

SCHEDULES

SCHEDULE 1

Section 1

RENAMING OF NHS COMMISSIONING BOARD

General

- 1 (1) The enactments listed in sub-paragraph (2) are amended in accordance with the table.

<i>For the following expression wherever it occurs in those enactments (unless the expression is replaced or removed by an amendment elsewhere in this Act)</i>	<i>substitute</i>
“The National Health Service Commissioning Board”	“NHS England”
“the National Health Service Commissioning Board”	“NHS England”
“the National Health Service Commissioning Board (“the Board”)”	“NHS England”
“The Board”	“NHS England”
“the Board”	“NHS England”
“The Board’s”	“NHS England’s”

- (2) The enactments are—
- the Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951, Schedule 2;
 - the Public Records Act 1958, Part 1 of the Table at the end of paragraph 3 of Schedule 1;
 - the Public Bodies (Admission to Meetings) Act 1960, the Schedule;
 - the Leasehold Reform Act 1967, section 28;
 - the Parliamentary Commissioner Act 1967, Schedule 3;
 - the Health Services and Public Health Act 1968, sections 63(1) and (2) and 64;
 - the Employers’ Liability (Compulsory Insurance) Act 1969, section 3;
 - the Local Authority Social Services Act 1970, Schedule 1;
 - the Local Government Act 1972, section 113;
 - the Health and Safety at Work etc. Act 1974, section 60;
 - the National Health Service (Scotland) Act 1978, section 17A;
 - the Acquisition of Land Act 1981, sections 16 and 17;
 - the Mental Health Act 1983, sections 12ZB, 12ZC, 39, 117, 134 and 139;
 - the Disabled Persons (Services, Consultation and Representation) Act 1986, sections 2 and 7;
 - the Copyright, Designs and Patents Act 1988, section 48;

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the Children Act 1989, sections 21, 24, 24C, 27, 29, 47, 80, 85 and 105;
the [London Local Authorities Act 1991 \(c xiii\)](#), section 4;
the Health Service Commissioners Act 1993, sections 2 and 2A;
the Value Added Tax Act 1994, section 41 and Schedule 8;
the Education Act 1996, section 322;
the Employment Rights Act 1996, sections 43K, 49B, 50 and 218;
the Housing Grants, Construction and Regeneration Act 1996, section 3;
the Crime and Disorder Act 1998, section 115;
the Greater London Authority Act 1999, section 309E;
the Health Act 1999, section 61;
the Freedom of Information Act 2000, Schedule 1;
the Local Government Act 2000, section 9FF;
the Adoption and Children Act 2002, section 8;
the International Development Act 2002, Schedule 1;
the Nationality, Immigration and Asylum Act 2002, section 133;
the Criminal Justice Act 2003, section 325;
the Finance Act 2003, section 67A;
the Health and Social Care (Community Health and Standards) Act 2003, sections 148 and 165;
the Children Act 2004, sections 10 and 11;
the Civil Contingencies Act 2004, Schedule 1;
the Domestic Violence, Crime and Victims Act 2004, section 9;
the Armed Forces Act 2006, section 343AA (as inserted by section 8(3) of the Armed Forces Act 2021);
the Childcare Act 2006, section 4;
the Emergency Workers (Obstruction) Act 2006, section 1;
the National Health Service Act 2006, except section 275;
the National Health Service (Wales) Act 2006, sections 7, 13, 17, 26, 28, 34, 106, 115, 162, 197, 206 and Schedule 5;
the NHS Redress Act 2006, section 1;
the Safeguarding Vulnerable Groups Act 2006, section 6;
the Corporate Manslaughter and Corporate Homicide Act 2007, section 6;
the Local Government and Public Involvement in Health Act 2007, sections 104, 116, 222, 224 and 227;
the Statistics and Registration Service Act 2007, section 42(4A);
the Health and Social Care Act 2008, sections 20A, 30, 39, 45A, 48, 54, 59, 64, 80, 81 and 97;
the Autism Act 2009, section 4;
the Health Act 2009, sections 2, 8 and 36;
the Charities Act 2011, section 149;
the Health and Social Care Act 2012, sections 83, 84, 102, 130, 197, 234, 236, 237, 239, 241, 249, 250(4) and (7), 253, 254, 255, 260, 263, 265, 268, 274, 295, 296, 298 and Schedule 12;
the Care Act 2014, sections 6, 22 and 101 and Schedule 1;
the Children and Families Act 2014, sections 26, 28, 31, 53, 56, 57 and 77;
the Immigration Act 2014, Schedule 3;

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the Local Audit and Accountability Act 2014, section 13 and Schedules 7 and 11;
the Cities and Local Government Devolution Act 2016, section 18;
the Data Protection Act 2018, Schedule 3;
the Mental Health Units (Use of Force) Act 2018, section 9.

- (3) In any other enactment (apart from this Act) passed before the day on which section 1 comes into force, and in any instrument or other document made before that day, any reference to the National Health Service Commissioning Board is to be read, in relation to any time on or after that day, as a reference to NHS England.
- (4) In this paragraph “enactment” includes an enactment comprised in, or in an instrument made under, an Act of the Scottish Parliament.

House of Commons Disqualification Act 1975

- 2 In Part 3 of Schedule 1 to the House of Commons Disqualification Act 1975, in the entry relating to the chairman or non-executive member of the National Health Service Commissioning Board, for “the National Health Service Commissioning Board” substitute “NHS England”.

Access to Health Records Act 1990

- 3 In section 1(2) of the Access to Health Records Act 1990 as it has effect under the law of England and Wales—
- (a) in paragraph (a)—
- (i) for “the National Health Service Commissioning Board” substitute “NHS England”;
- (ii) after “contract with” insert “NHS England”;
- (b) in paragraph (aa)—
- (i) for “the National Health Service Commissioning Board” substitute “NHS England”;
- (ii) after “arrangements with” insert “NHS England”.

Trade Union and Labour Relations (Consolidation) Act 1992

- 4 In section 279(1) of the Trade Union and Labour Relations (Consolidation) Act 1992—
- (a) in paragraph (a), for “the National Health Service Commissioning Board” substitute “NHS England”;
- (b) in the words after paragraph (b), for “board” substitute “body”.

Employment Rights Act 1996

- 5 In section 43K(2)(b) of the Employment Rights Act 1996 for “the authority or board” substitute “NHS England or the board”.

National Health Service Act 2006

- 6 The National Health Service Act 2006 is amended as follows.
- 7 In the heading of section 3B, for “Board” substitute “NHS England”.

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- 8 In the heading of section 13A, for “Board” substitute “NHS England”.
- 9 In the heading of section 13W, for “Board’s” substitute “NHS England’s”.
- 10 In the heading of section 13Y, for “Board’s” substitute “NHS England’s”.
- 11 In section 275(1)—
- (a) omit the definition of “the Board”;
 - (b) in the definition of “NHS body” for paragraph (a) substitute—
“(a) NHS England.”.
- 12 In Schedule 1A, in the italic heading before paragraph 18, for “Board” substitute “NHS England”.

Corporation Tax Act 2010

- 13 In section 986 of the Corporation Tax Act 2010, in the table, for “National Health Service Commissioning Board” substitute “NHS England”.

Equality Act 2010

- 14 In Part 1 of Schedule 19 to the Equality Act 2010, in the group of entries that includes entries for bodies whose functions relate to health, social care and social security, for “The National Health Service Commissioning Board” substitute “NHS England”.

Health and Social Care Act 2012

- 15 The Health and Social Care Act 2012 is amended as follows.
- 16 In section 150, omit subsection (2).
- 17 In the heading of section 197, for “NHS Commissioning Board” substitute “NHS England”.
- 18 In section 247, omit the definition of “the Board”.
- 19 In section 250(1), for “the National Health Service Commissioning Board (referred to in this Chapter as “the Board”)” substitute “NHS England”.
- 20 In the heading of section 274, for “Board” substitute “NHS England”.
- 21 In section 275, omit the definition of “the Board”.
- 22 In section 304(12)(a)(iv) and (ix), for “Board” substitute “NHS England”.

Local Audit and Accountability Act 2014

- 23 In Schedule 9 to the Local Audit and Accountability Act 2014, in paragraph 4(12), for paragraph (c) of the definition of “relevant NHS body” substitute—
“(c) NHS England;”.

Social Services and Well-being (Wales) Act 2014 (anaw 4)

- 24 The Social Services and Well-being (Wales) Act 2014 is amended as follows.
- 25 In section 47(10)—
- (a) in the English language text—

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- (i) in the definition of “English health body”, for paragraph (b) substitute—
“*(b) NHS England;*”;
 - (ii) in the definition of “health body”, for paragraph (c) substitute—
“*(c) NHS England;*”;
 - (b) in the Welsh language text—
 - (i) in the definition of “*corff iechyd*”, for paragraph (c) substitute—
“*(c) GIG Lloegr;*”;
 - (ii) in the definition of “*corff iechyd Seisnig*”, for paragraph (b) substitute—
“*(b) GIG Lloegr;*”.
- 26 In section 77(4)(b)(ii)—
 - (a) in the English language text, for “the National Health Service Commissioning Board” substitute “NHS England”;
 - (b) in the Welsh language text, for “*Bwrdd Comisiynu’r Gwasanaeth Iechyd Gwladol*” substitute “GIG Lloegr”.
- 27 In section 104(3)(d)(ii)—
 - (a) in the English language text, for “the National Health Service Commissioning Board” substitute “NHS England”;
 - (b) in the Welsh language text, for “*Fwrdd Comisiynu’r Gwasanaeth Iechyd Gwladol*” substitute “GIG Lloegr”.
- 28 In section 118(2)(c)—
 - (a) in the English language text, for “the National Health Service Commissioning Board” substitute “NHS England”;
 - (b) in the Welsh language text, for “*Fwrdd Comisiynu’r Gwasanaeth Iechyd Gwladol*” substitute “GIG Lloegr”.
- 29 In section 164A(4)—
 - (a) in the English language text, for paragraph (c) substitute—
“*(c) NHS England;*”;
 - (b) in the Welsh language text, for paragraph (c) substitute—
“*(c) GIG Lloegr;*”.
- 30 In section 193(4)(c)—
 - (a) in the English language text, for “the National Health Service Commissioning Board” substitute “NHS England”;
 - (b) in the Welsh language text, for “*Bwrdd Comisiynu’r Gwasanaeth Iechyd Gwladol*” substitute “GIG Lloegr”.
- 31 In section 197(1)—
 - (a) in the English language text, for the definition of “National Health Service Commissioning Board” substitute—
““NHS England” (“GIG Lloegr”) means the body established under section 1H of the National Health Service Act 2006;”;
 - (b) in the Welsh language text, omit the definition of “*Bwrdd Comisiynu’r Gwasanaeth Iechyd Gwladol*” and at the appropriate place insert—
““*ystyr “GIG Lloegr” (“NHS England”) yw’r corff a sefydlir o dan adran 1H o Ddeddf y Gwasanaeth Iechyd Gwladol 2006;*”.

Status: This is the original version (as it was originally enacted).

Housing (Wales) Act 2014 (anaw 7)

- 32 In section 70(2)(d)(ii) of the Housing (Wales) Act 2014—
- (a) in the English language text, for “the National Health Service Commissioning Board” substitute “NHS England”;
 - (b) in the Welsh language text, for “Fwrdd Comisiynu’r Gwasanaeth Iechyd Gwladol” substitute “GIG Lloegr”.

Cities and Local Government Devolution Act 2016

- 33 In section 18(2)(d) and (5)(b) of the Cities and Local Government Devolution Act 2016, for “the NHS Commissioning Board” substitute “NHS England”.

Additional Learning Needs and Education Tribunal (Wales) Act 2018 (anaw 2)

- 34 The Additional Learning Needs and Education Tribunal (Wales) Act 2018 is amended as follows.

- 35 In section 4(3)—

- (a) in the English language text, for paragraph (i) substitute—
“(i) NHS England;”;
- (b) in the Welsh language text, for paragraph (i) substitute—
“(i) GIG Lloegr;”.

- 36 In section 65(4)—

- (a) in the English language text, for paragraph (j) substitute—
“(j) NHS England;”;
- (b) in the Welsh language text, for paragraph (j) substitute—
“(j) GIG Lloegr;”.

- 37 In section 99(1)—

- (a) in the English language text, omit the definition of “National Health Service Commissioning Board” and at the appropriate place insert—
““NHS England” (“GIG Lloegr”) means the body established under section 1H of the National Health Service Act 2006;”;
- (b) in the Welsh language text, omit the definition of “Bwrdd Comisiynu’r Gwasanaeth Iechyd Gwladol” and at the appropriate place insert—
““ystyr “GIG Lloegr” (“NHS England”) yw’r corff a sefydlir o dan adran 1H o Ddeddf y Gwasanaeth Iechyd Gwladol 2006;”.

Domestic Abuse Act 2021

- 38 In section 15 of the Domestic Abuse Act 2021 (duty to co-operate with the Domestic Abuse Commissioner), in subsection (7), for paragraph (c) of the definition of “NHS body in England” substitute—
“(c) NHS England, or”.

SCHEDULE 2

Section 19

INTEGRATED CARE BOARDS: CONSTITUTION ETC

1 Before Schedule 4 to the National Health Service Act 2006 insert—

“SCHEDULE 1B

INTEGRATED CARE BOARDS

PART 1

CONSTITUTION OF INTEGRATED CARE BOARDS

Introduction

1 An integrated care board must have a constitution.

Name and area

2 The constitution must specify—
(a) the name of the integrated care board, and
(b) the area for which it is established.

Membership: general

3 (1) The constitution must provide for the integrated care board to consist of—
(a) a chair (see paragraphs 5 and 6),
(b) a chief executive (see paragraph 7), and
(c) at least three other members (see paragraph 8).

(2) In this Part of this Schedule a reference to an “ordinary member” is to a member other than the chair or chief executive.

4 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.

Chair

5 The constitution must provide for the chair to be appointed by NHS England, with the approval of the Secretary of State.

6 The constitution may not confer power to remove the chair from office on any person other than NHS England, and any such power must be expressed to be subject to the approval of the Secretary of State.

Status: This is the original version (as it was originally enacted).

Chief executive

- 7 (1) The constitution must provide for the chief executive to be appointed by the chair, with the approval of NHS England.
- (2) The constitution must provide that a person is eligible to become or remain the chief executive only if the person is an employee of the integrated care board.

Ordinary members

- 8 (1) The constitution must—
- (a) specify who is to appoint the ordinary members, and
 - (b) provide that the appointment of an ordinary member is subject to the approval of the chair.
- (2) The constitution must provide for the ordinary members to include—
- (a) at least one member nominated jointly by the NHS trusts and NHS foundation trusts that—
 - (i) provide services for the purposes of the health service within the integrated care board’s area, and
 - (ii) are of a prescribed description,
 - (b) at least one member nominated jointly by persons who—
 - (i) provide primary medical services for the purposes of the health service within the integrated care board’s area, and
 - (ii) are of a prescribed description,
 - (c) at least one member nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the integrated care board’s area.
- (3) The constitution must set out the process for nominating the ordinary members mentioned in sub-paragraph (2).
- (4) A person participating in the process for nominating the ordinary members mentioned in sub-paragraph (2) must have regard to any guidance published by NHS England in relation to the selection of candidates.
- (5) The descriptions of trusts or other persons that may be prescribed for the purposes of sub-paragraph (2)(a) or (b) may, in particular, be framed by reference to the nature of the services that they provide or the proportion of their services that are provided within the integrated care board’s area.
- (6) The chair must exercise the approval function mentioned in sub-paragraph (1)(b) with a view to ensuring that at least one of the ordinary members has knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.
- (7) In this paragraph “local authority” has the meaning given by section 2B(5).

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Further provision in connection with membership

- 9 The constitution may make further provision in connection with the membership of the integrated care board, including provision about—
- (a) how members are to be appointed;
 - (b) qualification and disqualification for membership;
 - (c) the tenure of members (including the circumstances in which a member ceases to hold office or may be removed or suspended from office);
 - (d) eligibility for re-appointment;
 - (e) terms of appointment (including provision about the remuneration or allowances of the chair and ordinary members);
 - (f) the validation of proceedings in the event of a vacancy or defect in an appointment.
- 10 (1) The constitution of an integrated care board must comply with any requirements in connection with membership that are imposed by regulations.
- (2) The regulations may impose requirements in connection with any provision that may be included in an integrated care board’s constitution by virtue of paragraphs 3 to 9.

Arrangements for discharging functions

- 11 (1) The constitution must specify arrangements for the exercise of the integrated care board’s functions (including its functions in determining the terms and conditions of its employees).
- (2) The arrangements may include provision—
- (a) for the appointment of committees or sub-committees of the integrated care board, and
 - (b) for any such committees to consist of or include persons other than members or employees of the integrated care board.
- (3) The arrangements may include provision for any functions of the integrated care board to be exercised on its behalf by—
- (a) any of its members or employees;
 - (b) a committee or sub-committee of the board.
- (4) If the constitution includes provision under this paragraph allowing committees or sub-committees to exercise commissioning functions, the constitution must—
- (a) provide for the members of any such committee or sub-committee to be approved or appointed by the chair of the integrated care board, and
 - (b) prohibit the chair from approving or appointing someone as a member of any such committee or sub-committee (“the candidate”) if the chair considers 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.

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- (5) In sub-paragraph (4) “commissioning functions” means the functions of an integrated care board in arranging for the provision of services as part of the health service.
- 12 (1) The constitution must specify the procedure to be followed by the integrated care board in making decisions.
- (2) The constitution must also specify the arrangements to be made by the integrated care board for securing that there is transparency about the decisions of the board and the manner in which they are made.

Arrangements for conflicts of interests

- 13 The constitution must include—
- (a) provision about the arrangements to be made by the integrated care board for discharging its functions under section 14Z30(1) to (4), and
 - (b) a statement of the principles to be followed by the board in implementing those arrangements.

Arrangements for public involvement

- 14 The constitution must include—
- (a) provision about the arrangements to be made by the integrated care board for discharging its functions under section 14Z45(2), and
 - (b) a statement of the principles to be followed by the board in implementing those arrangements.

Variation of constitution

- 15 (1) The constitution must include a power to vary the constitution in accordance with a procedure set out there.
- (2) The provision made by the constitution in accordance with sub-paragraph (1) must—
- (a) include power for NHS England to vary the constitution on its own initiative, and
 - (b) require NHS England’s approval to be obtained before any other variation is made.

Further provision

- 16 In addition to the provision authorised or required to be included under this Part of this Schedule, the constitution may make further provision.

PART 2

FURTHER PROVISION ABOUT INTEGRATED CARE BOARDS

Status

- 17 (1) An integrated care board is a body corporate.
- (2) An integrated care board is not to be regarded—
 - (a) as a servant or agent of the Crown, or
 - (b) as enjoying any status, privilege or immunity of the Crown.
- (3) An integrated care board's property is not to be regarded as property of, or property held on behalf of, the Crown.

Staff

- 18 (1) An integrated care board may appoint employees.
- (2) Employees of an integrated care board are to be paid such remuneration and allowances as the board may determine.
- (3) Employees of an integrated care board are to be appointed on such other terms and conditions as the board may determine.
- (4) An integrated care board may pay or make provision for the payment of such pensions, allowances or gratuities as it may determine to or in respect of any person who is or has been an employee of the board.
- 19 (1) An integrated care board may make arrangements for a person to be seconded to the board to serve as a member of the board's staff.
- (2) A period of secondment to an integrated care board does not affect the continuity of a person's employment with the employer from whose service the person is seconded.
- (3) In paragraphs 11 and 18 a reference to an employee of an integrated care board includes a person seconded to the board.
- (4) In paragraph 7(2) the reference to an employee of an integrated care board includes any of the following seconded to the board—
 - (a) a person employed in the civil service of the State, or
 - (b) a person employed by—
 - (i) NHS England,
 - (ii) an NHS trust established under section 25,
 - (iii) an NHS foundation trust,
 - (iv) a Special Health Authority performing functions only or mainly in respect of England,
 - (v) the Care Quality Commission,
 - (vi) the Health and Social Care Information Centre,
 - (vii) the Health Services Safety Investigations Body,
 - (viii) the Human Tissue Authority,

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- (ix) the Human Fertilisation and Embryology Authority, or
- (x) NICE.

- (5) The Secretary of State may by regulations amend this paragraph so as to provide that other references in this Act to an employee of an integrated care board include persons, or persons of a prescribed description, seconded to the board.

Additional powers in respect of payment of allowances

- 20 An integrated care board may pay such allowances as it considers appropriate to a member of a committee or sub-committee of the integrated care board who is not a member of the board.

