arrangements for the provision of primary medical services with any general practitioners, GP partnerships or social enterprises, rather than with 'any person'.

Health and Care Bill

AMENDMENTS

TO BE MOVED

IN COMMITTEE OF THE WHOLE HOUSE

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8 December 2021
