



National Health Service Act 2006

2006 CHAPTER 41

PART 2

HEALTH SERVICE BODIES

CHAPTER 1

STRATEGIC HEALTH AUTHORITIES

13 Strategic Health Authorities

- (1) The Strategic Health Authorities established by the Secretary of State continue in existence.
- (2) But the Secretary of State may by order—
 - (a) vary the area in England for which a Strategic Health Authority is established,
 - (b) abolish a Strategic Health Authority,
 - (c) establish a new Strategic Health Authority for an area in England,
 - (d) change the name by which a Strategic Health Authority is known.
- (3) A Strategic Health Authority is called such name, in addition to the title “Strategic Health Authority”, as—
 - (a) appears to the Secretary of State appropriately to signify the connection of the authority with the area for which it is established, and
 - (b) is specified in the order establishing the authority or in an order changing the name by which the authority is known.
- (4) No order may be made under this section until after the completion of such consultation as may be prescribed.
- (5) Consultation requirements in regulations under subsection (4) are in addition to, and not in substitution for, any other consultation requirements which may apply.

Status: Point in time view as at 01/09/2012.

Changes to legislation: National Health Service Act 2006, Chapter 1 is up to date with all changes known to be in force on or before 07 August 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details)

- (6) The Secretary of State must act under this section so as to ensure that the areas for which Strategic Health Authorities are at any time established together comprise the whole of England.
- (7) The power under section 272(8) to make incidental or supplemental provision includes, in particular, in its application to orders made under this section, power to make provision for the transfer of staff, property and liabilities.
- (8) The liabilities which may be transferred by virtue of this section and section 272(8) to a relevant transferee on the abolition of a Strategic Health Authority include criminal liabilities.
- (9) “Relevant transferee” means—
 - (a) another Strategic Health Authority,
 - (b) a Primary Care Trust,
 - (c) an NHS trust,
 - (d) a Special Health Authority, or
 - (e) an NHS foundation trust.
- (10) Schedule 2 makes further provision about Strategic Health Authorities.

14 Exercise of Strategic Health Authority functions

- (1) This section applies to functions exercisable by a Strategic Health Authority under or by virtue of this Act (including this section) or any prescribed provision of any other Act.
- (2) Regulations may provide for any of the functions to be exercised—
 - (a) by another Strategic Health Authority,
 - (b) by a Special Health Authority, or
 - (c) jointly with any one or more of the bodies mentioned in subsection (3).
- (3) The bodies are—
 - (a) Primary Care Trusts,
 - (b) Local Health Boards,
 - (c) other Strategic Health Authorities.
- (4) Regulations may provide—
 - (a) for any functions to which this section applies to be exercised, on behalf of the Strategic Health Authority by whom they are exercisable, by a committee, sub-committee or officer of the Strategic Health Authority,
 - (b) for any functions exercisable jointly under subsection (2)(c) to be exercised, on behalf of the health service bodies in question, by a joint committee or joint sub-committee.

15 Strategic Health Authorities' directions

- (1) A Strategic Health Authority may, in relation to any specified function of the Strategic Health Authority, direct a Primary Care Trust any part of whose area falls within the Strategic Health Authority's area to exercise the function.

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- (2) But a Strategic Health Authority may not so direct a Primary Care Trust in relation to any functions of the Strategic Health Authority arising under section 92 arrangements or section 107 arrangements [^{F1}or LPS schemes] if the Primary Care Trust is providing any services in accordance with those arrangements.
- (3) The Secretary of State may direct Strategic Health Authorities that specified functions of theirs—
 - (a) are exercisable, or exercisable to (or only to) any specified extent, by Primary Care Trusts, or
 - (b) are not exercisable by Primary Care Trusts,and that the power in subsection (1) must be exercised accordingly.
- (4) Directions under subsection (3)(a) may include directions that any of the specified functions must be exercised (or exercised to, or only to, any specified extent) jointly with the Strategic Health Authority, or jointly by two or more Primary Care Trusts.
- (5) But such directions may be given only if regulations providing for the joint exercise of those functions have been made under section 14 or 19.
- (6) “Specified” means specified in the directions.

Textual Amendments

- F1** Words in s. 15(2) inserted (1.9.2012) by [Health Act 2009 \(c. 21\), ss. 29\(2\), 40\(1\)](#); S.I. 2012/1902, art. 2(d)

16 Section 92 arrangements and section 107 arrangements [^{F2}and LPS schemes]

- (1) Each Strategic Health Authority must, in accordance with regulations, perform such functions in relation to section 92 arrangements and section 107 arrangements [^{F3}and LPS schemes] as may be prescribed.
- (2) The regulations may, in particular—
 - (a) prescribe functions in relation to training,
 - (b) provide for appeals to the Secretary of State or a prescribed body in relation to prescribed functions.

Textual Amendments

- F2** Words in s. 16 heading inserted (1.9.2012) by [Health Act 2009 \(c. 21\), ss. 29\(3\)\(b\), 40\(1\)](#); S.I. 2012/1902, art. 2(d)
- F3** Words in s. 16(1) inserted (1.9.2012) by [Health Act 2009 \(c. 21\), ss. 29\(3\)\(a\), 40\(1\)](#); S.I. 2012/1902, art. 2(d)

17 Advice for Strategic Health Authorities

Each Strategic Health Authority must make arrangements with a view to securing that it receives advice appropriate for enabling it effectively to exercise the functions exercisable by it from persons with professional expertise relating to the physical or mental health of individuals.

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[^{F4}17A Reports on consultation

- (1) Each Strategic Health Authority must, at such times as the Secretary of State may direct, prepare a report—
 - (a) on the consultation it has carried out, or proposes to carry out, before making commissioning decisions, and
 - (b) on the influence that the results of consultation have on its commissioning decisions.
- (2) In subsection (1) “commissioning decisions”, in relation to a Strategic Health Authority, means (subject to any directions under subsection (5)(e)) decisions as to the carrying-out of functions exercisable by it for the purpose of securing, by arrangement with any person or body, the provision of services as part of the health service.
- (3) Each Strategic Health Authority must also, at such times as the Secretary of State may direct, prepare a report—
 - (a) on any relevant consultation carried out by the authority, and
 - (b) on the influence that the results of any relevant consultation have had on such matters as may be specified in the direction.
- (4) In subsection (3) “relevant consultation” means consultation in relation to matters specified by the direction under that subsection.
- (5) The Secretary of State may give directions as to—
 - (a) the periods to be covered by reports under this section;
 - (b) the matters to be dealt with by reports under this section;
 - (c) the form and content of reports under this section;
 - (d) the publication of reports under this section;
 - (e) decisions that are to be treated as being, or that are to be treated as not being, commissioning decisions for the purposes of subsection (1).]

Textual Amendments

- F4** S. 17A inserted (3.11.2008) by [Local Government and Public Involvement in Health Act 2007 \(c. 28\)](#), [ss. 234\(1\), 245\(5\)](#); [S.I. 2008/2434](#), art. 2(2)(c)

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