Externally financed development agreements

- 21 (1) The powers of an integrated care board include power to enter into externally financed development agreements.
- (2) For the purposes of this paragraph, an agreement is an externally financed development agreement if it is certified as such in writing by the Secretary of State.
- (3) The Secretary of State may give a certificate under this paragraph if—
- (a) in the Secretary of State’s opinion the purpose or main purpose of the agreement is the provision of services or facilities in connection with the exercise by an integrated care board of any of its functions, and
 - (b) a person proposes to make a loan to, or provide any other form of finance for, another party in connection with the agreement.
- (4) If an integrated care board enters into an externally financed development agreement it may also, in connection with that agreement, enter into an agreement with a person who falls within sub-paragraph (3) (b) in relation to the externally financed development agreement.
- (5) In sub-paragraph (3)(b) “another party” means any party to the agreement other than the integrated care board.
- (6) The fact that an agreement made by an integrated care board has not been certified under this paragraph does not affect its validity.

Accounts and audits

- 22 (1) An integrated care board must keep proper accounts and proper records in relation to the accounts.
- (2) An integrated care board must prepare annual accounts in respect of each financial year.
- (3) NHS England may, with the approval of the Secretary of State, direct an integrated care board to prepare accounts in respect of such period or periods as may be specified in the direction.

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- (4) NHS England may, with the approval of the Secretary of State, give directions to an integrated care board as to—
 - (a) the methods and principles according to which any accounts under this paragraph must be prepared, and
 - (b) the form and content of any accounts prepared under this paragraph.
- (5) For the audit of the annual accounts, see the Local Audit and Accountability Act 2014 (and, in particular, section 4 of that Act).
- (6) Accounts prepared under sub-paragraph (3) are also to be audited under that Act if NHS England so directs.
- (7) The Comptroller and Auditor General may examine—
 - (a) the annual accounts and any records relating to them, and
 - (b) any report on them by the auditor or auditors.
- (8) An integrated care board must send any audited accounts prepared under this paragraph to NHS England by the date specified in a direction by NHS England.
- (9) NHS England may direct an integrated care board to send it any unaudited accounts prepared under this paragraph by the date specified in a direction by NHS England.

Incidental powers

- 23 The power conferred on an integrated care board by section 2 includes, in particular, power to—
- (a) enter into agreements,
 - (b) acquire and dispose of property, and
 - (c) accept gifts (including property to be held on trust for the purposes of the integrated care board).

Seal and evidence

- 24 (1) The application of an integrated care board’s seal must be authenticated by the signature of any person who has been authorised (generally or specially) for that purpose.
- (2) A document purporting to be duly executed under an integrated care board’s seal or to be signed on its behalf must be received in evidence and, unless the contrary is proven, taken to be so executed or signed.”
- 2 In section 272 of that Act (orders, regulations, rules and directions), in subsection (6), after paragraph (d) (inserted by section 17 of this Act), insert—
- “(e) regulations under paragraph 19(5) of Schedule 1B.”

SCHEDULE 3

Section 22

CONFERRAL OF PRIMARY CARE FUNCTIONS ON INTEGRATED CARE BOARDS ETC

PART 1

CONFERRAL OF FUNCTIONS ETC

Preliminary

1 The National Health Service Act 2006 is amended as follows.

Power to require NHS England to continue to exercise certain primary care functions

2 In section 3B (Secretary of State’s power to require NHS England to commission services), in subsection (1)—

- (a) before paragraph (a) insert—
 - “(za) primary medical services of a prescribed description;”;
- (b) after paragraph (a), insert—
 - “(aa) primary ophthalmic services of a prescribed description;”.

Medical services

3 For section 83 and the italic heading before it substitute—

“Meaning of primary medical services

82A Primary medical services for purposes of this Act

- (1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary medical services for the purposes of this Act.
- (2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.

Duty of integrated care boards to arrange primary medical services

82B Duty of integrated care boards to arrange primary medical services

- (1) Each integrated care board must exercise its powers so as to secure the provision of primary medical services to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.
- (2) For the purposes of this section an integrated care board has responsibility for—
 - (a) the group of people for whom it has core responsibility (see section 14Z31), and

- (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).

General functions

83 General power to make arrangements

- (1) An integrated care board may make such arrangements for the provision of primary medical services as it considers appropriate for the purpose of discharging its functions under section 82B (and may, in particular, make contractual arrangements with any person).
- (2) NHS England may make such arrangements for the provision of primary medical services as it considers appropriate for the purpose of discharging any functions under section 3B(1) (and may, in particular, make contractual arrangements with any person).
- (3) The arrangements that may be made under this section include—
 - (a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);
 - (b) in the case of NHS England, arrangements for the performance of a service outside England.
- (4) Arrangements under this section may confer discretions on a person with whom they are made in relation to anything to be provided under the arrangements.
- (5) The powers under this section are in addition to the powers conferred by sections 84 and 92.

83A Publication of information

Each integrated care board and NHS England must publish information about such matters as may be prescribed in relation to the primary medical services provided under this Act.”

- 4 (1) Section 84 (general medical services contracts: introductory) is amended as follows.
 - (2) In subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
 - (3) In subsection (3) for “the Board” substitute “the integrated care board or NHS England (as the case may be)”.
 - (4) For subsection (4) substitute—

“(4) The services to be provided under a general medical services contract may include services which are not primary medical services.
 - (4A) The services to be provided under a general medical services contract may include—
 - (a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);

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- (b) in the case of a contract entered into by NHS England, services to be performed outside England.
- (4B) A general medical services contract may confer discretions on a person with whom it is made in relation to anything to be provided under the contract.”
- (5) In subsection (5), for “the Board” substitute “the integrated care board or NHS England”.
- 5 In section 86 (persons eligible to enter into GMS contracts), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- 6 In section 87 (GMS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board or NHS England”.
- 7 (1) Section 89 (GMS contracts: other required terms) is amended as follows.
- (2) Omit subsections (1A) to (1E).
- (3) In subsection (4)(a), for “the Board” substitute “an integrated care board or NHS England”.
- 8 (1) Section 91 (persons performing primary medical services) is amended as follows.
- (2) In subsection (1), for “the Board”, in the first place it occurs, substitute “an integrated care board or NHS England”.
- (3) In subsection (2), for paragraph (b) substitute—
- “(b) an integrated care board or NHS England is responsible for a primary medical service if it secures its provision under or by virtue of any enactment.”
- 9 (1) Section 92 (arrangements for the provision of primary medical services) is amended as follows.
- (2) In the heading, for “the Board” substitute “an integrated care board or NHS England”.
- (3) For subsection (1), substitute—
- “(1) An integrated care board or NHS England may make agreements, other than arrangements pursuant to section 83 or general medical services contracts, under which primary medical services are provided.”
- (4) After subsection (5) insert—
- “(5A) An agreement may confer discretions on a person with whom it is made in relation to anything to be provided under the agreement.”
- 10 In section 93 (persons with whom agreements may be made under section 92), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- 11 (1) Section 94 (regulations about section 92 arrangements) is amended as follows.
- (2) In subsection (2), for “the Board” substitute “an integrated care board or NHS England”.
- (3) In section (3), for paragraph (ca) substitute—

- “(ca) provide that section 92 arrangements made by an integrated care board may be made in relation to services to be performed outside its area (whether or not in England),
- (cb) provide that section 92 arrangements made by NHS England may be made in relation to services to be performed outside England.”.
- (4) Omit subsections (3A) to (3E).
- (5) In subsection (6), for “the Board” substitute “an integrated care board or NHS England”.
- (6) In subsection (7), omit “to” in the first place it occurs.
- 12 (1) Section 96 (assistance and support: primary medical services) is amended as follows.
- (2) In subsection (1)—
- (a) for “The Board” substitute “An integrated care board”;
- (b) in paragraph (za), for “83(2)” substitute “83”.
- (3) In subsection (2)—
- (a) for “the Board”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “the Board”, in the second place it occurs, substitute “the integrated care board”.
- 13 (1) Section 97 (Local Medical Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”.
- (3) In subsection (3)(b), for “the Board” substitute “the integrated care board”.
- (4) In subsection (6), for “the Board” substitute “an integrated care board”.
- (5) In subsection (10)—
- (a) for “The Board” substitute “An integrated care board”;
- (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”.
- 14 For section 98A substitute—

“98A Delegation of Secretary of State’s functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State’s functions relating to the provision of primary medical services.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

98B NHS England’s power to direct integrated care boards

NHS England may give directions to an integrated care board about the exercise by it of any of its functions under this Part.”

Status: This is the original version (as it was originally enacted).

Dental services

15 For section 99 and the italic heading before it substitute—

“Meaning of primary dental services

98C Primary dental services for purposes of this Act

- (1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary dental services for the purposes of this Act.
- (2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.

Duty of integrated care boards to arrange primary dental services

99 Duty of integrated care boards to arrange primary dental services

- (1) Each integrated care board must exercise its powers so as to secure the provision of primary dental services to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility.
- (2) For the purposes of this section an integrated care board has responsibility for—
 - (a) the group of people for whom it has core responsibility (see section 14Z31), and
 - (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).

General functions

99A General power to make arrangements

- (1) An integrated care board may make such arrangements for the provision of primary dental services as it considers appropriate for the purpose of discharging its functions under section 99 (and may, in particular, make contractual arrangements with any person).
- (2) NHS England may make such arrangements for the provision of primary dental services as it considers appropriate for the purpose of discharging any functions under section 3B(1) (and may, in particular, make contractual arrangements with any person).
- (3) The arrangements that may be made under this section include—
 - (a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);
 - (b) in the case of NHS England, arrangements for the performance of a service outside England.
- (4) The powers in this section are in addition to the powers conferred by sections 100 and 107.

99B Publication of information

Each integrated care board and NHS England must publish information about such matters as may be prescribed in relation to the primary dental services provided under this Act.”

- 16 (1) Section 100 (general dental services contracts: introductory) is amended as follows.
- (2) In subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- (3) In subsection (3)—
- (a) for “the Board” substitute “the integrated care board or NHS England (as the case may be)”;
- (b) in paragraph (a) omit the words from “(which” to the end.
- (4) After subsection (3) insert—
- “(3A) The services to be provided under a general dental services contract may include services which are not primary dental services.
- (3B) The services to be provided under a general dental services contract may include—
- (a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);
- (b) in the case of a contract entered into by NHS England, services to be performed outside England.”
- (5) In subsection (4), for “the Board” substitute “the integrated care board or NHS England”.
- 17 In section 102 (persons eligible to enter into GDS contracts), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- 18 In section 103 (GDS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board or NHS England”.
- 19 In section 104 (GDS contracts: other required terms), in subsection (3), for “the Board” substitute “an integrated care board or NHS England”.
- 20 (1) Section 106 (persons performing primary dental services) is amended as follows.
- (2) In subsection (1), for “the Board”, in the first place it occurs, substitute “an integrated care board or NHS England”.
- (3) In subsection (2), for paragraph (b) substitute—
- “(b) an integrated care board or NHS England is responsible for a primary dental service if it secures its provision under or by virtue of any enactment.”
- 21 (1) Section 107 (arrangements for the provision of primary dental services) is amended as follows.
- (2) In the heading, for “the Board” substitute “an integrated care board or NHS England”.
- (3) For subsection (1) substitute—

Status: This is the original version (as it was originally enacted).

- “(1) An integrated care board or NHS England may make agreements, other than arrangements pursuant to section 99A or general dental services contracts, under which primary dental services are provided.”
- (4) Omit subsection (6).
- 22 In section 108 (persons with whom agreements may be made under section 107), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- 23 (1) Section 109 (regulations about section 107 arrangements) is amended as follows.
- (2) In subsection (2), for “the Board” substitute “an integrated care board or NHS England”.
- (3) In section (3), for paragraph (ca) substitute—
- “(ca) provide that section 107 arrangements made by an integrated care board may be made in relation to services to be performed outside its area (whether or not in England),
- (cb) provide that section 107 arrangements made by NHS England may be made in relation to services to be performed outside England.”.
- (4) In subsection (6), for “the Board” substitute “an integrated care board or NHS England”.
- (5) In subsection (7), omit “to” in the first place it occurs.
- 24 (1) Section 112 (assistance and support: primary dental services) is amended as follows.
- (2) In subsection (1)—
- (a) for “The Board” substitute “An integrated care board”;
- (b) before paragraph (a) insert—
- “(za) primary dental services pursuant to section 99A.”.
- (3) In subsection (2)—
- (a) for “the Board”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “the Board”, in the second place it occurs, substitute “the integrated care board”.
- 25 (1) Section 113 (Local Dental Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”.
- (3) In subsection (3)—
- (a) in paragraph (a), omit sub-paragraph (i);
- (b) in paragraph (b), for “the Board” substitute “the integrated care board”.
- (4) In subsection (6), for “the Board” substitute “an integrated care board”.
- (5) In subsection (10)—
- (a) for “The Board” substitute “An integrated care board”;

- (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”.

26 For section 114A substitute—

“114A Delegation of Secretary of State’s functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State’s functions relating to the provision of primary dental services.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

114B NHS England’s power to direct integrated care boards

NHS England may give directions to an integrated care board about the exercise by it of any of its functions under this Part.”

Ophthalmic services

27 Before section 115 (and the italic heading before it) insert—

“Meaning of primary ophthalmic services

114C Primary ophthalmic services for purposes of this Act

- (1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary ophthalmic services for the purposes of this Act (but these regulations may not affect the duty in section 115(1)(a)).
- (2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.”

28 In the italic heading before section 115, for “the Board” substitute “integrated care boards”.

29 (1) Section 115 (primary ophthalmic services) is amended as follows.

(2) For the heading substitute “Duty of integrated care boards to arrange primary ophthalmic services”.

(3) For subsections (1) and (1A) substitute—

“(1) Each integrated care board must exercise its powers so as to secure the provision of the following primary ophthalmic services to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility—

- (a) the sight-testing service mentioned in subsection (2),
- (b) such other primary ophthalmic services as may be prescribed, and
- (c) to the extent that it considers necessary to meet all reasonable requirements, any further primary ophthalmic services.

(1A) For the purposes of this section an integrated care board has responsibility for—

Status: This is the original version (as it was originally enacted).

- (a) the group of people for whom it has core responsibility (see section 14Z31), and
- (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).”

(4) Omit subsections (4), (4A), (5), (7) and (8).

30 After section 116 insert—

“General functions

116A General powers to make arrangements

- (1) An integrated care board may make such arrangements for the provision of primary ophthalmic services as it considers appropriate for the purpose of discharging its functions under section 115 (and may, in particular, make contractual arrangements with any person).
- (2) NHS England may make such arrangements for the provision of primary ophthalmic services as it considers appropriate for the purpose of discharging any functions under section 3B (and may, in particular, make contractual arrangements with any person).
- (3) The arrangements that may be made under this section include—
 - (a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);
 - (b) in the case of NHS England, arrangements for the performance of a service outside England.
- (4) The powers in this section are in addition to the power conferred by section 117.

116B Publication of information

Each integrated care board and NHS England must publish information about such matters as may be prescribed in relation to the primary ophthalmic services provided under this Act.”

- 31 (1) Section 117 (general ophthalmic services contracts: introductory) is amended as follows.
- (2) In subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
 - (3) In subsection (3) for “the Board” substitute “the integrated care board or NHS England (as the case may be)”.
 - (4) For subsection (4) substitute—
 - “(4) The services to be provided under a general ophthalmic services contract may include services which are not primary ophthalmic services.
 - (4A) The services to be provided under a general ophthalmic services contract may include—

- (a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);
- (b) in the case of a contract entered into by NHS England, services to be performed outside England.”
- (5) In subsection (5), for “the Board” substitute “the integrated care board or NHS England”.
- 32 In section 118 (persons eligible to enter into GOS contracts), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- 33 In section 119 (exclusion of contractors), in subsection (1), for “the Board” substitute “an integrated care board or NHS England”.
- 34 In section 120 (GOS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board or NHS England”.
- 35 In section 121 (GOS contracts: other required terms), in subsection (3)(a), for “the Board” substitute “an integrated care board or NHS England”.
- 36 (1) Section 123 (persons performing primary ophthalmic services) is amended as follows.
- (2) In subsection (1), for “the Board”, in the first place it occurs, substitute “an integrated care board or NHS England”.
- (3) In subsection (2), for paragraph (b) substitute—
- “(b) an integrated care board or NHS England is responsible for a primary ophthalmic service if it secures its provision under or by virtue of any enactment.”
- 37 (1) Section 124 (assistance and support: primary ophthalmic services) is amended as follows.
- (2) In subsection (1), for “The Board” substitute “An integrated care board”.
- (3) In subsection (2)—
- (a) for “the Board”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “the Board”, in the second place it occurs, substitute “the integrated care board”.
- 38 (1) Section 125 (Local Optical Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”.
- (3) In subsection (3)(b), for “the Board” substitute “the integrated care board”.
- (4) In subsection (7), for “the Board” substitute “an integrated care board”.
- (5) In subsection (10)—
- (a) for “The Board” substitute “An integrated care board”;
- (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”.
- 39 For section 125A substitute—

Status: This is the original version (as it was originally enacted).

“125A Delegation of Secretary of State’s functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State’s functions relating to the provision of primary ophthalmic services.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

125B NHS England’s power to direct integrated care boards

NHS England may give directions to an integrated care board about the exercise by it of any of its functions under this Part.”

Pharmaceutical services

40 For section 168A substitute—

“168A Delegation of Secretary of State’s functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State’s functions relating to services that may be provided as pharmaceutical services, or as local pharmaceutical services, under this Part.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.”

PART 2

CONSEQUENTIAL AMENDMENTS

Dentists Act 1984

- 41 The Dentists Act 1984 is amended as follows.
- 42 In section 40 (definition of business of dentistry), in subsection (2)(aa), for “a contract under section 100 of the National Health Service Act 2006” substitute “arrangements under section 99A of the National Health Service Act 2006 or a contract under section 100 of that Act”.
- 43 In section 53 (interpretation), in subsection (3)(a)(i), for “92 or 107” substitute “83, 92, 99A or 107”.

Access to Health Records Act 1990

- 44 In section 1 of the Access to Health Records Act 1990 (“Health record” and related expressions) as it has effect under the law of England and Wales, in subsection (2)—
- (a) in paragraph (a)—
 - (i) before “or a Local Health Board” insert “, an integrated care board”;
 - (ii) for “the Board” substitute “or the integrated care board or Local Health Board”;

- (b) after paragraph (a) insert—
- “(aza) in the case of a record made by a health professional performing such services under a contract made with NHS England or an integrated care board under section 100 of the National Health Service Act 2006 (general dental services contracts), the person or body who entered into the contract with NHS England or the integrated care board (or, in a case where more than one person so entered into the contract, any such person);”;
- (c) in paragraph (aa)—
- (i) for “92 or 107” substitute “83, 92, 99A or 107”;
- (ii) before “or a Local Health Board” insert “, an integrated care board”;
- (iii) for “the Board” substitute “or the integrated care board or Local Health Board”.

Trade Union and Labour Relations (Consolidation) Act 1992

45 In section 279 of the Trade Union and Labour Relations (Consolidation) Act 1992 (health service practitioners), for subsection (2) substitute—

“(2) In this Act “worker” also includes an individual regarded in their capacity as one who works or normally works or seeks to work as a person performing primary medical services, primary dental services or primary ophthalmic services—

- (a) in accordance with arrangements made by NHS England or an integrated care board under section 83, 92, 99A, 107 or 116A of the National Health Service Act 2006;
- (b) in accordance with arrangements made by a Local Health Board under section 50 or 64 of the National Health Service (Wales) Act 2006;
- (c) under a contract under section 84, 100 or 117 of the National Health Service Act 2006 entered into by the individual with NHS England or an integrated care board; or
- (d) under a contract under section 42 or 57 of the National Health Service (Wales) Act 2006 entered into by the individual with a Local Health Board,

and “employer” in relation to such an individual, regarded in that capacity, means that body.”

Health Service Commissioners Act 1993

46 In section 2A of the Health Service Commissioners Act 1993 (persons subject to investigation), in subsection (1)(c), for “92 or 107” substitute “83, 92, 99A or 107”.

Freedom of Information Act 2000

47 In Part 3 of Schedule 1 to the Freedom of Information Act 2000 (NHS in England and Wales), in paragraph 43A(a), for “92 or 107” substitute “83, 92, 99A, 107 or 116A”.

Status: This is the original version (as it was originally enacted).

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

- 48 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”.

Health Act 2006

- 49 In Schedule 8 to the Health Act 2006 (minor and consequential amendments), omit paragraph 30 and the italic heading above it.

National Health Service Act 2006

- 50 The National Health Service Act 2006 is amended as follows.
- 51 In section 80 (supply of goods and services by the Secretary of State and NHS bodies), in subsections (5) and (7), before “may” insert “or an integrated care board”.
- 52 (1) Section 259 (sale of medical practices) is amended as follows.
- (2) In subsection (4)(e), for “83(2)” substitute “83”.
- (3) In subsection (4A), for “83(2)”, in the first place it occurs, substitute “83”.
- 53 In section 276 (index of defined expressions)—
- (a) in the entry relating to “primary dental services” for “section 99” substitute “section 98C”;
- (b) in the entry relating to “primary medical services” for “section 83” substitute “section 82A”;
- (c) in the entry relating to “primary ophthalmic services” for “section 115” substitute “section 114C”.
- 54 In Schedule 4 (NHS trusts), for paragraph 24 and the italic heading before it substitute—

“Provision of services under section 83, 92, 99A or 107

- 24 An NHS trust may provide services—
- (a) under arrangements made under section 83 (primary medical services);
- (b) under an agreement made under section 92 (primary medical services), and may do so as a member of a qualifying body (within the meaning given by section 93);
- (c) under arrangements made under section 99A (primary dental services);
- (d) under an agreement made under section 107 (primary dental services), and may do so as a member of a qualifying body (within the meaning given by section 108).”

National Health Service (Wales) Act 2006

- 55 (1) Section 51 (persons with whom agreement may be made under section 50 for the provision of primary medical services) is amended as follows.
- (2) In subsection (1)—

- (a) in paragraph (d)(ii) after “section 64 arrangements,” insert “section 83 arrangements,”;
 - (b) in paragraph (e) after “a section 64 employee,” insert “a section 83 employee,”.
- (3) In subsection (3)—
- (a) after the definition of “section 17C employee” insert—
 - ““section 83 arrangements” means arrangements for the provision of services made under section 83 of the National Health Service Act 2006,”;
 - (b) after the definition of “section 107 arrangements” insert—
 - ““section 83 employee” means an individual who, in connection with the provision of services in accordance with section 83 arrangements, is employed by a person providing or performing those services,”.
- 56 (1) Section 65 (persons with whom agreement may be made under section 64 for the provision of primary dental services) is amended as follows.
- (2) In subsection (1)—
- (a) in paragraph (d)(ii) after “section 92 arrangements,” insert “section 99A arrangements,”;
 - (b) in paragraph (e) after “a section 92 employee,” insert “a section 99A employee,”.
- (3) In subsection (3)—
- (a) after the definition of “section 92 arrangements” insert—
 - ““section 99A arrangements” means arrangements for the provision of services made under section 99A of the National Health Service Act 2006,”;
 - (b) after the definition of “section 92 employee” insert—
 - ““section 99A employee” means an individual who, in connection with the provision of services in accordance with section 99A arrangements, is employed by a person providing or performing those services,”.

Health Act 2009

- 57 In section 2 of the Health Act 2009 (duty to have regard to NHS constitution), in subsection (6)—
- (a) for paragraph (a) substitute—
 - “(a) section 83 (arrangements for provision of primary medical services);”;
 - (b) after paragraph (c) insert—
 - “(ca) section 99A (arrangements for provision of primary dental services);”;
 - (c) after paragraph (e) insert—
 - “(ea) section 116A (arrangements for provision of primary ophthalmic services);”.

Status: This is the original version (as it was originally enacted).

Domestic Abuse Act 2021

- 58 In section 80 of the Domestic Abuse Act 2021 (prohibition on charging for the provision of medical evidence of domestic abuse), in subsection (5)(a), for subparagraph (ii) substitute—
- “(ii) any arrangements made under section 83 of that Act;”.

SCHEDULE 4

Section 32

INTEGRATED CARE SYSTEM: MINOR AND CONSEQUENTIAL AMENDMENTS

Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951

- 1 In Part 1 of Schedule 2 to the Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951 (capacities in respect of which payments under Part 5 of the Act may be made, and paying authorities), in paragraph 15—
- (a) in the first column (headed “capacity”), for “, a clinical commissioning group,” substitute “, an integrated care board;”;
 - (b) in the second column (headed “paying authority”), for “, clinical commissioning group,” substitute “, integrated care board;”.

Public Records Act 1958

- 2 In Schedule 1 to the Public Records Act 1958 (bodies the records of which are public records), in Part 1 of the Table at the end of paragraph 3—
- (a) for “, clinical commissioning groups,” substitute “, integrated care boards;”;
 - (b) for “, a clinical commissioning group”, in both places it occurs, substitute “, an integrated care board”;
 - (c) for “paragraph 20 of Schedule 1A” substitute “paragraph 23 of Schedule 1B”.

Public Bodies (Admission to Meetings) Act 1960

- 3 In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 (public authorities to which that Act applies) in paragraph 1, after paragraph (o) insert—
- “(p) an integrated care board established under section 14Z25 of the National Health Service Act 2006;”.

Leasehold Reform Act 1967

- 4 (1) Section 28 of the Leasehold Reform Act 1967 (land required for public purposes) is amended as follows.
- (2) In subsection (5)(d), for “, any clinical commissioning group,” substitute “, any integrated care board;”.
 - (3) In subsection (6)(c), for “, a clinical commissioning group,” substitute “, an integrated care board;”.

Parliamentary Commissioner Act 1967

- 5 In Schedule 3 to the Parliamentary Commissioner Act 1967 (matters not subject to investigation), in paragraph 8(1) and (2), for “a clinical commissioning group” substitute “an integrated care board”.

Health Services and Public Health Act 1968

- 6 The Health Services and Public Health Act 1968 is amended as follows.
- 7 In section 63 (provision of instruction for officers of hospital authorities etc), in subsections (1)(a) and (2)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- 8 In section 64 (financial assistance to certain voluntary organisations), in subsection (3)(b), for “a clinical commissioning group” substitute “an integrated care board”.

Employers’ Liability (Compulsory Insurance) Act 1969

- 9 In section 3 of the Employers’ Liability (Compulsory Insurance) Act 1969 (employers exempted from insurance), in subsection (2)(a), for “, a clinical commissioning group established under section 14D” substitute “, an integrated care board established under section [14Z25](#)”.

Local Authority Social Services Act 1970

- 10 In Schedule 1 to the Local Authority Social Services Act 1970 (social services functions) in the entry relating to the Children Act 1989, in the column headed “Nature of functions”, for “a clinical commissioning group” substitute “an integrated care board”.

Local Government Act 1972

- 11 (1) Section 113 of the Local Government Act 1972 (placing of staff of local authorities at disposal of certain persons) is amended as follows.
- (2) In subsection (1A), for “clinical commissioning group,”, in each place it occurs, substitute “integrated care board,”.
- (3) In subsection (4), for ““clinical commissioning group” means a body established under section 14D” substitute ““integrated care board” means a body established under section [14Z25](#)”.

Health and Safety at Work etc. Act 1974

- 12 In section 60 of the Health and Safety at Work etc. Act 1974 (supplementary provision about the Employment Medical Advisory Service), in subsection (1), for “clinical commissioning group” substitute “integrated care board”.

National Health Service (Scotland) Act 1978

- 13 In section 17A (NHS contracts), in subsection (2), for paragraph (jb) substitute—
“(jb) integrated care boards established under section [14Z25](#) of the National Health Service Act 2006;”.

Status: This is the original version (as it was originally enacted).

Mental Health Act 1983

- 14 The Mental Health Act 1983 is amended as follows.
- 15 In section 39 (information as to hospitals), in subsection (1), for “clinical commissioning group or”, in each place it occurs, substitute “integrated care board or”.
- 16 In section 117 (after-care), in subsections (2), (2D), (2E), (2F) and (3), for “clinical commissioning group”, in each place it occurs, substitute “integrated care board”.
- 17 In section 134 (correspondence of patients), in subsection (3)(e), for “, a clinical commissioning group,” substitute “, an integrated care board,”.
- 18 In section 139 (protection for acts done in pursuance of this Act), in subsection (4), for “, a clinical commissioning group,” substitute “, an integrated care board,”.
- 19 In section 140 (notification of hospitals having arrangements for special cases) for “clinical commissioning group”, in each place it occurs, substitute “integrated care board”.

Acquisition of Land Act 1981

- 20 The Acquisition of Land Act 1981 is amended as follows.
- 21 In section 16 (statutory undertakers’ land excluded from compulsory purchase), in subsection (3), for paragraph (ab) substitute—
“(ab) an integrated care board established under section 14Z25 of the National Health Service Act 2006;”.
- 22 In section 17 (local authority and statutory undertakers’ land), in subsection (4), in the definition of “statutory undertakers” for paragraph (af) substitute—
“(“af) an integrated care board established under section 14Z25 of the National Health Service Act 2006;”.

Disabled Persons (Services, Consultation and Representation) Act 1986

- 23 The Disabled Persons (Services, Consultation and Representation) Act 1986 is amended as follows.
- 24 (1) Section 2 (rights of authorised representatives of disabled persons) is amended as follows.
- (2) In subsection (5)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- (3) In subsection (9), in paragraph (a) of the definition of “health authority”, for “, a clinical commissioning group or” substitute “, an integrated care board or”.
- 25 (1) Section 7 (persons discharged from hospital) is amended as follows.
- (2) In subsection (3A)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- (3) In subsection (9), in paragraph (a) of the definition of “health authority”, for “a clinical commissioning group”, substitute “an integrated care board”.

Copyright, Designs and Patents Act 1988

- 26 In section 48 of the Copyright, Designs and Patents Act 1988 (material communicated to the Crown in the course of public business), in subsection (6), for “, a clinical commissioning group established under section 14D of the National Health Service Act 2006,” substitute “, an integrated care board established under section 14Z25 of the National Health Service Act 2006,”.

Children Act 1989

- 27 The Children Act 1989 is amended as follows.
- 28 In section 21 (provision for accommodation for children in police protection or detention or on remand, etc), in subsection (3), for “a clinical commissioning group” substitute “an integrated care board”.
- 29 In section 24 (persons qualifying for advice and assistance), in subsection (2)(d)(ii), for “a clinical commissioning group” substitute “an integrated care board”.
- 30 In section 24C (information), in subsection (2)(c), for “a clinical commissioning group” substitute “an integrated care board”.
- 31 In section 27 (co-operation between authorities), in subsection (3)(d), for “clinical commissioning group,” substitute “integrated care board,”.
- 32 In section 29 (recoupment of cost of providing services etc), in subsection (8)(c), for “a clinical commissioning group” substitute “an integrated care board”.
- 33 In section 47 (local authority’s duty to investigate), in subsection (11)(d), for “clinical commissioning group,” substitute “integrated care board,”.
- 34 In section 80 (inspection of children’s homes etc by persons authorised by the Appropriate National Authority), in subsections (1)(d) and (5)(ea), for “a clinical commissioning group” substitute “an integrated care board”.
- 35 In section 85 (children accommodated by health authorities and local education authorities), in subsection (2ZA)—
- (a) in paragraph (b), for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in the words after paragraph (b), for “the clinical commissioning group” substitute “the integrated care board”.
- 36 In section 105 (interpretation), in subsection (1)—
- (a) omit the definition of “clinical commissioning group”;
 - (b) at the appropriate place insert—
““integrated care board” means a body established under section 14Z25 of the National Health Service Act 2006;”.

National Health Service and Community Care Act 1990

- 37 In section 47 of the National Health Service and Community Care Act 1990 (assessment of needs for community care services), in subsection (3), in the words after paragraph (b) for “clinical commissioning group”, in both places it occurs, substitute “integrated care board”.

Status: This is the original version (as it was originally enacted).

London Local Authorities Act 1991

- 38 In section 4 of the London Local Authorities Act 1991 (interpretation of Part 2), in paragraph (d) of the definition of “establishment for special treatment”, for “a clinical commissioning group under the National Health Service Act 2006 (including by virtue of section 7A of that Act)” substitute “an integrated care board under the National Health Service Act 2006”.

Health Service Commissioners Act 1993

- 39 In section 2 of the Health Service Commissioners Act 1993 (the bodies subject to investigation), in subsection (1), for paragraph (dd) substitute—
“(dd) integrated care boards.”

Value Added Tax Act 1994

- 40 The Value Added Tax Act 1994 is amended as follows.
- 41 In section 41 (application to the Crown), in subsection (7), for paragraph (f) substitute—
“(f) an integrated care board.”
- 42 (1) Schedule 8 (zero-rating) is amended as follows.
- (2) In Group 12, in Note (5H), for paragraph (ea) substitute—
“(ea) an integrated care board established under section 14Z25 of the National Health Service Act 2006.”
- (3) In Group 15, in Note (4), for paragraph (j) substitute—
“(j) an integrated care board established under section 14Z25 of the National Health Service Act 2006.”

Education Act 1996

- 43 The Education Act 1996 is amended as follows.
- 44 In section 322 (duty of certain bodies to help local authority), in subsections (1), (3)(a) and (4), for “a clinical commissioning group” substitute “an integrated care board”.
- 45 In section 332 (duty of Local Health Board, a Primary Care Trust or National Health Service trust to notify parent etc), in subsection (1), for “a clinical commissioning group,” substitute “an integrated care board.”

Employment Rights Act 1996

- 46 The Employment Rights Act 1996 is amended as follows.
- 47 In section 49B (the health service: regulations prohibiting discrimination because of protected disclosure), in subsection (7), for paragraph (b) substitute—
“(b) an integrated care board.”
- 48 In section 50 (right to time off for public duties), in subsection (8), for paragraph (zb) substitute—
“(zb) an integrated care board established under section 14Z25 of the National Health Service Act 2006.”

- 49 In section 218 (change of employer), in subsection (10), for paragraph (zb) substitute—
“(zb) an integrated care board established under section 14Z25 of the National Health Service Act 2006.”.

Housing Grants, Construction and Regeneration Act 1996

- 50 In section 3 of the Housing Grants, Construction and Regeneration Act 1996 (ineligible applicants for grants), in subsection (2)(f), for “, a clinical commissioning group,” substitute “, an integrated care board,”.

Crime and Disorder Act 1998

- 51 The Crime and Disorder Act 1998 is amended as follows.
- 52 In section 5 (authorities responsible for crime and disorder strategies), in subsection (1)(e), for “clinical commissioning group” substitute “integrated care board”.
- 53 In section 38 (local provision of youth justice services), in subsection (2)(b), for “, clinical commissioning group or” substitute “, integrated care board or”.
- 54 (1) Section 39 (youth offending teams) is amended as follows.
- (2) In subsection (3)(b), for “, clinical commissioning group or” substitute “, integrated care board or”.
- (3) In subsection (5)(d), for “a clinical commissioning group or” substitute “an integrated care board or”.
- 55 In section 41 (the Youth Justice Board), in subsection (10), for “a clinical commissioning group,” substitute “an integrated care board,”.
- 56 In section 42 (supplementary provision), in subsection (3), for “a clinical commissioning group,” substitute “an integrated care board,”.
- 57 In section 115 (disclosure of information), in subsection (2), for paragraph (fb) substitute—
“(fb) an integrated care board;”.

Greater London Authority Act 1999

- 58 In section 309E of the Greater London Authority Act 1999 (the Mayor’s health inequalities strategy), in subsection (5), for paragraph (gc) substitute—
“(gc) any integrated care board (established under section 14Z25 of the National Health Service Act 2006) for an area wholly or partly in Greater London,”.

Health Act 1999

- 59 In section 61 of the Health Act 1999 (English and Scottish border provisions), in subsections (2) and (5), for “clinical commissioning group”, in each place it occurs, substitute “integrated care board”.

Status: This is the original version (as it was originally enacted).

Freedom of Information Act 2000

- 60 In Part 3 of Schedule 1 to the Freedom of Information Act 2000 (NHS in England and Wales), for paragraph 37B substitute—
- “37B An integrated care board established under section 14Z25 of the National Health Service Act 2006.”

Local Government Act 2000

- 61 In section 9FF of the Local Government Act 2000 (reports and recommendations of overview and scrutiny committees: duties of certain partner authorities), in subsection (6), for paragraph (za) substitute—
- “(za) an integrated care board.”

Adoption and Children Act 2002

- 62 The Adoption and Children Act 2002 is amended as follows.
- 63 In section 4 (assessments etc for adoption support services), in subsection (9), in the words after paragraph (b), for “clinical commissioning group,” substitute “integrated care board.”
- 64 In section 8 (adoption support agencies), in subsection (2)(d), for “, clinical commissioning group” substitute “, integrated care board”.

International Development Act 2002

- 65 In Schedule 1 to the International Development Act 2002 (statutory bodies with powers under section 9 of that Act)—
- (a) omit the entry for a clinical commissioning group;
- (b) before the entry for “A Health Board” insert—
- “An integrated care board”.

Nationality, Immigration and Asylum Act 2002

- 66 In section 133 of the Nationality, Immigration and Asylum Act 2002 (power of medical inspector to disclose information to health service bodies), in subsection (4) (a), for sub-paragraph (ib) substitute—
- “(ib) an integrated care board established under section 14Z25 of the National Health Service Act 2006.”

Criminal Justice Act 2003

- 67 In section 325 of the Criminal Justice Act 2003 (arrangements for assessing etc risks posed by certain offenders), in subsection (6)(g), for “clinical commissioning group or” substitute “integrated care board or”.

Finance Act 2003

- 68 In section 67A of the Finance Act 2003 (acquisitions by certain health service bodies), in subsection (1), for paragraph (b) substitute—
- “(b) an integrated care board established under section 14Z25 of the National Health Service Act 2006;”.

Status: This is the original version (as it was originally enacted).

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

- 69 The Health and Social Care (Community Health and Standards) Act 2003 is amended as follows.
- 70 In section 148 (interpretation of Part 2), in the definition of “English NHS body”, for paragraph (cb) substitute—
“(“cb) an integrated care board;”.
- 71 In section 160 (provision of information), in subsection (1)(h)—
(a) for “a clinical commissioning group” substitute “an integrated care board”;
(b) for “the clinical commissioning group” substitute “the integrated care board”.
- 72 In section 165 (power to apply provisions about recovery of charges to non-NHS hospitals), in subsection (3)(b), for sub-paragraph (ib) substitute—
“(ib) an integrated care board;”.

Children Act 2004

- 73 The Children Act 2004 is amended as follows.
- 74 In section 10 (co-operation to improve wellbeing), in subsection (4)(db), for “clinical commissioning group” substitute “integrated care board”.
- 75 In section 11 (arrangements to safeguard and promote welfare), in subsection (1), for paragraph (bb) substitute—
“(bb) an integrated care board;”.
- 76 In section 16E (local arrangements for safeguarding and promoting welfare of children), in subsection (3), in paragraph (b) of the definition of “safeguarding partner” for “a clinical commissioning group” substitute “an integrated care board”.
- 77 In section 16J (combining safeguarding partner areas and delegating functions), for subsection (4) substitute—
“(4) Where an integrated care board is a safeguarding partner for the same local authority area as another integrated care board, the boards may arrange for one of them to carry out functions under sections 16E to 16I on behalf of the other.”
- 78 In section 16P (combining child death review partner areas and delegating functions), for subsection (4) substitute—
“(4) Where an integrated care board is a child death review partner for the same local authority area as another integrated care board, the boards may arrange for one of them to carry out functions under sections 16M to 16O on behalf of the other.”
- 79 In section 16Q (guidance and interpretation), in subsection (2)(b), for “clinical commissioning group” substitute “integrated care board”.

Civil Contingencies Act 2004

- 80 (1) Schedule 1 to the Civil Contingencies Act 2004 (lists of Category 1 and 2 responders) is amended as follows.
- (2) After paragraph 4A insert—

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“4B An integrated care board established under section 14Z25 of the National Health Service Act 2006.”

(3) Omit paragraph 29ZA.

Domestic Violence, Crime and Victims Act 2004

81 In section 9 of the Domestic Violence, Crime and Victims Act 2004 (establishment and conduct of domestic homicide reviews), in the list in subsection (4)(a), for the entry relating to clinical commissioning groups substitute—

“integrated care boards established under section 14Z25 of the National Health Service Act 2006;”.

Mental Capacity Act 2005

82 (1) Schedule AA1 to the Mental Capacity Act 2005 (deprivation of liberty: authorisation of arrangements enabling care and treatment) is amended as follows.

(2) In paragraph 3—

(a) omit the definition of “clinical commissioning group”;

(b) at the appropriate place insert—

““integrated care board” means a body established under section 14Z25 of the National Health Service Act 2006;”.

(3) In paragraph 6(1)(d)—

(a) in sub-paragraph (i), for “a clinical commissioning group” substitute “an integrated care board”;

(b) in the words after sub-paragraph (ii), for “clinical commissioning group” substitute “integrated care board”.

(4) In paragraph 11, for sub-paragraph (b) substitute—

“(b) an integrated care board;”.

(5) In paragraph 14(1), for paragraph (b) substitute—

“(b) each integrated care board;”.

Armed Forces Act 2006

83 (1) Section 343AA of the Armed Forces Act 2006 (due regard to principles: England) (as inserted by section 8(3) of the Armed Forces Act 2021) is amended as follows.

(2) In subsection (3), for paragraph (h) substitute—

“(h) an integrated care board;”.

(3) In subsection (8)—

(a) omit the definition of “clinical commissioning group”;

(b) at the appropriate place insert—

““integrated care board” means a body established under section 14Z25 of the National Health Service Act 2006;”.

Childcare Act 2006

- 84 In section 4 of the Childcare Act 2006 (duty of local authority and relevant partners to work together), in subsection (1)(a), for “a clinical commissioning group” substitute “an integrated care board”.

Emergency Workers (Obstruction) Act 2006

- 85 In section 1 of the Emergency Workers (Obstruction) Act 2006 (obstructing emergency workers), in subsection (5)(a), for “a clinical commissioning group,” substitute “an integrated care board,”.

National Health Service Act 2006

- 86 The National Health Service Act 2006 is amended as follows.
- 87 In section 1H (NHS England and its general functions), in subsection (3)(b), for “clinical commissioning groups” substitute “integrated care boards”.
- 88 (1) Section 6 (performance of functions outside England) is amended as follows.
- (2) In subsection (1A), for “a clinical commissioning group” substitute “an integrated care board”.
- (3) In subsection (2), for “clinical commissioning groups” substitute “integrated care boards”.
- 89 (1) Section 6E (regulations as to the exercise of functions) is amended as follows.
- (2) In the heading, for “clinical commissioning groups” substitute “integrated care boards”.
- (3) In subsections (1) and (2), for “clinical commissioning groups”, in each place it occurs, substitute “integrated care boards”.
- (4) In subsection (3)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- (5) In subsections (4)(a) and (c), (5)(a) and (b) and (7), for “clinical commissioning groups”, in each place it occurs, substitute “integrated care boards”.
- (6) In subsection (8), for “clinical commissioning group” substitute “integrated care board”.
- (7) In subsection (10)(a) and (b), for “clinical commissioning groups”, in each place it occurs, substitute “integrated care boards”.
- 90 In section 9 (NHS contracts), in subsection (4), for paragraph (zb) substitute—
“(zb) an integrated care board,”.
- 91 (1) Section 12 (arrangements with other bodies) is amended as follows.
- (2) In subsection (2), for paragraph (b) substitute—
“(b) integrated care boards,”.
- (3) In subsection (4), for paragraph (ab) substitute—
“(ab) an integrated care board,”.
- 92 (1) Section 12ZA (commissioning arrangements) is amended as follows.

Status: This is the original version (as it was originally enacted).

- (2) In the heading, for “clinical commissioning groups” substitute “integrated care boards”.
- (3) In subsections (1), (3) and (4), for “a clinical commissioning group” substitute “an integrated care board”.
- (4) In subsection (5), for paragraph (c) substitute—
“ (c) an integrated care board.”.
- (5) In subsection (9), in the definition of “service provider”, for “a clinical commissioning group” substitute “an integrated care board”.
- 93 (1) Section 12A (direct payments for health care) is amended as follows.
- (2) In subsections (1) and (2)(aa), for “a clinical commissioning group” substitute “an integrated care board”.
- (3) In subsection (4)—
(a) for “a clinical commissioning group”, in both places it occurs, substitute “an integrated care board”;
(b) for “the group” substitute “the board”.
- 94 In section 12B (regulations about direct payments), in subsections (2)(d), (g), (h) and (j), (4) and (5)(a) and (b), for “a clinical commissioning group”, in each place it occurs, substitute “an integrated care board”.
- 95 In section 12D (arrangements with other bodies relating to direct payments), in subsections (1) and (3), for “a clinical commissioning group” substitute “an integrated care board”.
- 96 In section 13A (mandate), in subsection (6), for “clinical commissioning group” substitute “integrated care board”.
- 97 In section 13N (duty as to promoting integration), in subsection (3), for “clinical commissioning groups” substitute “integrated care boards”.
- 98 In section 13R (information on safety of services provided by the health service), in subsection (6), for “A clinical commissioning group” substitute “An integrated care board”.
- 99 In section 13V (pooled funds), in subsection (1), for “clinical commissioning groups” substitute “integrated care boards”.
- 100 In Part 2, omit Chapter A2 (clinical commissioning groups).
- 101 In section 71 (schemes for meeting losses and liabilities etc of certain health service bodies), in subsection (2), for paragraph (zb) substitute—
“ (zb) integrated care boards.”.
- 102 In section 74 (supply of goods and services by local authorities), in subsection (1) (a), for “clinical commissioning group” substitute “integrated care board”.
- 103 In section 76 (power of local authorities to make payments), in subsection (1), for “a clinical commissioning group” substitute “an integrated care board”.
- 104 (1) Section 77 (care trusts) is amended as follows.
- (2) In subsection (1), in paragraph (a), for “an NHS trust or a clinical commissioning group” substitute “an integrated care board, an NHS trust”.

Status: This is the original version (as it was originally enacted).

- (3) In subsection (10), for “NHS trust or clinical commissioning group” substitute “an integrated care board, NHS trust”.
- (4) In subsection (12), in the definition of “NHS functions”, for “NHS trust or clinical commissioning group” substitute “an integrated care board, NHS trust”.
- 105 (1) In section 80 (supply of goods and services by the Secretary of State, the Board and clinical commissioning groups) is amended as follows.
- (2) In the heading, for “clinical commissioning groups” substitute “integrated care boards”.
- (3) In subsection (1), for “a clinical commissioning group” substitute “an integrated care board”.
- (4) For subsection (3A) substitute—
- “(3A) NHS England or an integrated care board may make available to persons falling within subsection (1)—
- (a) any facilities the provision of which is arranged by NHS England or (as the case may be) the integrated care board in pursuance of its functions under this Act;
- (b) any facilities of NHS England or (as the case may be) the integrated care board;
- (c) the services of persons employed by NHS England or (as the case may be) the integrated care board.”
- (5) In subsection (4), for “a clinical commissioning group” substitute “an integrated care board”.
- (6) For subsection (6A) substitute—
- “(6A) NHS England and each integrated care board must make available to local authorities—
- (a) any services (other than the services of any person) or other facilities the provision of which is arranged by NHS England or (as the case may be) the integrated care board in pursuance of its functions under this Act;
- (b) the services of persons employed by NHS England or (as the case may be) the integrated care board;
- (c) any facilities of NHS England or (as the case may be) the integrated care board,
- so far as is reasonably necessary and practicable to enable local authorities to discharge their functions relating to social services, education and public health.”
- (7) In subsection (9)—
- (a) for “a clinical commissioning group” substitute “an integrated care board”;
- (b) for “the clinical commissioning group” substitute “the integrated care board in the exercise of its functions”.
- (8) Omit subsection (10).
- 106 In section 183 (payment of travelling expenses), in paragraphs (a), (b) and (c), for “a clinical commissioning group” substitute “an integrated care board”.

Status: This is the original version (as it was originally enacted).

- 107 In section 185 (charges for more expensive supplies), in subsection (2), for “a clinical commissioning group” substitute “an integrated care board”.
- 108 In section 186 (charges for repairs and replacements in certain cases), in subsection (2), for “a clinical commissioning group” substitute “an integrated care board”.
- 109 In section 187 (charges for designated services or facilities), for “section 3(1)(d) or (e)” substitute “section 3(1)(e) or (f)”.
- 110 In section 188 (sums otherwise payable to those providing services), in subsection (2), for “a clinical commissioning group” substitute “an integrated care board”.
- 111 In section 196 (persons and bodies about which provision is made by this Part), in subsection (3), for paragraph (zb) substitute—
“*(zb)* an integrated care board.”
- 112 In section 201 (disclosure of information), in subsection (3)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- 113 In section 214 (transfer of functions and property to or from Welsh special trustees), in subsection (1), for “a clinical commissioning group” substitute “an integrated care board”.
- 114 In section 222 (power to raise money), in subsection (3A)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- 115 For section 223A (application of provision about public-private partnerships) substitute—

“223A Application of section 223 to integrated care boards

- (1) Section 223 applies in relation to an integrated care board as it applies in relation to NHS England.
- (2) But the powers conferred by that section are exercisable by an integrated care board only for the purpose of securing improvement—
- (a) in the physical and mental health of the group of people for whom it has core responsibility (see section 14Z31), or
 - (b) in the prevention, diagnosis and treatment of illness in such people.”
- 116 In section 223B (funding of NHS England), in subsection (8), for “14Z1” substitute “14Z42”.
- 117 In section 223F (power to establish contingency fund), in subsection (2)(b), for “a clinical commissioning group” substitute “an integrated care board”.
- 118 (1) Section 223G (means of meeting expenditure of clinical commissioning groups out of public funds) is amended as follows.
- (2) In the heading, for “clinical commissioning groups” substitute “integrated care boards”.
 - (3) In subsection (1)—
 - (a) for “clinical commissioning group” substitute “integrated care board”;
 - (b) for “the group”, in both places it occurs, substitute “the board”.
 - (4) In subsection (2)—

Status: This is the original version (as it was originally enacted).

- (a) for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in paragraph (a), for “clinical commissioning group” substitute “integrated care board”.
 - (5) In subsection (3)—
 - (a) for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) for “the group” substitute “the board”.
 - (6) In subsections (5) and (6), for “a clinical commissioning group” substitute “an integrated care board”.
 - (7) In subsection (7), for “clinical commissioning groups” substitute “integrated care boards”.
 - (8) Omit subsection (8).
- 119 (1) Section 223GA (expenditure on integration) is amended as follows.
- (2) In subsection (3), for “the group” substitute “the integrated care board”.
 - (3) In subsection (4)(a)—
 - (a) for “the group” substitute “the integrated care board”;
 - (b) for “clinical commissioning group” substitute “integrated care board”.
 - (4) In subsections (5)(c) and (6)(b), for “clinical commissioning group” substitute “integrated care board”.
 - (5) In subsections (10)(b) and (11), for “14Z1” substitute “14Z42”.
- 120 (1) Section 223K (payments in respect of quality) is amended as follows.
- (2) In subsection (1), for “a clinical commissioning group” substitute “an integrated care board”.
 - (3) In subsection (6), omit the words from “(which may include” to the end.
 - (4) In subsection (7)—
 - (a) for “A clinical commissioning group” substitute “An integrated care board”;
 - (b) for “the group” substitute “the board”.
- 121 (1) Section 236 (payments for certain medical examinations) is amended as follows.
- (2) In subsection (1), for “clinical commissioning group” substitute “integrated care board”.
 - (3) In subsection (2)(b)(ii), for “a clinical commissioning group” substitute “an integrated care board”.
- 122 (1) Section 244 (review and scrutiny by local authorities) is amended as follows
- (2) In subsection (2ZA)(c) and (d), for “a clinical commissioning group” substitute “an integrated care board”.
 - (3) In subsection (3A), for paragraph (a) substitute—
 - “(a) in relation to an integrated care board, includes a person who is not a member of the board but is a member of a committee or sub-committee of it;”.
 - (4) Omit subsection (3B).

Status: This is the original version (as it was originally enacted).

- 123 In the italic heading before section 252A, for “clinical commissioning groups” substitute “integrated care boards”.
- 124 (1) In section 252A (role of NHS England and clinical commissioning groups in respect of emergencies).
- (2) In the heading, for “clinical commissioning groups” substitute “integrated care boards”.
- (3) In subsections (1), (2) and (3), for “clinical commissioning group” substitute “integrated care board”.
- (4) In subsection (6), for “clinical commissioning groups” substitute “integrated care boards”.
- (5) In subsection (10), in the definition of “relevant emergency”, in paragraph (a)—
- (a) for “a clinical commissioning group” substitute “an integrated care board”;
- (b) for “the group” substitute “the board”.
- 125 (1) Section 256 (power of NHS England or a clinical commissioning group to make payments towards expenditure on community services) is amended as follows.
- (2) In the heading, for “a clinical commissioning group” substitute “an integrated care board”.
- (3) In subsection (1), for “a clinical commissioning group” substitute “an integrated care board”.
- (4) In subsection (3)—
- (a) for “a clinical commissioning group” substitute “an integrated care board”;
- (b) for “the clinical commissioning group” substitute “the integrated care board”.
- 126 In section 257 (payments in respect of voluntary organisations under section 256), in subsection (2), for “clinical commissioning group” substitute “integrated care board”.
- 127 (1) Section 258 (university clinical teaching and research) is amended as follows.
- (2) In subsection (1), for “clinical commissioning group”, in both places it occurs, substitute “integrated care board”.
- (3) In subsection (2)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- 128 In section 269 (special notices of births and deaths), in subsection (11), for paragraph (b) substitute—
- “(b) integrated care boards.”
- 129 In section 270 (provision of information by Registrar General), in subsection (1), for paragraph (c) substitute—
- “(c) an integrated care board.”
- 130 In section 271A (services to be treated as services of the Crown for certain purposes), in subsection (2)(a), for “a clinical commissioning group” substitute “an integrated care board”.
- 131 (1) Section 272 (orders, regulations, rules and directions) is amended as follows.

- (2) In subsection (5), omit paragraph (za).
- (3) In subsection (6), omit paragraph (zza).
- 132 In section 275 (interpretation), in subsection (1)—
- (a) omit the definition of “clinical commissioning group”;
 - (b) in the definition of “financial year”, after “any year” insert “(except that in relation to an integrated care board it has the meaning given by section [14Z52\(8\)](#))”;
 - (c) at the appropriate places insert—
 - ““integrated care board” means a body established under section [14Z25](#),”;
 - ““information” includes documents or records,”;
 - (d) in the definition of “NHS body”, for paragraph (b) substitute—
“(b) an integrated care board.”
- 133 In section 276 (index of defined expressions), in the appropriate places insert—
- | | |
|--|----------------------------------|
| “group of people for whom an integrated care board has core responsibility | section 14Z31 ” |
| “partner, in relation to an NHS trust or NHS foundation trust and an integrated care board | section 14Z48 ”. |
- 134 (1) Schedule A1 (NHS England) is amended as follows.
- (2) In paragraph 16(2)(b), for “clinical commissioning group” substitute “integrated care board”.
 - (3) In paragraph 17(2)(b)—
 - (a) for “clinical commissioning groups” substitute “integrated care boards”;
 - (b) for “paragraph 17(3) of Schedule 1A” substitute “paragraph [22\(3\)](#) of Schedule 1B”.
- 135 (1) Schedule 1 (further provision about services) is amended as follows.
- (2) For paragraph 9 substitute—
 - “9 (1) An integrated care board may make arrangements for the provision of vehicles (including wheelchairs) for people for whom the board has responsibility and who appear to it to have a physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
 - (2) For the purposes of this paragraph an integrated care board has responsibility for—
 - (a) the group of people for whom it has core responsibility (see section [14Z31](#)), and
 - (b) such other people as may be prescribed (whether generally or in relation to a prescribed vehicle).”
 - (3) In paragraph 10—
 - (a) in sub-paragraph (2), for “clinical commissioning group” substitute “integrated care board”;

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- (b) in sub-paragraph (3), for “A clinical commissioning group” substitute “An integrated care board”;
 - (c) in sub-paragraph (5), for “clinical commissioning group” substitute “integrated care board”.
- (4) In paragraph 13—
- (a) in sub-paragraph (1)—
 - (i) for “a clinical commissioning group” substitute “an integrated care board”;
 - (ii) in paragraph (b), for “clinical commissioning group” substitute “integrated care board”;
 - (b) in sub-paragraph (3), for “a clinical commissioning group” substitute “an integrated care board”.
- 136 In Schedule 4 (NHS trusts: constitution etc), in paragraph 12, after sub-paragraph (1) insert—
- “(1A) The annual report must, in particular, review the extent to which the NHS trust has exercised its functions in accordance with the plans published under—
- (a) section 14Z52 (joint forward plans for integrated care board and its partners), and
 - (b) section 14Z56 (joint capital resource use plan for integrated care board and its partners).”
- 137 In Schedule 7 (constitution of public benefit corporations), in paragraph 26, after sub-paragraph (1) insert—
- “(1A) The reports must, in particular, review the extent to which the public benefit corporation has exercised its functions in accordance with the plans published under—
- (a) section 14Z52 (joint forward plans for integrated care board and its partners), and
 - (b) section 14Z56 (joint capital resource use plan for integrated care board and its partners).”
- 138 In Schedule 12A (pharmaceutical remuneration), in paragraph 2—
- (a) in the heading for “clinical commissioning groups” substitute “integrated care boards”;
 - (b) in sub-paragraph (3), for “clinical commissioning group” substitute “integrated care board”;
 - (c) in sub-paragraph (4), for “clinical commissioning groups” substitute “integrated care boards”;
 - (d) in sub-paragraph (5), for “clinical commissioning group” substitute “integrated care board”;
 - (e) in sub-paragraph (6)—
 - (i) for “a clinical commissioning group” substitute “an integrated care board”;
 - (ii) in paragraphs (a) and (b), for “the group”, in both places it occurs, substitute “the board”;
 - (f) in sub-paragraph (8), for “a clinical commissioning group” substitute “an integrated care board”;

Status: This is the original version (as it was originally enacted).

(g) for sub-paragraph (9) substitute—

“(9) For the purposes of sections 223GC and 223M(1)(b) and paragraph 22 of Schedule 1B, any amount of which an integrated care board is notified under sub-paragraph (6) is to be treated as expenditure of the group which is attributable to the performance by it of its functions in the year in question.”

National Health Service (Wales) Act 2006

- 139 The National Health Service (Wales) Act 2006 is amended as follows.
- 140 In section 7 (NHS contracts), in subsection (4), for paragraph (bb) substitute—
“(bb) an integrated care board,”.
- 141 In section 13 (exercise of Local Health Board functions), in subsection (3), for paragraph (ab) substitute—
“(ab) integrated care boards,”.
- 142 In section 17 (plans for improving health etc), in subsection (6)(g) and (h), for “, clinical commissioning groups,” substitute “, integrated care boards,”.
- 143 In section 26 (intervention orders), in subsection (1), for “, clinical commissioning groups and” substitute “, integrated care boards and”.
- 144 In section 28 (default powers), in subsection (1), for “, clinical commissioning groups and” substitute “, integrated care boards and”.
- 145 In section 34 (power of local authorities to make payments), in subsection (1), for “, a clinical commissioning group” substitute “, an integrated care board”.
- 146 In section 162 (transfer of functions and property to or from special trustees), in subsection (1), for “, a clinical commissioning group,” substitute “, an integrated care board,”.
- 147 In section 197 (university clinical teaching and research), in subsection (2)(a), for “a clinical commissioning group,” substitute “an integrated care board,”.
- 148 In section 206 (interpretation), in subsection (1)—
(a) omit the definition of “clinical commissioning group”;
(b) at the appropriate place insert—
““integrated care board” means a body established under section 14Z25 of the National Health Service Act 2006,”;
(c) in the definition of “NHS body”, for paragraph (f) substitute—
“(f) an integrated care board.”

NHS Redress Act 2006

- 149 In section 1 of the NHS Redress Act 2006 (power to establish redress scheme), in subsection (3), for paragraph (ab) substitute—
“(ab) an integrated care board,”.

Safeguarding Vulnerable Groups Act 2006

- 150 In section 6 of the Safeguarding Vulnerable Groups Act 2006 (regulated activity providers), in subsection (8E)—

Status: This is the original version (as it was originally enacted).

- (a) for “a clinical commissioning group” substitute “an integrated care board”;
- (b) for “the clinical commissioning group” substitute “the integrated care board”.

Corporate Manslaughter and Corporate Homicide Act 2007

- 151 In section 6 of the Corporate Manslaughter and Corporate Homicide Act 2007 (emergencies), in subsection (7), in paragraph (a) of the definition of “relevant NHS body”, for “a clinical commissioning group,” substitute “an integrated care board”.

Local Government and Public Involvement in Health Act 2007

- 152 The Local Government and Public Involvement in Health Act 2007 is amended as follows.
- 153 Section 222 (Local Healthwatch organisations), in subsection (3), for paragraph (ca) substitute—
“(ca) an integrated care board;”.
- 154 In section 224 (duties of services-providers to respond to local involvement networks), in subsection (2), for paragraph (zb) substitute—
“(zb) an integrated care board;”.
- 155 In section 227 (Local Healthwatch organisations: annual reports), in subsection (4) (ab), for “clinical commissioning group” substitute “integrated care board”.

Statistics and Registration Service Act 2007

- 156 (1) Section 42 of the Statistics and Registration Service Act 2007 (information relating to births and deaths etc) is amended as follows.
- (2) In subsection (4A), for paragraph (d) substitute—
“(d) an integrated care board;”.
- (3) In subsection (7), for ““clinical commissioning group”” substitute ““integrated care board””.

Education and Skills Act 2008

- 157 The Education and Skills Act 2008 is amended as follows.
- 158 In section 16 (supply of information by public bodies), in subsection (2), for paragraph (da) substitute—
“(da) an integrated care board;”.
- 159 In section 77 (supply of information by public bodies), in subsection (2), for paragraph (da) substitute—
“(da) an integrated care board;”.

Health and Social Care Act 2008

- 160 The Health and Social Care Act 2008 is amended as follows.
- 161 In section 30 (urgent procedure for cancellation), in subsection (3)(a), for “clinical commissioning group” substitute “integrated care board”.

Status: This is the original version (as it was originally enacted).

- 162 In section 39 (bodies required to be notified of certain matters), in subsection (1)(a), for “clinical commissioning group” substitute “integrated care board”.
- 163 In section 48 (reviews and investigations), in subsection (2)(ba), for “a clinical commissioning group” substitute “an integrated care board”.
- 164 In section 54 (studies as to economy, efficiency etc), in subsection (5), for “a clinical commissioning group or” substitute “an integrated care board or”.
- 165 In section 59 (additional functions), in subsection (3), for “clinical commissioning groups” substitute “integrated care boards”.
- 166 In section 64 (power to require documents and information), in subsection (2)(b), for sub-paragraph (ii) (but not the “or” at the end) substitute—
“(ii) an integrated care board.”
- 167 In section 97 (general interpretation of Part 1), in subsection (1)—
(a) in the definition of “English NHS body”, for paragraph (cb) substitute—
“(“cb) an integrated care board.”;
- (b) in the definition of “NHS care”, for “a clinical commissioning group” substitute “an integrated care board”.

Autism Act 2009

- 168 In section 4 of the Autism Act 2009 (interpretation), in subsection (1), in the definition of “NHS body”, for paragraph (cb) substitute—
“(cb) an integrated care board.”

Health Act 2009

- 169 The Health Act 2009 is amended as follows.
- 170 (1) Section 2 (duty to have regard to NHS constitution) is amended as follows.
- (2) In subsection (2) for paragraph (cb) substitute—
“(cb) integrated care boards.”
- (3) In subsection (4)(za) for “a clinical commissioning group” substitute “an integrated care board”.
- 171 In section 8 (duty of providers to publish information), in subsection (6), for “a clinical commissioning group” substitute “an integrated care board”.

Corporation Tax Act 2010

- 172 In section 986 of the Corporation Tax Act 2010 (meaning of “health service body”), in the table—
(a) omit the entry for a clinical commissioning group;
(b) after the entry for a Health Board insert—

“an integrated care board

section 14Z25 of the National Health Service Act 2006”.

Status: This is the original version (as it was originally enacted).

Equality Act 2010

- 173 In Part 1 of Schedule 19 to the Equality Act 2010 (bodies subject to public sector equality duty), in the group of entries that includes entries for bodies whose functions relate to health, social care and social security, for the entry for a clinical commissioning group substitute—
“An integrated care board established under section 14Z25 of the National Health Service Act 2006.”

Charities Act 2011

- 174 In section 149 of the Charities Act 2011 (audit or examination of English NHS charity accounts), in subsection (7), for paragraph (bb) substitute—
“(bb) an integrated care board.”

Health and Social Care Act 2012

- 175 The Health and Social Care Act 2012 is amended as follows.
- 176 In section 95 (licensing: special conditions), in subsection (2)(d), for “clinical commissioning groups” substitute “integrated care boards”.
- 177 In section 99 (notification of commissioners where continuation of services at risk), in subsection (5), for “clinical commissioning groups” substitute “integrated care boards”.
- 178 In section 100 (modification of standard conditions), in subsection (2)(d), for “clinical commissioning group” substitute “integrated care board”.
- 179 In section 102 (modification of conditions by order under other enactments), in subsection (4)(c)(i), for “a clinical commissioning group” substitute “an integrated care board”.
- 180 In section 104 (power to require documents and information), in subsection (2), for paragraph (f) substitute—
“(f) an integrated care board.”
- 181 In section 110 (notification of enforcement action), in subsection (1)(b), for “clinical commissioning groups” substitute “integrated care boards”.
- 182 In section 141 (levy on providers: consultation), in subsection (3), for paragraph (c) substitute—
“(c) each integrated care board.”
- 183 In section 150 (interpretation, transitional provision and consequential amendments), omit subsection (3).
- 184 In section 194 (establishment of Health and Wellbeing Boards), in subsections (2)(f) (6), (7), (10) and (13)(c), for “clinical commissioning group”, in each place it occurs, substitute “integrated care board”.
- 185 In section 196 (other functions of Health and Wellbeing Boards), in subsection (1), for “clinical commissioning groups” substitute “integrated care boards”.
- 186 In section 241 (commissioning guidance), in subsection (1), for “section 14Z8 of the National Health Service Act 2006” substitute “section 14Z51 of the National Health Service Act 2006 so far as relating to arrangements for the provision of services as part of the health service”.

- 187 (1) Section 298 (advice or assistance to public authorities in the Isle of Man or Channel Islands) is amended as follows.
- (2) In subsection (1), for “a clinical commissioning group” substitute “an integrated care board”.
- (3) In subsection (2), for “clinical commissioning group” substitute “integrated care board”.
- 188 In section 306 (commencement), omit subsection (7).
- 189 Omit Schedule 6 (transitional provision in connection with clinical commissioning groups).

Anti-social Behaviour, Crime and Policing Act 2014

- 190 The Anti-social Behaviour, Crime and Policing Act 2014 is amended as follows.
- 191 In section 105 (ASB case reviews: interpretation), in subsection (2), for paragraph (c) of the definition of “relevant bodies” (but not the “and” at the end) substitute—
- “(c) each integrated care board established under section 14Z25 of the National Health Service Act 2006 whose area is wholly or partly within that local government area.”.
- 192 In Schedule 4 (case reviews: supplementary provision), in paragraph 5(2)(a), for subparagraph (iii) substitute—
- “(iii) each integrated care board established under section 14Z25 of the National Health Service Act 2006 whose area is wholly or partly within that local government area.”.

Care Act 2014

- 193 The Care Act 2014 is amended as follows.
- 194 In section 6 (co-operating generally), in subsection (8)(b), for “a clinical commissioning group” substitute “an integrated care board”.
- 195 (1) Section 22 (exception for provision of health services) is amended as follows.
- (2) In subsection (4)(a), for “clinical commissioning group” substitute “integrated care board”.
- (3) In subsection (6)(b), for “a clinical commissioning group” substitute “an integrated care board”.
- (4) In subsection (9), for “a clinical commissioning group” substitute “an integrated care board”.
- 196 In section 52 (sections 48 to 51: supplementary), in subsection (9)—
- (a) for “a clinical commissioning group” substitute “an integrated care board”;
- (b) for “the group” substitute “the board”.
- 197 In Schedule 1 (cross-border placements), in paragraph 1(5)(a)(ii), (b)(ii) and (c)(ii), for “a clinical commissioning group” substitute “an integrated care board”.
- 198 (1) Paragraph 1 of Schedule 2 (Safeguarding Adults Boards) is amended as follows.
- (2) In sub-paragraph (1)(b), for “a clinical commissioning group” substitute “an integrated care board”.

Status: This is the original version (as it was originally enacted).

- (3) In sub-paragraph (5)—
- (a) for “clinical commissioning group” substitute “integrated care board”;
 - (b) for “clinical commissioning groups” substitute “integrated care boards”.

Children and Families Act 2014

- 199 The Children and Families Act 2014 is amended as follows.
- 200 (1) Section 23 (duty of health bodies to bring certain children to local authority’s attention) is amended as follows.
- (2) In subsection (1), for “a clinical commissioning group” substitute “an integrated care board”.
 - (3) In subsections (2) to (4), for “group”, in each place it occurs, substitute “board”.
- 201 (1) Section 26 (joint commissioning arrangements) is amended as follows.
- (2) In subsection (8)(b), for “clinical commissioning group” substitute “integrated care board”.
 - (3) In subsection (9), for “a clinical commissioning group” substitute “an integrated care board”.
- 202 In section 28 (co-operating generally: local authority functions), in subsections (2)(1) and (4), for “a clinical commissioning group” substitute “an integrated care board”.
- 203 In section 31 (co-operating in specific cases: local authority functions), in subsection (1), for paragraph (e) substitute—
- “(e) an integrated care board;”.
- 204 In section 53 (mediation: health care issues), in subsection (5), for paragraph (b) substitute—
- “(b) an integrated care board;”.
- 205 In section 56 (mediation: supplementary), in subsection (3), for paragraph (b) substitute—
- “(b) an integrated care board;”.
- 206 In section 57 (resolution of disagreements), in subsection (7), for paragraph (b) substitute—
- “(b) an integrated care board;”.
- 207 In section 77 (code of practice), in subsection (1), for paragraph (k) substitute—
- “(k) integrated care boards;”.

Immigration Act 2014

- 208 In Schedule 3 to the Immigration Act 2014 (excluded residential tenancy agreements), in paragraph 5(2)(a), for sub-paragraph (i) (but not the “or” at the end) substitute—
- “(i) an integrated care board;”.

Local Audit and Accountability Act 2014

- 209 The Local Audit and Accountability Act 2014 is amended as follows.

- 210 In section 4 (general requirements for audit), for subsection (4) substitute—
- “(4) In relation to an integrated care board, “accounts” means—
- (a) the annual accounts of the board prepared under paragraph 22(2) of Schedule 1B to the National Health Service Act 2006 (accounts and audit of integrated care boards);
 - (b) any accounts of the board prepared under paragraph 22(3) of that Schedule in respect of which a direction has been given under paragraph 22(6) of that Schedule.”
- 211 In section 8 (procedure for appointment), in subsection (4), for paragraph (b) substitute—
- “(b) in the case of an integrated care board, it publishes the notice in such manner as it thinks is likely to bring the notice to the attention of—
- (i) the group of people for whom it has core responsibility, and
 - (ii) anyone who lives within its area but does not fall within sub-paragraph (i)”.
- 212 In section 10 (functions of auditor panel), in subsection (10), for paragraph (b)—
- “(b) in the case of an integrated care board, it publishes the advice in such manner as it thinks is likely to bring the advice to the attention of—
- (i) the group of people for whom it has core responsibility, and
 - (ii) anyone who lives within its area but does not fall within sub-paragraph (i);”.
- 213 In section 21 (general duties of auditors of accounts of health service bodies), in subsection (1)—
- (a) for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in paragraphs (c) and (f), for “the group” substitute “the board”.
- 214 (1) Section 44 (interpretation of Act) is amended as follows.
- (2) In subsection (1), for paragraph (b) of the definition of “area” substitute—
- “(b) in relation to an integrated care board, means the area specified in the board’s constitution (see Schedule 1B to the National Health Service Act 2006);”.
- (3) For subsection (5) substitute—
- “(5) References in this Act to the group of people for whom an integrated care board has core responsibility are to be read in accordance with section 14Z31 of the National Health Service Act 2006.”
- 215 In Schedule 2 (relevant authorities), for paragraph 23 substitute—
- “23 An integrated care board.”
- 216 In Schedule 5 (eligibility and regulation of local auditors), in paragraph 5, in the modified section 1214 of the Companies Act 2006—
- (a) in subsection (1), omit “(3),”;
 - (b) for subsection (3) substitute—
- “(3) In relation to a relevant authority that is an integrated care board, subsection (2)(a) has effect as if “or officer” were omitted.”
- 217 In Schedule 7 (reports and recommendations), in paragraph 4(8), for paragraph (b) substitute—

Status: This is the original version (as it was originally enacted).

- “(b) in the case of an integrated care board, it publishes the notice or report in such manner as it thinks is likely to bring the notice or report to the attention of—
- (i) the group of people for whom it has core responsibility, and
 - (ii) anyone who lives within its area but does not fall within sub-paragraph (i)”.

Social Services and Well-being (Wales) Act 2014 (anaw 4)

- 218 The Social Services and Well-being (Wales) Act 2014 is amended as follows.
- 219 In section 47 (exception for provision of health services), in subsection (10)—
- (a) in the English language text—
 - (i) in the definition of “English health body”, for paragraph (a) substitute—
 - “(a) an integrated care board;”;
 - (ii) in the definition of “health body”, for paragraph (b) substitute—
 - “(b) an integrated care board;”;
 - (b) in the Welsh language text—
 - (i) in the definition of “corff iechyd”, for paragraph (b) substitute—
 - “(b) bwrdd gofal integredig;”;
 - (ii) in the definition of “corff iechyd Seisnig”, for paragraph (a) substitute—
 - “(a) bwrdd gofal integredig;”.
- 220 In section 77 (accommodation for children in police protection or detention or on remand etc), in subsection (4)(b)(ii)—
- (a) in the English language text, for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in the Welsh language text, for “grŵp comisiynu clinigol” substitute “fwrdd gofal integredig”.
- 221 In section 104 (young people entitled to support under sections 105 to 115), in subsection (3)(d)(ii)—
- (a) in the English language text, for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in the Welsh language text, for “grŵp comisiynu clinigol” substitute “bwrdd gofal integredig”.
- 222 In section 118 (information), in subsection (2)(c)—
- (a) in the English language text, for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in the Welsh language text, for “grŵp comisiynu clinigol” substitute “bwrdd gofal integredig”.
- 223 In section 164A (duty of other persons to co-operate and provide information), in subsection (4)(d)—
- (a) in the English language text, for “clinical commissioning group” substitute “integrated care board”;
 - (b) in the Welsh language text, for “grŵp comisiynu clinigol” substitute “fwrdd gofal integredig”.

Status: This is the original version (as it was originally enacted).

- 224 In section 193 (recovery of costs between local authorities), in subsection (4)(c)—
- (a) in the English language text, for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in the Welsh language text, for “grŵp comisiynu clinigol” substitute “fwrdd gofal integredig”.
- 225 In section 197 (general interpretation and index of defined expressions), in subsection (1)—
- (a) in the English language text—
 - (i) omit the definition of “clinical commissioning group”;
 - (ii) at the appropriate place insert—

““integrated care board” (“bwrdd gofal integredig”) means a body established under section 14Z25 of the National Health Service Act 2006;”;
 - (b) in the Welsh language text—
 - (i) omit the definition of “grŵp comisiynu clinigol”;
 - (ii) at the appropriate place insert—

““ystyr “bwrdd gofal integredig” (“integrated care board”) yw corff a sefydlir o dan adran 14Z25 o Ddeddf y Gwasanaeth Iechyd Gwladol 2006;”.

Housing (Wales) Act 2014 (anaw 7)

- 226 (1) Section 70 of the Housing (Wales) Act 2014 (priority need for accommodation) is amended as follows.
- (2) In subsection (2)—
- (a) in the English language text, in paragraph (d)(ii), for “a clinical commissioning group” substitute “an integrated care board”;
 - (b) in the Welsh language text, in paragraph (d)(ii), for “grŵp comisiynu clinigol” substitute “fwrdd gofal integredig”.
- (3) In subsection (3)—
- (a) in the English language text—
 - (i) omit the definition of “clinical commissioning group”;
 - (ii) at the appropriate place insert—

““integrated care board” (“bwrdd gofal integredig”) means a body established under section 14Z25 of the National Health Service Act 2006;”;
 - (b) in the Welsh language text—
 - (i) omit the definition of “grŵp comisiynu clinigol”;
 - (ii) at the appropriate place insert—

““ystyr “bwrdd gofal integredig” (“integrated care board”) yw corff a sefydlir o dan adran 14Z25 o Ddeddf y Gwasanaeth Iechyd Gwladol 2006;”.

Counter-Terrorism and Security Act 2015

- 227 In Schedule 7 to the Counter-Terrorism and Security Act 2015 (partners of local panels), under the italic heading “Health and social care”, for “A clinical

Status: This is the original version (as it was originally enacted).

commissioning group established under section 14D” substitute “An integrated care board established under section 14Z25”.

Cities and Local Government Devolution Act 2016

- 228 (1) Section 18 of the Cities and Local Government Devolution Act 2016 (devolving health service functions) is amended as follows.
- (2) In subsection (3)(b), for “Chapter A2 of Part 2 of the NHTA 2006 (clinical commissioning groups)” substitute “Chapter A3 of Part 2 of the NHTA 2006 (integrated care boards)”.
- (3) In subsection (5)—
- (a) in paragraph (b), for “clinical commissioning groups” substitute “integrated care boards”;
 - (b) for paragraph (f) substitute—
 - “(f) the guidance published under section 14Z51 of the NHTA 2006 (guidance for integrated care boards);”.

Data Protection Act 2018

- 229 In Schedule 3 to the Data Protection Act 2018 (social work data), in paragraph 8(2), for paragraph (d) substitute—
- “(d) an integrated care board established under section 14Z25 of the National Health Service Act 2006;”.

Additional Learning Needs and Education Tribunal (Wales) Act 2018 (anaw 2)

- 230 The Additional Learning Needs and Education Tribunal (Wales) Act 2018 is amended as follows.
- 231 In section 4 (additional learning needs code), in subsection (3)—
- (a) in the English language text, for paragraph (j) substitute—
 - “(j) an integrated care board;”;
 - (b) in the Welsh language text, for paragraph (j) substitute—
 - “(j) bwrdd gofal integredig;”.
- 232 In section 64 (duty of health bodies to notify parents etc), in subsection (2)—
- (a) in the English language text, for paragraph (c) substitute—
 - “(c) an integrated care board;”;
 - (b) in the Welsh language text, for paragraph (c) substitute—
 - “(c) bwrdd gofal integredig;”.
- 233 In section 65 (duties to provide information and other help), in subsection (4)—
- (a) in the English language text, for paragraph (k) substitute—
 - “(k) an integrated care board;”;
 - (b) in the Welsh language text, for paragraph (k) substitute—
 - “(k) bwrdd gofal integredig;”.
- 234 In section 99 (general interpretation), in subsection (1)—
- (a) in the English language text—
 - (i) omit the definition of “clinical commissioning group”;

Status: This is the original version (as it was originally enacted).

- (ii) at the appropriate place insert—
““integrated care board” (“bwrdd gofal integredig”) means a body established under section 14Z25 of the National Health Service Act 2006;”;
- (b) in the Welsh language text—
 - (i) omit the definition of “grŵp comisiynu clinigol”;
 - (ii) at the appropriate place insert—
““ystyr “bwrdd gofal integredig” (“integrated care board”) yw corff a sefydlir o dan adran 14Z25 o Ddeddf y Gwasanaeth Iechyd Gwladol 2006;”.

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

- 235 The Network and Information Systems Regulations 2018 are amended as follows.
- 236 In regulation 1(2) (interpretation), in the definition of “OES”, after “regulation 8(1)” insert “or (2A)”.
- 237 (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)”.

NHS Funding Act 2020

- 238 In section 1 of the NHS Funding Act 2020 (funding settlement for the health service in England), in subsection (2), for “section 223D(2) and (3)” substitute “section 223D(1)(a) and (b)”.

Domestic Abuse Act 2021

- 239 In section 15 of the Domestic Abuse Act 2021 (duty to co-operate with the Domestic Abuse Commissioner), in subsection (7), for paragraph (d) of the definition of “NHS body in England” and the “or” at the end of that paragraph substitute—
“(d) an integrated care board established under section 14Z25 of that Act;”.

Police, Crime, Sentencing and Courts Act 2022

- 240 The Police, Crime, Sentencing and Courts Act 2022 is amended as follows.
- 241 (1) Section 25 (relevant review partners) is amended as follows.
- (2) In subsection (2)(c) for “a clinical commissioning group” substitute “an integrated care board”.
 - (3) In subsection (3)(c) for “clinical commissioning group” substitute “integrated care board”.
- 242 In section 36 (interpretation), in subsection (1)—

Status: This is the original version (as it was originally enacted).

- (a) omit the definition of “clinical commissioning group”;
 - (b) at the appropriate place insert—
 - ““integrated care board” means a body established under section 14Z25 of the National Health Service Act 2006;”;
 - (c) in the definition of “review partner”, for paragraph (c) substitute—
 - “(c) an integrated care board, or”.
- 243 In Schedule 1 (specified authorities and local government areas), in the table headed “Health and social care”—
- (a) for “A clinical commissioning group established under section 14D” substitute “An integrated care board established under section 14Z25”;
 - (b) for “the group’s” substitute “the board’s”.

SCHEDULE 5

Section 33

ABOLITION OF MONITOR AND TRANSFER OF ITS FUNCTIONS

General

- 1 Any reference to Monitor in an instrument or other document made before the day on which section 33(2) comes into force is to be read, in relation to any time after that provision comes into force, as a reference to NHS England.

Public Bodies (Admission to Meetings) Act 1960

- 2 In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 (bodies to which Act applies), in paragraph 1, omit sub-paragraph (bk).

Parliamentary Commissioner Act 1967

- 3 In Schedule 2 to the Parliamentary Commissioner Act 1967 (departments etc subject to investigation), omit the entry for Monitor.

Superannuation Act 1972

- 4 In Schedule 1 to the Superannuation Act 1972 (kinds of employment etc referred to in section 1), omit the entry for Monitor.

House of Commons Disqualification Act 1975

- 5 In Part 3 of Schedule 1 to the House of Commons Disqualification Act 1975 (other disqualifying offices), omit the entry for the chair or other member of Monitor.

Northern Ireland Assembly Disqualification Act 1975

- 6 In Part 3 of Schedule 1 to the Northern Ireland Assembly Disqualification Act 1975 (other disqualifying offices)—
- (a) at the appropriate place insert—
 - “Chair or non-executive member of NHS England.”;
 - (b) omit the entry for the chair or other member of Monitor.

Employment Rights Act 1996

- 7 In section 49B of the Employment Rights Act 1996 (the health service: regulations prohibiting discrimination because of protected disclosure), in subsection (7), omit paragraph (k).

Freedom of Information Act 2000

- 8 In Part 6 of Schedule 1 to the Freedom of Information Act 2000 (other public bodies and offices: general), omit the entry for Monitor.

National Health Service Act 2006

- 9 The National Health Service Act 2006 is amended as follows.
10 For section 2 substitute—

“2 General power

- (1) The Secretary of State may do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any function conferred on the Secretary of State by this Act.
- (2) NHS England or an integrated care board may do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.”
- 11 In section 33 (applications by NHS trusts), in each of subsections (1) to (3), for “the regulator” substitute “NHS England”.
- 12 (1) Section 35 (authorisation of NHS foundation trusts) is amended as follows.
(2) In subsection (1)—
(a) for “The regulator” substitute “NHS England”;
(b) for “the regulator” substitute “NHS England”.
(3) In subsections (2)(f) and (3), for “the regulator” substitute “NHS England”.
(4) In subsection (3A) and (5), for “The regulator” substitute “NHS England”.
(5) In subsection (6), for “the regulator” substitute “NHS England”.
- 13 In section 37 (amendments of constitution), in subsection (4)—
(a) for “the regulator” substitute “NHS England”;
(b) for “the regulator’s” substitute “NHS England’s”.
- 14 (1) Section 39 (register of NHS foundation trusts) is amended as follows.
(2) In subsection (1), for “The regulator” substitute “NHS England”.
(3) In subsection (3), for “the regulator” substitute “NHS England”.
- 15 In section 39A (panel for advising governors), in subsections (1) and (9), for “The regulator” substitute “NHS England”.
- 16 In section 42A (criteria for making loans etc), in subsection (7)(b), for “the regulator” substitute “NHS England”.

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- 17 In section 50 (fees), for “the regulator”, in both places it occurs, substitute “NHS England”.
- 18 In section 56 (mergers), in subsection (1), for “the regulator” substitute “NHS England”.
- 19 (1) Section 56A (acquisitions) is amended as follows.
 (2) In subsection (1), for “the regulator” substitute “NHS England”.
 (3) In subsection (4A), for “the regulator” substitute “NHS England”.
- 20 In section 56AA (acquisitions under section 56A: supplementary), in subsection (1) (a), for “the regulator” substitute “NHS England”.
- 21 In section 56B (separations), in subsection (1), for “the regulator” substitute “NHS England”.
- 22 In section 57 (sections 56 to 56B: supplementary), in subsections (1) and (2), for “the regulator”, in each place it occurs, substitute “NHS England”.
- 23 (1) Section 57A (dissolution) is amended as follows.
 (2) In subsection (1), for “the regulator” substitute “NHS England”.
 (3) In subsection (3), for “The regulator” substitute “NHS England”.
 (4) In subsection (4), for “the regulator” substitute “NHS England”.
- 24 In section 64 (orders and regulations under Chapter), in subsection (4A), for “the regulator”, in both places it occurs, substitute “NHS England”.
- 25 (1) Section 244 (review and scrutiny by local authorities) is amended as follows.
 (2) In subsection (2)(b), for “the Secretary of State or the regulator” substitute “or the Secretary of State”.
 (3) In subsections (2ZA)(a) and (2ZC), omit “, the regulator”.
- 26 In section 247C (Secretary of State’s duty to keep health service functions under review), in subsection (2), omit paragraph (b).
- 27 In section 258 (university clinical teaching and research), after subsection (2) insert—
 “(3) A reference in this section to the functions of NHS England does not include its regulatory functions.”
- 28 In section 272 (orders, regulations, rules and directions), in subsection (6ZA), for “the regulator”, in both places it occurs, substitute “NHS England”.
- 29 In section 275 (interpretation), in subsection (1), omit the definition of “the regulator”.
- 30 In section 276 (index of defined expressions), omit the entry for “the regulator”.
- 31 (1) Schedule 7 (constitution of public benefit corporations) is amended as follows.
 (2) In paragraph 24—
 (a) in sub-paragraph (1A), for “The regulator” substitute “NHS England”;
 (b) in sub-paragraph (4C), for “the regulator” substitute “NHS England”.
 (3) In paragraph 25—

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- (a) in sub-paragraph (1), for “the regulator” substitute “NHS England”;
 - (b) in sub-paragraph (1A), for “The regulator” substitute “NHS England”;
 - (c) in sub-paragraphs (2), (3), (4) and (4A), for “the regulator”, in each place it occurs, substitute “NHS England”.
- (4) In paragraph 26(1), (2), (2A), and (3), for “the regulator”, in each place it occurs, substitute “NHS England”.
- (5) In paragraph 27(1), for “the regulator” substitute “NHS England”.
- 32 In Schedule 10 (audit of accounts of NHS foundation trusts)—
- (a) in paragraphs 5, 6 and 8(1)(c), for “the regulator” substitute “NHS England”;
 - (b) in the italic heading before paragraph 6, for “regulator” substitute “NHS England”.

National Health Service (Wales) Act 2006

- 33 In section 184 of the National Health Service (Wales) Act 2006 (functions of overview and scrutiny committees), in subsection (2)(b), for “, the Welsh Ministers or Monitor” substitute “or the Welsh Ministers”.

Health and Social Care Act 2008

- 34 The Health and Social Care Act 2008 is amended as follows.
- 35 In section 20A (functions relating to processing of information by registered persons), in subsection (1)(b), omit “and Monitor”.
- 36 In section 30 (urgent procedure for cancellation), in subsection (3), omit paragraph (c).
- 37 In section 39 (bodies required to be notified of certain matters), in subsection (1), omit paragraph (c).
- 38 In section 45A (functions to be exercised by Healthwatch England), in subsection (6), omit paragraph (c).
- 39 In section 59 (additional functions), in subsection (2), for “Monitor” substitute “NHS England”.
- 40 (1) Section 70 (Co-operation between the Care Quality Commission and Monitor) is amended as follows.
- (2) In the heading, for “the Monitor” substitute “NHS England”.
 - (3) In subsection (1), for “Monitor” substitute “NHS England”.
 - (4) In subsection (2)—
 - (a) in paragraph (a)—
 - (i) for “Monitor”, in each place it occurs, substitute “NHS England”;
 - (ii) for “its functions” substitute “—
 - (i) its regulatory functions, within the meaning given by section 13SB(2) of the National Health Service Act 2006, or

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- (ii) its functions under section 27A of the National Health Service Act 2006 (NHS trusts: oversight and support”);
- (b) in paragraph (b), for “Monitor” substitute “NHS England”.
- (5) In subsection (3) for “Monitor” substitute “NHS England”.

Health Act 2009

- 41 The Health Act 2009 is amended as follows.
- 42 In section 2 (duty to have regard to NHS Constitution), in subsection (2), omit paragraph (f).
- 43 In section 9 (supplementary provision about the duty), in subsection (3), for “Monitor” substitute “NHS England”.

Equality Act 2010

- 44 In Part 1 of Schedule 19 to the Equality Act 2010 (public authorities: general), in the group of entries that includes entries for bodies whose functions relate to health, social care and social security, omit the entry for Monitor.

Health and Social Care Act 2012

- 45 The Health and Social Care Act 2012 is amended as follows.
- 46 In Part 3, omit Chapter 1 (Monitor).
- 47 (1) Section 83 (exemption regulations) is amended as follows.
 - (2) In subsection (3)(a), (b) and (c), for “Monitor” substitute “NHS England”.
 - (3) In subsection (4), omit paragraph (a).
- 48 In section 84 (exemption regulations: supplementary), in subsection (5)(a), omit subparagraph (i).
- 49 In section 85 (application for licence), in subsections (1) and (2), for “Monitor” substitute “NHS England”.
- 50 In section 86 (licensing criteria), in each of subsections (1) to (3), for “Monitor” substitute “NHS England”.
- 51 In section 87 (grant or refusal of licence), in subsections (2) and (3), for “Monitor” substitute “NHS England”.
- 52 In section 88 (application and grant: NHS foundation trusts), in subsection (2), for “Monitor” substitute “NHS England”.
- 53 In section 89 (revocation of licence), for “Monitor”, in both places it occurs, substitute “NHS England”.
- 54 (1) Section 90 (right to make representations) is amended as follows.
 - (2) In subsection (1), for “Monitor” substitute “NHS England”.
 - (3) In subsection (2)—
 - (a) in paragraph (a), for “Monitor’s” substitute “NHS England’s”;

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- (b) in paragraph (b), for “Monitor” substitute “NHS England”.
- 55 In section 91 (notice of decisions), in subsections (1), (2) and (4), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 56 (1) Section 92 (appeals to the Tribunal) is amended as follows.
- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) In subsection (3)—
- (a) in paragraph (a), for “Monitor’s” substitute “NHS England’s”;
- (b) in paragraph (c), for “Monitor” substitute “NHS England”.
- 57 In section 93 (register of licence holders), in each of subsections (1) to (4) and (6), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 58 (1) Section 94 (standard conditions) is amended as follows.
- (2) In subsections (1) and (4), for “Monitor”, in each place it occurs, substitute “NHS England”.
- (3) Omit subsections (7) to (11).
- 59 (1) Section 95 (special conditions) is amended as follows.
- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) In subsection (2)—
- (a) for “Monitor” substitute “NHS England”;
- (b) omit paragraph (c).
- (4) In subsection (3), for “Monitor” substitute “NHS England”.
- (5) In subsection (4)—
- (a) in paragraph (a), for “Monitor” substitute “NHS England”;
- (b) in paragraph (b), for “Monitor’s” substitute “NHS England’s”;
- (c) in paragraph (c), for “Monitor” substitute “NHS England”.
- 60 (1) Section 96 (limits on Monitor’s functions to set or modify licence conditions) is amended as follows.
- (2) In the heading for “Monitor’s” substitute “NHS England’s”.
- (3) In subsection (1), for “Monitor” substitute “NHS England”.
- (4) In subsection (2)—
- (a) in the words before paragraph (a), for “Monitor” substitute “NHS England”;
- (b) in paragraph (e), for “Monitor” substitute “NHS England”;
- (c) in paragraph (f), for “Monitor” substitute “NHS England”;
- (d) in paragraph (i), for “Monitor’s” substitute “NHS England’s”;
- (e) for paragraph (k) substitute—
- “(k) for such other purposes as may be prescribed.”
- (5) In subsection (4), for “Monitor” substitute “NHS England”.
- 61 In section 97 (conditions: supplementary), in subsections (1)(a), (b), (e), (f), (h), (i) (ii) and (iii) and (3), for “Monitor”, in each place it occurs, substitute “NHS England”.

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- 62 (1) Section 98 (conditions relating to the continuation of the provision of services etc) is amended as follows.
- (2) In subsection (1)(a), (b) and (c), for “Monitor” substitute “NHS England”.
- (3) In subsection (3), for “Monitor” substitute “NHS England”.
- (4) In subsection (4) for “Monitor” substitute “NHS England”.
- (5) After subsection (5) insert—
- “(5A) In subsections (4)(a) and (5) “commissioner” does not include NHS England.”
- (6) In subsection (6), for “Monitor” substitute “NHS England”.
- (7) In subsection (7)—
- (a) for “Monitor” substitute “NHS England”;
- (b) omit paragraph (b) and the “and” before it.
- 63 (1) Section 99 (notification of commissioners where continuation of services at risk) is amended as follows.
- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) For subsection (3) substitute—
- “(3) NHS England must as soon as reasonably practicable notify such integrated care boards as NHS England considers appropriate—
- (a) of the action it has taken, and
- (b) of its reasons for being satisfied as mentioned in subsection (1)(b).”
- (4) In subsection (4)—
- (a) for “Monitor” substitute “NHS England”;
- (b) for “Monitor’s” substitute “NHS England’s”.
- (5) In subsection (5), omit “The Board and”.
- 64 (1) Section 100 (modification of standard conditions) is amended as follows.
- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) In subsection (2)—
- (a) for “Monitor” substitute “NHS England”;
- (b) omit paragraph (c).
- (4) In subsection (3), for “Monitor” substitute “NHS England”.
- (5) In subsection (4)—
- (a) in paragraph (a), for “Monitor” substitute “NHS England”;
- (b) in paragraph (c), for “Monitor’s” substitute “NHS England’s”;
- (c) in paragraph (d), for “Monitor” substitute “NHS England”.
- (6) In subsection (10), for “Monitor”, in both places it occurs, substitute “NHS England”.
- 65 In section 102 (modification of conditions by order under other enactments), in subsection (6)(a), for “Monitor” substitute “NHS England”.
- 66 (1) Section 104 (power to require documents and information) is amended as follows.

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- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) In subsection (2), omit paragraph (e) (but not the “and” at the end).
- (4) For subsection (4) substitute—
 - “(4) In this section “regulatory functions”, in relation to NHS England, has the meaning given by section 13SB(2) of the National Health Service Act 2006.”
- 67 In section 105 (discretionary requirements), in subsections (1), (2)(a), (b) and (c) and (3), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 68 In section 106 (enforcement undertakings), in subsections (1), (4) and (5), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 69 (1) Section 108 (guidance as to use of enforcement powers) is amended as follows.
 - (2) In each of subsections (1) to (3), for “Monitor” substitute “NHS England”.
 - (3) In subsection (4)—
 - (a) in the words before paragraph (a), for “Monitor’s” substitute “NHS England’s”;
 - (b) in paragraphs (a), (b) and (c), for “Monitor” substitute “NHS England”.
 - (4) In subsection (5), for “Monitor” substitute “NHS England”.
- 70 In section 109 (publication of enforcement action), in subsections (1) and (2), for “Monitor” substitute “NHS England”.
- 71 In section 110 (notification of enforcement action), in subsection (1)—
 - (a) for “Monitor” substitute “NHS England”;
 - (b) omit paragraph (a).
- 72 In section 111 (imposition of licence conditions on NHS foundation trusts), in each of subsections (1) to (2A), and (4) to (9), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 73 (1) Section 113 (orders under section 112: criteria for deciding applicable trusts) is amended as follows.
 - (2) In each of subsections (1) to (5), for “Monitor”, in each place it occurs, substitute “NHS England”.
 - (3) In subsection (6), for “Monitor’s” substitute “NHS England’s”.
- 74 In section 128 (health special administration orders), in subsection (2), for “Monitor” substitute “NHS England”.
- 75 (1) Section 130 (health special administration regulations) is amended as follows.
 - (2) In subsection (5), for “Monitor” substitute “NHS England”.
 - (3) In subsection (6)—
 - (a) in paragraphs (a) and (b), “Monitor” substitute “NHS England”;
 - (b) in paragraph (c)—
 - (i) for “Monitor” substitute “NHS England”;
 - (ii) omit “and the National Health Service Commissioning Board”;
 - (c) in paragraph (d), for “Monitor” substitute “NHS England”.

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- (4) In subsection (11), for paragraphs (a) and (b) substitute “such persons as the Secretary of State considers appropriate”.
- 76 In section 131 (transfer schemes), in subsection (2)(a), (b) and (c), for “Monitor” substitute “NHS England”.
- 77 In section 132 (indemnities), for “Monitor” substitute “NHS England”.
- 78 In section 134 (duty to establish mechanisms for providing financial assistance), in each of subsections (1) to (6), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 79 (1) Section 135 (power to establish fund) is amended as follows
- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) In subsection (2)—
- (a) for “Monitor” substitute “NHS England”;
- (b) for “commissioners” substitute “integrated care boards”.
- (4) In each of subsections (3) and (5) to (8), for “Monitor” substitute “NHS England”.
- 80 In section 136 (applications), in each of subsections (1) to (3) and (6) to (9), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 81 In section 137 (grants and loans), in each of subsections (1) and (3) to (5), for “Monitor” substitute “NHS England”.
- 82 (1) Section 138 (power to impose charges on commissioners) is amended as follows.
- (2) For subsection (1) substitute—
- “(1) The Secretary of State may by regulations confer power on NHS England to require integrated care boards to pay charges relating to such of NHS England’s regulatory functions as relate to securing the continued provision of health care services for the purposes of the NHS.
- (1A) In subsection (1) “regulatory functions”, in relation to NHS England, has the meaning given by section 13SB(2) of the National Health Service Act 2006.”
- (3) In subsection (3)(c), for “Monitor” substitute “NHS England”.
- (4) In subsection (4), for “Monitor”, in both places it occurs, substitute “NHS England”.
- (5) For subsection (5) substitute—
- “(5) Before making regulations under this section, the Secretary of State must consult NHS England.”
- 83 (1) Section 139 (imposition of levy) is amended as follows.
- (2) In subsection (2)—
- (a) for “Monitor” substitute “NHS England”;
- (b) in paragraph (b), for “commissioners” substitute “integrated care boards”.
- (3) In subsection (3), for “Monitor” substitute “NHS England”.
- 84 In section 140 (power of Secretary of State to set limit on levy and charges), in subsections (1)(a) and (2), for “Monitor”, in each place it occurs, substitute “NHS England”.

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- 85 (1) Section 141 (consultation) is amended as follows.
- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) In subsection (3)—
- (a) for “Monitor” substitute “NHS England”;
 - (b) omit paragraph (b).
- (4) In subsections (4), (5)(a), (6) and (8), for “Monitor” substitute “NHS England”.
- 86 In section 143 (amount payable), in each of subsections (1), (4) to (6) and (8), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 87 In section 144 (investment principles and reviews), in each of subsections (1) to (3), (4)(b) and (6), for “Monitor” substitute “NHS England”.
- 88 In section 145 (borrowing), in subsections (1) and (2), for “Monitor” substitute “NHS England”.
- 89 In section 146 (shortfall or excess of available funds, etc), in each of subsections (1) to (3), for “Monitor” substitute “NHS England”.
- 90 (1) Section 148 (service of documents) is amended as follows.
- (2) In subsection (6)(a), for “Monitor” substitute “NHS England”.
- (3) Omit subsection (9).
- 91 In section 149 (electronic communications), in each of subsections (2) to (5), for “Monitor”, in each place it occurs, substitute “NHS England”.
- 92 (1) Section 150 is amended as follows.
- (2) In subsection (1)—
- (a) for the definition of “anti-competitive behaviour” substitute—
““anti-competitive behaviour” means behaviour which would (or would be likely to) prevent, restrict or distort competition and a reference to preventing anti-competitive behaviour includes a reference to eliminating or reducing the effects (or potential effects) of the behaviour;”;
 - (b) for the definitions of “health care” and “health care service” substitute—
““health care” means all forms of health care provided for individuals, whether relating to physical or mental health, with a reference in this Part to “health care services” being read accordingly; and for the purposes of this Part it does not matter if a health care service is also an adult social care service;”;
 - (c) for the definition of “the NHS” substitute—
““the NHS” means the comprehensive health service continued under section 1(1) of the National Health Service Act 2006, except the part of it that is provided in pursuance of the public health functions (within the meaning of that Act) of the Secretary of State or local authorities;”.
- (3) After subsection (1) insert—
- “(1A) A reference in this Part to the provision of health care services for the purposes of the NHS is a reference to their provision for those purposes in accordance with the National Health Service Act 2006.”

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- 93 In section 175 (objective of trust special administration), omit subsection (2).
- 94 (1) Section 254 (powers to direct Information Centre to establish information systems) is amended as follows.
- (2) In subsection (3) for “NHS Services” substitute “health services”.
- (3) Omit subsection (4).
- 95 In section 255 (powers to request Information Centre to establish information systems), in subsection (9), omit paragraph (a).
- 96 (1) In section 288 (duty to co-operate with Care Quality Commission) is amended as follows.
- (2) In subsection (1), for “Monitor” substitute “NHS England”.
- (3) In subsection (2)(a)—
- (a) for “Monitor”, in each place it occurs, substitute “NHS England”;
- (b) after “any” insert “relevant”.
- (4) After subsection (2) insert—
- “(2A) In subsection (2)(a) “relevant information” means information held by NHS England in connection with—
- (a) its regulatory functions, within the meaning given by section 13SB(2) of the National Health Service Act 2006, or
- (b) its functions under section 27A of the National Health Service Act 2006 Act (NHS trusts: oversight and support).”
- 97 (1) Section 290 (other duties to co-operate) is amended as follows.
- (2) Omit subsection (1).
- (3) In subsection (3), omit paragraph (a).
- (4) Omit subsections (5) and (6).
- 98 In section 291 (breaches of duties to co-operate), in subsection (2)—
- (a) in paragraph (a), for “Monitor” substitute “NHS England”;
- (b) for paragraph (b), substitute—
- “(b) the duty under section 290(2),”;
- (c) in paragraph (c), for “Monitor” substitute “NHS England”.
- 99 (1) Section 304 (regulations, orders and directions) is amended as follows.
- (2) In subsection (5), omit paragraph (a).
- (3) In subsection (12)(a), omit sub-paragraph (i).
- 100 (1) Schedule 11 (further provision about Monitor’s enforcement powers) is amended as follows.
- (2) In the heading, for “Monitor’s” substitute “NHS England’s”.
- (3) In the following provisions for “Monitor”, in each place it occurs, substitute “NHS England”—
- (a) paragraph 1(1), (2)(a), (d) and (e) and (4);
- (b) paragraph 2(1), (2), (3)(a) and (5);

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- (c) paragraph 3(1) and (4)(b) and (c);
- (d) paragraph 4;
- (e) paragraph 5(1), (2), (5) and (6);
- (f) paragraph 6(1) and (4)(b);
- (g) paragraph 7(1);
- (h) paragraph 8;
- (i) paragraph 9(1), (2) and (3);
- (j) paragraph 10(1) and (2);
- (k) paragraph 11;
- (l) paragraph 12(1), (2), (3) and (4);
- (m) paragraph 13(1);
- (n) paragraph 14.

(4) In paragraph 13(3), for “Monitor’s” substitute “NHS England’s”.

Local Audit and Accountability Act 2014

- 101 In Schedule 6 to the Local Audit and Accountability Act 2014 (codes of audit practice and guidance), in paragraph 10(4)(a), for “Monitor” substitute “NHS England”.

Mental Health Units (Use of Force) Act 2018

- 102 In section 9 of the Mental Health Units (Use of Force) Act 2018 (investigation of deaths or serious injuries), omit paragraph (b).

Domestic Abuse Act 2021

- 103 In section 15 of the Domestic Abuse Act 2021 (duty to co-operate with the Domestic Abuse Commissioner), in subsection (3), omit paragraph (q).

SCHEDULE 6

Section 46

INTERVENTION POWERS OVER THE RECONFIGURATION OF NHS SERVICES

In the National Health Service Act 2006, after Schedule 10 insert—

“SCHEDULE 10A

Section 68A

INTERVENTION POWERS IN RELATION TO THE RECONFIGURATION OF NHS SERVICES

Definitions

- 1 In this Schedule—
- “NHS commissioning body” means NHS England or an integrated care board;
 - “NHS services” means services provided as part of the health service in England;
 - “NHS trust” means an NHS trust established under section 25;

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“reconfiguration of NHS services” means a change in the arrangements made by an NHS commissioning body for the provision of NHS services where that change has an impact on—

- (a) the manner in which a service is delivered to individuals (at the point when the service is received by users), or
- (b) the range of health services available to individuals.

Duty to notify Secretary of State of reconfiguration proposals

- 2 (1) If an NHS commissioning body proposes a notifiable reconfiguration of NHS services it must notify the Secretary of State.
- (2) For the purposes of this paragraph a reconfiguration of NHS services is “notifiable” if it is of a description specified in regulations.

Power to call-in proposal for reconfiguration

- 3 (1) The Secretary of State may give an NHS commissioning body a direction calling in any proposal by the body for the reconfiguration of NHS services.
- (2) Where a direction is given under sub-paragraph (1), the Secretary of State—
 - (a) may, within the period of 6 months beginning with the date of the direction, take any decision in relation to the proposal that could have been taken by the NHS commissioning body, and
 - (b) must notify the NHS commissioning body once the Secretary of State has finished considering the proposal.
- (3) The power of the Secretary of State to take decisions under sub-paragraph (2)(a) includes—
 - (a) power to decide whether a proposal should, or should not, proceed, or should proceed in a modified form;
 - (b) power to decide particular results to be achieved by the NHS commissioning body in taking decisions in relation to the proposal;
 - (c) power to decide procedural or other steps that should, or should not, be taken in relation to the proposal;
 - (d) power to retake any decision previously taken by the NHS commissioning body.
- (4) The Secretary of State must, before acting under sub-paragraph (2), give each of the following an opportunity to make representations to the Secretary of State in relation to the proposal—
 - (a) the NHS commissioning body,
 - (b) if the NHS commissioning body is an integrated care board, NHS England,
 - (c) each local authority (within the meaning of section 2B) to whose area the proposed reconfiguration of NHS services relates, and
 - (d) any other person that the Secretary of State considers appropriate.
- (5) The Secretary of State must—
 - (a) publish any decision under sub-paragraph (2)(a) together with an explanation of the reasons for taking it, and
 - (b) notify the NHS commissioning body of the decision and the reasons.

- (6) The Secretary of State must publish a summary of any representations made under sub-paragraph (4).
- 4 (1) This paragraph applies where the Secretary of State gives a direction under paragraph 3(1) calling in a proposal for the reconfiguration of NHS services.
- (2) Until notified that the Secretary of State has finished considering the proposal, the NHS commissioning body must not take further steps in relation to a proposal except to such extent (if any) as may be permitted by the direction.
- (3) Once notified that the Secretary of State has finished considering the proposal, the NHS commissioning body must give effect to any decision of the Secretary of State under paragraph 3(2)(a) in relation to the proposal.

Power to require consideration of proposals for reconfiguration

- 5 (1) The Secretary of State may direct an NHS commissioning body to consider a reconfiguration of NHS services.
- (2) The Secretary of State must publish any direction under this paragraph, together with an explanation of the reasons for giving it.

Duties to provide information and other assistance

- 6 An NHS commissioning body, NHS trust or NHS foundation trust must give the Secretary of State any information or other assistance that the Secretary of State requires it to give for the purposes of carrying out any functions under this Schedule.

Guidance

- 7 (1) The Secretary of State must publish guidance for NHS commissioning bodies, NHS trusts and NHS foundation trusts about—
- (a) the exercise of their functions under this Schedule, and
 - (b) how the Secretary of State proposes to exercise the Secretary of State’s functions under this Schedule.
- (2) NHS commissioning bodies, NHS trusts and NHS foundation trusts must have regard to any guidance published under sub- paragraph (1).”

SCHEDULE 7

Section 50

NHS TRUSTS IN ENGLAND AND REMOVAL OF POWER TO APPOINT TRUSTEES: CONSEQUENTIAL AMENDMENTS

Value Added Tax Act 1994

- 1 In section 33D of the Value Added Tax Act 1994 (descriptions of charities qualifying for VAT refunds), in subsection (4), before paragraph (a) insert—
- “(za) an NHS trust in England.”

Finance Act 2003

- 2 In section 67A of the Finance Act 2003 (acquisitions by certain health service bodies), in subsection (1), after paragraph (b) insert—
 “(ba) an NHS trust established under section 25 of the National Health Service Act 2006;”.

National Health Service Act 2006

- 3 The National Health Service Act 2006 is amended as follows.
- 4 In section 215 (trustees and property under section 222), in subsection (3)(b), omit “paragraph 10 of Schedule 4, or”.
- 5 In section 217 (supplementary provisions about trusts), in subsection (1), omit paragraph (h) (but not the “and” at the end).
- 6 In Schedule 4 (NHS trusts), in paragraph 12, omit sub-paragraph (2A).

National Health Service (Wales) Act 2006

- 7 In section 163 of the National Health Service (Wales) Act 2006 (trustees and property under section 169) in subsection (3), omit “, or paragraph 10 of Schedule 4 to the National Health Service Act 2006”.

Health and Social Care Act 2012

- 8 The Health and Social Care Act 2012 is amended as follows.
- 9 In section 112 (transitional provision relating to abolition of NHS trusts etc), in subsection (5)(b), omit the words from “(whether because” to the end.
- 10 Omit section 180 (repeal of provisions on authorisation for NHS foundation trusts).
- 11 In section 200 (care trusts), omit subsection (15).
- 12 In Schedule 13, in paragraph 10 (saving provision: general duty of regulator), omit sub-paragraph (2).
- 13 Omit Schedule 14 (abolition of NHS trusts in England: consequential amendments).

Finance Act 2012

- 14 In section 216 of the Finance Act 2012 (health service bodies), omit subsections (5) and (6).

Local Audit and Accountability Act 2014

- 15 The Local Audit and Accountability Act 2014 is amended as follows.
- 16 In section 3 (general requirements for accounts), for subsection (9) substitute—
 “(9) In this Act “health service body” means—
 (a) an integrated care board;
 (b) an NHS trust all or most of whose hospitals, establishments and facilities are situated in England.”
- 17 In section 4 (general requirements for audit), at the end insert—

Status: This is the original version (as it was originally enacted).

- “(6) In relation to an NHS trust, “accounts” means the annual accounts prepared under paragraph 11A of Schedule 4 to the National Health Service Act 2006.”
- 18 In section 8 (procedure for appointment), in subsection (4), at the end insert—
- “(d) in the case of an NHS trust, it publishes the notice in such manner as it thinks is likely to bring the notice to the attention of persons to whom the trust provides services for the purposes of the health service in England.”
- 19 In section 10 (functions of auditor panel), in subsection (10), at the end insert—
- “(d) in the case of an NHS trust, it publishes the advice in such manner as it thinks is likely to bring the advice to the attention of persons to whom the trust provides services for the purposes of the health service in England.”
- 20 In section 12 (failure to appoint local auditor), in subsections (1) and (2), for “a clinical commissioning group,” substitute “a health service body”.
- 21 (1) Section 13 (failure of clinical commissioning group to appoint local auditor) is amended as follows.
- (2) In the heading, for “clinical commissioning group” substitute “health service bodies”.
- (3) In subsections (1) and (2), for “clinical commissioning group” substitute “health service body”.
- (4) In subsection (4)—
- (a) in paragraph (a), for “clinical commissioning group” substitute “health service body”;
- (b) in paragraph (b), for “group” substitute “health service body”.
- (5) In subsection (5)(a), for “clinical commissioning group” substitute “health service body”.
- (6) In subsection (6)—
- (a) in paragraph (a), for “clinical commissioning group” substitute “health service body”;
- (b) in paragraph (b), for “group” substitute “health service body”.
- (7) In subsection (7), for “clinical commissioning group” substitute “health service body”.
- 22 In section 21 (general duties of auditors of accounts of health service bodies), after subsection (2) insert—
- “(2A) In auditing the accounts of an NHS trust a local auditor must, by examination of the accounts and otherwise, be satisfied—
- (a) that the accounts present a true and fair view, and comply with the requirements of the enactments that apply to them,
- (b) that proper practices have been observed in the preparation of the accounts, and
- (c) that the NHS trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.”

- 23 In section 30 (unlawful expenditure or activity of health service bodies), in subsection (2), for paragraph (b) substitute—
“(b) notify NHS England of the matter.”
- 24 In section 43 (orders and regulations), in subsection (6), omit paragraphs (b) and (c).
- 25 In section 44 (interpretation), in the definition of “accounts”, for “(5)” substitute “(6)”.
- 26 Omit section 47 (application to NHS trusts and trustees).
- 27 In Schedule 2 (relevant authorities), after paragraph 23 insert—
“23A An NHS trust all or most of whose hospitals, establishments and facilities are situated in England.”
- 28 In Schedule 5 (eligibility and regulation of local auditors), in paragraph 5, in the modified section 1214 of the Companies Act 2006—
(a) in subsection (1), after “(3),” insert “(3A),”;
(b) after subsection (3) insert—
“(3A) This subsection applies if—
(a) the relevant authority is an NHS trust, and
(b) P is a director of that NHS trust.”
- 29 (1) Schedule 7 (reports and recommendations) is amended as follows.
(2) In paragraph 2, in sub-paragraph (3)(d), for “clinical commissioning group” substitute “health service body”.
(3) In paragraph 3, in sub-paragraph (2)(c), for “clinical commissioning group” substitute “health service body”.
(4) In paragraph 4, in sub-paragraph (8), at the end insert—
“(d) in the case of an NHS trust, it publishes the notice in such manner as it thinks is likely to bring the notice to the attention of persons to whom the trust provides services for the purposes of the health service in England.”

Finance Act 2015

- 30 In section 66 of the Finance Act 2015 (VAT refunds to certain charities), omit subsection (6).

NHS (Charitable Trusts Etc) Act 2016

- 31 (1) Schedule 1 to the NHS (Charitable Trusts Etc) Act 2016 is amended as follows.
(2) In paragraph 4(b), omit paragraph (ii) (including the “and” at the end).
(3) Omit paragraph 14.
(4) In paragraph 18, omit paragraphs (f) and (h).
(5) Omit paragraph 19.

SCHEDULE 8

Section 70

TRUST SPECIAL ADMINISTRATORS: NHS TRUSTS AND NHS FOUNDATION TRUSTS

PART 1

AMENDMENTS ABOUT TRUST SPECIAL ADMINISTRATORS

- 1 The National Health Service Act 2006 is amended as follows.
- 2 For section 65B substitute—

“65B NHS trusts: appointment of trust special administrator

- (1) NHS England may make an order in accordance with this section authorising the appointment of a trust special administrator to exercise the functions of the chair and directors of an NHS trust to which this Chapter applies.
- (2) NHS England—
- (a) must make an order under subsection (1) if required to do so by the Care Quality Commission, and
 - (b) may otherwise make an order under subsection (1) only if—
 - (i) NHS England considers it appropriate to do so in the interests of the health service, and
 - (ii) the Secretary of State has approved the making of the order.
- (3) The Care Quality Commission may require NHS England to make an order under subsection (1) only if it is satisfied that there is a serious failure by the NHS trust to provide services that are of sufficient quality to be provided under this Act.
- (4) Before requiring NHS England to make an order under subsection (1) the Care Quality Commission must—
- (a) consult the Secretary of State and NHS England, and
 - (b) having done that, consult—
 - (i) the trust,
 - (ii) any integrated care board in whose area the trust has hospitals, establishments or facilities, and
 - (iii) any person to which the trust provides goods or services under this Act and which the Commission considers it appropriate to consult.
- (5) Before making an order under subsection (1) in a case where it is not required to do so by the Care Quality Commission, NHS England must consult—
- (a) the trust,
 - (b) any integrated care board in whose area the trust has hospitals, establishments or facilities,
 - (c) any other person to which the trust provides goods or services under this Act and which NHS England considers it appropriate to consult, and
 - (d) the Care Quality Commission.

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- (6) An order under subsection (1) must specify the date when the appointment is to take effect, which must be within the period of 5 working days beginning with the day on which the order is made.
- (7) NHS England must lay before Parliament (with the statutory instrument containing the order) a report stating the reasons for making the order.
- (8) If an order is made under subsection (1), NHS England must—
 - (a) appoint a person as the trust special administrator with effect from the day specified in the order, and
 - (b) publish the name of the person appointed.
- (9) A person appointed as a trust special administrator holds and vacates office in accordance with the terms of the appointment.
- (10) NHS England may pay remuneration and expenses to a trust special administrator appointed under this section.

65BA Care Quality Commission report on safety and quality of services

- (1) This section applies where the Care Quality Commission require NHS England to make an order under section 65B(1) in relation to an NHS trust.
 - (2) The Care Quality Commission must, as soon as reasonably practicable after the making of the order, provide to NHS England and the Secretary of State a report on the safety and quality of the services that the trust provides under this Act.”
- 3 (1) Section 65D (NHS foundation trusts: appointment of trust special administrator) is amended as follows.
- (2) In subsections (1) and (1A)(b) and (c), for “the regulator”, in each place it occurs, substitute “NHS England”.
 - (3) In subsection (2), for “The regulator” substitute “NHS England”.
 - (4) After subsection (2) insert—
 - “(2A) Where NHS England is not required to make an order under this section as a result of subsection (1A), it may do so only if the Secretary of State has approved the making of the order.”
 - (5) In subsection (3), for “the regulator” substitute “NHS England”.
 - (6) In subsection (3A)—
 - (a) in paragraph (a), for “the regulator” substitute “NHS England”;
 - (b) in paragraph (b), omit sub-paragraph (ii) (but not the “and” at the end).
 - (7) For subsection (4) substitute—
 - “(4) Before making an order under this section in a case where it is not required to do so as a result of subsection (1A), NHS England must consult—
 - (a) the trust,
 - (b) any person to which the trust provides services under this Act and which NHS England considers it appropriate to consult, and
 - (c) the Care Quality Commission.”

- (8) In subsection (6), for “The regulator” substitute “NHS England”.
- (9) In subsection (7), for “the regulator” substitute “NHS England”.
- (10) For subsection (12) substitute—
- “(12) NHS England may pay remuneration and expenses to a trust special administrator appointed under this section.”
- 4 (1) Section 65DA (objective of trust special administration) is amended as follows.
- (2) In subsection (4)(c), for “the regulator” substitute “NHS England”.
- (3) In subsection (5), for “The regulator” substitute “NHS England”.
- (4) In subsection (5A), for “the regulator” substitute “NHS England”.
- (5) In subsection (6)—
- (a) for “the regulator” substitute “NHS England”;
- (b) omit paragraph (b).
- (6) In subsection (7), for “The Board” substitute “NHS England”.
- (7) In subsection (8), for “the Board” substitute “NHS England”.
- 5 (1) Section 65F (draft report) is amended as follows.
- (2) For subsections (1) to (3) substitute—
- “(1) A trust special administrator appointed in relation to an NHS trust must, within the period of 65 working days beginning with the day on which the administrator’s appointment takes effect—
- (a) provide NHS England and the Secretary of State with a draft report recommending any action that NHS England or the Secretary of State should take in relation to the trust, and
- (b) publish a copy of that draft report.
- (1A) A trust special administrator appointed in relation to an NHS foundation trust must, within the period of 65 working days beginning with the day on which the administrator’s appointment takes effect—
- (a) provide NHS England with a draft report recommending the action that NHS England should take in relation to the trust, and
- (b) publish a copy of that draft report,
- unless unable to obtain the statements required by subsections (1B) and (1C).
- (1B) A trust special administrator may not provide a draft report under subsection (1A)—
- (a) without having obtained a statement from each commissioner that the commissioner considers that the recommendation in the draft report—
- (i) would achieve the objective set out in section 65DA(1)(a), and
- (ii) would do so without harming essential services provided for the purposes of the NHS by any other NHS foundation trust or NHS trust that provides services under this Act to the commissioner, or

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- (b) where the administrator is unable to obtain a statement to that effect from one or more of the commissioners (other than NHS England), without having obtained a statement to that effect from NHS England.
- (1C) A trust special administrator may not provide a draft report under subsection (1A) without having obtained a statement from the Care Quality Commission that it considers that the recommendation in the draft report would achieve that part of the objective set out in section 65DA(1)(aa).
- (2) When preparing a draft report under subsection (1) or (1A), the administrator must consult—
- (a) any person to which the trust provides goods or services under this Act and which NHS England directs the administrator to consult, and
 - (b) the Care Quality Commission.
- (3) After receiving a draft report under subsection (1) or (1A), NHS England must lay it before Parliament.”
- (3) Omit subsections (4), (5) and (5A).
- (4) For subsection (6) substitute—
- “(6) Where NHS England decides not to provide to the administrator a statement to the effect mentioned in subsection (1B)(b), NHS England must—
- (a) give a notice of the reasons for its decision to the administrator,
 - (b) publish the notice, and
 - (c) lay a copy of it before Parliament.
- (6A) Where the Care Quality Commission decides not to provide to the administrator a statement to the effect mentioned in subsection (1C), the Commission must—
- (a) give a notice of the reasons for its decision to the administrator and to NHS England,
 - (b) publish the notice, and
 - (c) lay a copy of it before Parliament.”
- 6 (1) Section 65G (consultation plan) is amended as follows.
- (2) In subsection (4)(b) for “the Board”, in both places it occurs, substitute “NHS England”.
- (3) For subsection (5) substitute—
- “(5) Where NHS England decides not to provide to the administrator a statement to the effect mentioned in subsection (4)(b), NHS England must—
- (a) give a notice of the reasons for its decision to the administrator,
 - (b) publish the notice, and
 - (c) lay a copy of it before Parliament.
- (5A) Where the Care Quality Commission decides not to provide to the administrator a statement to the effect mentioned in subsection (4A), the Commission must—

- (a) give a notice of the reasons for its decision to the administrator and to NHS England,
- (b) publish the notice, and
- (c) lay a copy of it before Parliament.”
- 7 (1) Section 65H (consultation requirements) is amended as follows.
- (2) In subsection (7)—
- (a) omit paragraph (za);
- (b) in paragraph (b), omit “other”;
- (c) for paragraphs (c) and (d) substitute—
- “ (c) the member of Parliament for any constituency, if required by directions given by NHS England;
- (d) any other person specified in a direction given by NHS England.”
- (3) Omit subsection (8).
- (4) In subsection (9)(a), omit “the Board and”.
- (5) After subsection (9) insert—
- “(9A) NHS England may direct the administrator to hold a meeting to seek a response from any person.”
- (6) For subsection (10) substitute—
- “(10) The Secretary of State may direct NHS England as to the persons from whom it should direct the administrator to—
- (a) request a written response (for NHS England’s powers of direction, see subsection (7)(c) and (d));
- (b) seek a response by holding a meeting (for NHS England’s power of direction, see subsection (9A)).”
- (7) Omit subsection (10A).
- (8) In subsection (12), omit paragraph (b) and the “and” before it.
- (9) Omit subsection (13).
- 8 (1) Section 65I (final report) is amended as follows.
- (2) For subsection (1) substitute—
- “(1) A trust special administrator appointed in relation to an NHS trust must, within the period of 15 working days beginning with the end of the consultation period, provide NHS England and the Secretary of State with a final report stating any action that the administrator recommends that NHS England or Secretary of State should take in relation to the trust.
- (1A) A trust special administrator appointed in relation to an NHS foundation trust must, within the period of 15 working days beginning with the end of the consultation period, provide NHS England with a final report stating the action that the administrator recommends that NHS England should take in relation to the trust.”
- (3) In subsection (2), after “the final report” insert “mentioned in subsection (1) or (1A)”.

Status: This is the original version (as it was originally enacted).

- (4) In subsection (3), for “the Secretary of State” substitute “NHS England”.
- (5) Omit subsection (4).
- 9 (1) Section 65J (power to extend time) is amended as follows.
- (2) In subsection (1)—
- (a) in paragraph (a) after “section 65F(1)” insert “or (1A)”;
- (b) in paragraph (c), after section “65I(1)” insert “or (1A)”.
- (3) In subsection (2), for “the Secretary of State”, in both places it occurs, substitute “NHS England”.
- (4) Omit subsection (5).
- 10 In the italic heading before section 65K for “the regulator” substitute “NHS England”.
- 11 For section 65K substitute—
- “65K Decision of NHS England or Secretary of State in case of NHS trust**
- (1) Within the period of 20 working days beginning with the day on which NHS England receives a final report under section 65I relating to an NHS trust, NHS England must decide what (if any) action to take in relation to the trust.
- (2) Within the period of 20 working days beginning with the day on which the Secretary of State receives a final report under section 65I relating to an NHS trust, the Secretary of State must decide what (if any) action to take in relation to the trust.
- (3) NHS England and the Secretary of State must consult one another before taking the decision under subsection (1) or (2).
- (4) After taking a decision under subsection (1) or (2) NHS England or the Secretary of State (as the case may be) must, as soon as reasonably practicable—
- (a) publish a notice of the decision and of the reasons for it;
- (b) lay a copy of the notice before Parliament.”
- 12 (1) Section 65KA (regulator’s decision in case of NHS foundation trust) is amended as follows.
- (2) In the heading for “Regulator’s” substitute “NHS England’s”.
- (3) In each of subsections (1) and (3) to (5), for “the regulator”, in each place it occurs, substitute “NHS England”.
- (4) In subsection (6), for “The regulator” substitute “NHS England”.
- 13 (1) Section 65KB (Secretary of State’s response to regulator’s decision) is amended as follows.
- (2) In the heading for “regulator’s” substitute “NHS England’s”.
- (3) In subsections (1)(c) and (2)(b), for “the regulator” substitute “NHS England”.

- 14 In section 65KC (action following Secretary of State’s rejection of final report), in subsections (1) and (2), for “the regulator” substitute “NHS England”.
- 15 (1) In section 65KD (Secretary of State’s response to resubmitted report) is amended as follows.
- (2) In subsection (3), for “(4) to” substitute “(5), (6) and”.
- (3) Omit subsection (4).
- (4) For subsections (5) and (6) substitute—
- “(5) If the notice states that an integrated care board has failed to discharge a function—
- (a) the board is to be treated for the purposes of this Act as having failed to discharge the function,
- (b) the Secretary of State may exercise the functions of NHS England under section 14Z61(2), (3)(a) and (5)(a), and
- (c) NHS England may not exercise any of its functions under section 14Z61.
- (6) Where, by virtue of subsection (5)(b), the Secretary of State exercises the function of NHS England under section 14Z61(3)(a), the integrated care board to which the direction is given must cooperate with the Secretary of State.”
- (5) Omit subsections (7) and (8).
- 16 (1) Section 65L (trusts coming out of administration) is amended as follows.
- (2) For subsections (1) to (2B) substitute—
- “(1) Subsection (2) applies, in relation to an NHS trust, if NHS England and the Secretary of State both decide under section 65K not to dissolve the trust.
- (2) NHS England must make an order specifying a date when the following come to an end—
- (a) the appointment of the trust special administrator, and
- (b) the suspension of the chair and directors of the trust.
- (2A) Subsection (2B) applies, in relation to an NHS foundation trust, if—
- (a) the Secretary of State decides under section 65KD(9) not to dissolve the trust, or
- (b) the Secretary of State decides under section 65KB(1) or 65KD(1) that the Secretary of State is satisfied of the matters mentioned there, and the action recommended in the final report is to do something other than dissolve the trust.
- (2B) NHS England must make an order specifying a date when the following come to an end—
- (a) the appointment of the trust special administrator, and
- (b) the suspension of the governors, chair and directors of the trust.”
- (3) In subsection (7), for “the regulator”, in both places it occurs, substitute “NHS England”.

Status: This is the original version (as it was originally enacted).

- 17 In section 65LA (trusts to be dissolved), in subsection (3), for “The regulator” substitute “NHS England”.
- 18 (1) Section 65M (replacement of trust special administrator) is amended as follows.
- (2) For subsection (1) substitute—
- “(1) If a trust special administrator ceases to hold office for any reason before an order is made under section 65L(2) or (2B) or the trust is dissolved, NHS England must—
- (a) appoint another person as the trust special administrator, and
- (b) publish the name of the person appointed.”
- (3) In subsection (2), for “the Secretary of State” substitute “NHS England”.
- (4) Omit subsection (3).
- 19 (1) Section 65N (guidance) is amended as follows.
- (2) In subsection (1), for “the Secretary of State” substitute “NHS England”.
- (3) In subsection (1A), omit paragraph (b).
- (4) In subsection (3A), for “the Secretary of State” substitute “NHS England”.
- (5) Omit subsection (4).
- 20 In section 65O (interpretation of Chapter), in subsection (1), in the definition of “trust special administrator”, for “65B(6)(a)” substitute “65B(8)(a)”.
- 21 In section 272 (orders, regulations, rules and directions), in subsection (5)(ab), after “65L(2)” insert “, (2B)”.

PART 2

CONSEQUENTIAL AMENDMENTS

National Health Service Act 2006

- 22 The National Health Service Act 2006 is amended as follows.
- 23 In section 13Q (public involvement and consultation by NHS England), for subsection (4) substitute—
- “(4) This section does not require NHS England to make arrangements in relation to matters to which a trust special administrator’s draft or final report under section 65F or 65I relates before—
- (a) in a case where the administrator’s report relates to an NHS trust, NHS England and the Secretary of State have made their decisions under section 65K(1) and (2), or
- (b) in a case where the administrator’s report relates to an NHS foundation trust, the Secretary of State is satisfied as mentioned in section 65KB(1) or 65KD(1) or makes a decision under section 65KD(9).”
- 24 In section 242 (public involvement and consultation by NHS trusts), for subsection (6) substitute—

“(6) This section does not require a body to make arrangements in relation to matters to which a trust special administrator’s draft or final report under section 65F or 65I relates before—

- (a) in a case where the administrator’s report relates to an NHS trust, NHS England and the Secretary of State have made their decisions under section 65K(1) and (2), or
- (b) in a case where the administrator’s report relates to an NHS foundation trust, the Secretary of State is satisfied as mentioned in section 65KB(1) or 65KD(1) or makes a decision under section 65KD(9).”

Health and Social Care Act 2008

25 In section 29A of the Health and Social Care Act 2008 (warning notice: quality of health care), in subsection (5), for paragraph (b) substitute—

- “(b) must consider in particular whether to require NHS England to make an order under section 65B(1) or 65D(2) of the National Health Service Act 2006 (appointment of trust special administrator).”

SCHEDULE 9

Section 72

REFERENCES TO FUNCTIONS: TREATMENT OF DELEGATION ARRANGEMENTS ETC

Local Government Act 1974

1 In section 26 of the Local Government Act 1974 (matters subject to investigation), in subsection (1), for paragraph (d) substitute—

- “(d) an alleged or apparent failure in a service provided by the authority in the exercise of public health functions of the Secretary of State (within the meaning of the National Health Service Act 2006) in pursuance of arrangements made under section 7A, 65Z5 or 75 of the National Health Service Act 2006;”.

Children Act 1989

2 In section 105 of the Children Act 1989 (interpretation), for subsection (7B) substitute—

- “(7B) References in this Act to arrangements made by NHS England or an integrated care board under the National Health Service Act 2006 include references to arrangements so made in the exercise of functions of another person by virtue of any provision of that Act.”

National Health Service and Community Care Act 1990

3 In section 47 of the National Health Service and Community Care Act 1990 (assessment of needs for community care services), in subsection (3), for paragraph (za) substitute—

- “(za) that there may be a need for the provision of services to that person pursuant to arrangements made under the National Health Service

Status: This is the original version (as it was originally enacted).

Act 2006 by such integrated care board as may be determined in accordance with regulations (including such arrangements made by it in the exercise of functions of another person by virtue of any provision of that Act),”.

Adoption and Children Act 2002

- 4 In section 4 of the Adoption and Children Act 2002 (assessments etc for adoption support services), in subsection (9), for paragraph (za) substitute—
- “(za) there may be a need for the provision to that person of services that may be provided pursuant to arrangements made by an integrated care board under the National Health Service Act 2006 (including such arrangements made by an integrated care board in the exercise of functions of another person by virtue of any provision of that Act),”.

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

- 5 In section 113 of the Health and Social Care (Community Health and Standards) Act 2003 (complaints about health care), in subsection (1)—
- (a) at the end of paragraph (a) insert “(including any function that consists of exercising the function of another person)”;
- (b) in paragraph (c), omit “section 75 of the National Health Service Act 2006 or”;
- (c) omit paragraph (d).

National Health Service Act 2006

- 6 The National Health Service Act 2006 is amended as follows.
- 7 In section 13Z4 (interpretation of Chapter A1 of Part 2), omit subsections (2) to (4).
- 8 In section 73A (appointment of directors of public health), in subsection (1), after paragraph (c) insert—
- “(ca) the exercise by the authority of any public health functions of the Secretary of State in pursuance of arrangements made with another body by virtue of section 65Z5 or 75,”.
- 9 In section 73B (exercise of public health functions of local authorities: further provision), in subsection (2), after paragraph (c) insert—
- “(ca) any public health functions of the Secretary of State exercisable by the authority in pursuance of arrangements made with another body by virtue of section 65Z5 or 75,”.
- 10 In section 73C (complaints about exercise of public health functions by local authorities), in subsection (1), after paragraph (c) insert—
- “(ca) anything done by a local authority in the exercise of public health functions of the Secretary of State in pursuance of arrangements made with another body by virtue of section 65Z5 or 75,”.
- 11 In section 223K (payments in respect of quality), in subsection (8), for the definition of “relevant services” substitute—

““relevant services” means services provided in pursuance of arrangements made by the integrated care board in the exercise of its functions by virtue of this Act;”.

- 12 In section 244 (review and scrutiny by local authorities), in subsection (3), in the definition of “relevant health service provider”, for paragraph (a) (but not the “and” at the end) substitute—

“(a) provides services in pursuance of arrangements made by virtue of this Act;”.

- 13 In section 252A (role of NHS England and clinical commissioning groups in respect of emergencies), in subsection (10), for the definition of “service arrangements” substitute—

““service arrangements” means arrangements made by virtue of this Act for the provision of services.”

- 14 In section 253 (emergency powers), in subsection (1A), in paragraph (d), for subparagraphs (i) to (iv) substitute “by virtue of this Act”.

Local Government and Public Involvement in Health Act 2007

- 15 After section 116B of the Local Government and Public Involvement in Health Act 2007 insert—

“116C Sections 116 to 116B: references to functions

Section 275A of the National Health Service Act 2006 (references to functions of a person to include delegated functions etc) applies for the purposes of sections 116 to 116B of this Act as it applies for the purposes of that Act.”

Health and Social Care Act 2008

- 16 In section 97 of the Health and Social Care Act 2008 (general interpretation of Part), for subsection (2A) substitute—

“(2A) Any reference in this Part to health care commissioned by NHS England or by an integrated care board is a reference to health care provided by other persons pursuant to arrangements made by NHS England or an integrated care board (including arrangements made by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006).”

Health and Social Care Act 2012

- 17 The Health and Social Care Act 2012 is amended as follows.

- 18 In section 197 (participation of NHS England in Health and Wellbeing Board), in the definition of “commissioning functions” in subsection (6), at the end insert “(including any functions of NHS England in arranging for the provision of such services in the exercise of functions of another person)”.

- 19 In section 199 (supply of information to Health and Wellbeing Boards), omit subsection (4).

- 20 In section 234 (quality standards), in subsection (11), for the definition of “NHS services” substitute—

Status: This is the original version (as it was originally enacted).

- ““NHS services” means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006);”.
- 21 In section 237 (advice, guidance, information and recommendations), in subsection (10), for paragraphs (b) and (c) substitute—
 “(b) the exercise by an authority of the functions of any other person by virtue of any provision of that Act.”
- 22 In section 250 (powers to publish information standards), in subsection (7), for the definition of “NHS services”, substitute—
 ““NHS services” means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006);”.
- 23 In section 263 (code of practice on confidential information), after subsection (7) insert—
 “(8) In this section “NHS services” means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006).”
- 24 In section 274 (powers of Secretary of State or Board to give directions), in subsection (9), at the appropriate place insert—
 ““NHS services” means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006);”.
- 25 In section 290 (duties to co-operate), in subsection (2), at the end insert “(including any functions that consist of exercising the functions of other persons)”.

SCHEDULE 10

Section 77

THE NHS PAYMENT SCHEME

- 1 The Health and Social Care Act 2012 is amended as follows.
- 2 In section 97 (conditions of licences for health care service providers), in subsection (1)(g), for “the national tariff (see section 116)” substitute “the NHS payment scheme (see section 114A)”.
- 3 In Part 3, for Chapter 4 substitute—

“CHAPTER 4

THE NHS PAYMENT SCHEME

114A The NHS payment scheme

- (1) NHS England must publish a document, to be known as “the NHS payment scheme”, containing rules for determining the price that is to be payable by a commissioner—
 - (a) for the provision of health care services for the purposes of the NHS;
 - (b) for the provision of services in pursuance of arrangements made by NHS England or an integrated care board in the exercise of any public health functions of the Secretary of State, within the meaning of the National Health Service Act 2006, by virtue of any provision of that Act.
- (2) The commissioner and the provider of services mentioned in subsection (1) must comply with rules under that subsection.
- (3) Rules under subsection (1) may, in particular—
 - (a) specify prices;
 - (b) specify amounts, formulae or other matters on the basis of which prices are to be determined;
 - (c) provide for prices to be determined for, or by reference to, components of services or groups of services;
 - (d) make different provision for different services or provision for some services but not others;
 - (e) make different provision for the same service by reference to different circumstances or areas, different descriptions of provider, or other factors relevant to the provision of the service or the arrangements for its provision;
 - (f) confer a discretion on the commissioner of a service or on NHS England.
- (4) Rules under subsection (1) may allow or require a price to be agreed between the commissioner and the provider of a service.
- (5) Rules made by virtue of subsection (4) may—
 - (a) make provision about how the price is to be agreed;
 - (b) allow the agreement to make any provision that could be made by rules by virtue of subsection (3);
 - (c) provide for the publication by the commissioner, the provider or NHS England of information relevant to the agreement.
- (6) For the purpose of securing that the prices payable for the provision of services mentioned in subsection (1)(a) or (b) result in a fair level of pay for providers of those services, NHS England must, in exercising functions under subsection (1), have regard to—
 - (a) differences in the costs incurred in providing those services to persons of different descriptions, and

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- (b) differences between providers with respect to the range of those services that they provide.
- (7) The NHS payment scheme may contain rules relating to the making of payments to the provider of a service for the provision of that service.
- (8) The NHS payment scheme may contain guidance as to the application of rules under subsection (1).
- (9) A commissioner of a service mentioned in subsection (1) must have regard to any such guidance.
- (10) The NHS payment scheme has effect for the period specified in the NHS payment scheme or, where a new edition of the NHS payment scheme takes effect before the end of that period, until that new edition takes effect.

114B The NHS payment scheme: enforcement

Where the commissioner of a service fails to comply with rules contained in the NHS payment scheme, NHS England may direct the commissioner to take steps specified in the direction, within a period specified in the direction—

- (a) to secure that the failure does not continue or recur, or
- (b) to secure that the position is (so far as practicable) restored to what it would have been if the failure was not occurring or had not occurred.

114C The NHS payment scheme: impact assessment and consultation

- (1) Before publishing the NHS payment scheme, NHS England must—
 - (a) carry out an assessment of the likely impact of the proposed scheme, or
 - (b) publish a statement setting out its reasons for concluding that such assessment is not needed.
- (2) Before publishing the NHS payment scheme, NHS England must consult the following—
 - (a) each integrated care board;
 - (b) each relevant provider;
 - (c) such other persons as NHS England considers appropriate.
- (3) NHS England must give those persons a notice—
 - (a) describing the proposed NHS payment scheme,
 - (b) setting out any impact assessment carried out under subsection (1) (a), and
 - (c) specifying when the period within which representations may be made about the proposed NHS payment scheme (“the consultation period”) will come to an end.
- (4) The consultation period is the period of 28 days beginning with the day after that on which the notice is published.
- (5) NHS England must publish the notice given under subsection (3)
- (6) If, having consulted under this section—

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- (a) NHS England decides to make amendments of the proposed NHS payment scheme that are, in its opinion, significant, and
 - (b) it would, in NHS England’s opinion, be unfair to make the amendments without further consultation,
- NHS England must consult again under this section.

(7) Subsection (6) does not apply where section 114D applies.

(8) In this section “relevant provider” means—

- (a) a licence holder, or
- (b) another person, of a prescribed description, that provides—
 - (i) health care services for the purposes of the NHS, or
 - (ii) services in pursuance of arrangements made by NHS England or an integrated care board by virtue of section 7A or 7B of the National Health Service Act 2006 (Secretary of State’s public health functions).

114D Objections to proposed NHS payment scheme

(1) This section applies where—

- (a) within the consultation period under section 114C, NHS England receives objections to the proposed NHS payment scheme from one or more integrated care boards or relevant providers, and
- (b) either or both of the following apply—
 - (i) the objection percentage for integrated care boards exceeds the prescribed percentage;
 - (ii) the objection percentage for relevant providers exceeds the prescribed percentage.

(2) In subsection (1)(b) the “objection percentage” is the proportion (expressed as a percentage) of integrated care boards or (as the case may be) relevant providers that objected.

(3) NHS England must consult such persons as appear to NHS England to be representative of the integrated care boards or relevant providers from whom objections were received.

(4) If, having complied with subsection (3)—

- (a) NHS England decides to make amendments of the proposed NHS payment scheme that are, in its opinion, significant, and
- (b) it would, in NHS England’s opinion, be unfair to make the amendments without further consultation,

NHS England must consult again under section 114C.

(5) If, having complied with subsection (3), NHS England decides not to amend the proposed NHS payment scheme, it may publish the scheme but, before doing so, must—

- (a) publish a notice stating that decision and setting out the reasons for it, and
- (b) send a copy of the notice to—
 - (i) the persons consulted under subsection (3), and

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- (ii) the integrated care boards or relevant providers from whom objections were received.

114E Amendments of the NHS payment scheme

- (1) NHS England may amend the NHS payment scheme during the period for which it has effect, provided that, in the opinion of NHS England, the amendments are not so significant as to require publication of a new edition of the NHS payment scheme.
- (2) In deciding whether the amendments are so significant as to require the publication of a new edition of the NHS payment scheme, NHS England must have regard to—
- (a) the proportion of integrated care boards that would be affected by the proposed amendments;
 - (b) the proportion of relevant providers that would be affected by the proposed amendments;
 - (c) the impact that the proposed amendments would have on integrated care boards and relevant providers that would be affected by them;
 - (d) whether any integrated care boards or relevant providers would be disproportionately affected by the proposed amendments;
 - (e) the amount of any increase or decrease in prices that would result from the proposed amendments.
- (3) If NHS England amends the NHS payment scheme, it must publish the NHS payment scheme as amended.
- (4) Before amending the NHS payment scheme, NHS England must, in accordance with subsections (5) to (7), consult the following about the proposed amendments—
- (a) any integrated care boards that would be affected by the proposed amendments;
 - (b) any relevant providers that would be affected by the proposed amendments;
 - (c) such other persons as NHS England considers appropriate.
- (5) NHS England must publish a notice specifying—
- (a) the proposed amendments, and
 - (b) when the period within which representations may be made about the proposed amendments (“the consultation period”) will come to an end.
- (6) The consultation period is the period of 28 days beginning with the day after that on which the notice is published.
- (7) NHS England must send a copy of the notice to each of the persons to be consulted under subsection (4).

114F Interpretation

In this Chapter—

“commissioner”, in relation to a service, means the person who arranges for the provision of the service;

Status: This is the original version (as it was originally enacted).

“the NHS payment scheme” means the document published under section 114A(1);

“relevant provider” has the meaning given by section 114C(8).”

- 4 In section 304 (regulations, orders and directions), in subsection (5), for paragraph (g) substitute—
- “(g) regulations under section 114D(1)(b)(i) or (ii) (percentage to be prescribed in cases of objections to proposals for NHS payment scheme);”.

SCHEDULE 11

Section 78

PATIENT CHOICE: UNDERTAKINGS BY INTEGRATED CARE BOARDS

After Schedule 1 to the National Health Service Act 2006 insert—

“SCHEDULE 1ZA

Section 6F

PATIENT CHOICE: UNDERTAKINGS BY INTEGRATED CARE BOARDS

Introductory

- 1 This Schedule makes further provision about undertakings under section 6F.

Procedure

- 2 (1) NHS England must publish a procedure for entering into undertakings.
- (2) NHS England may revise the procedure and, if it does so, NHS England must publish the procedure as revised.
- (3) NHS England must consult such persons as it considers appropriate before publishing or revising the procedure.
- 3 (1) Where NHS England accepts an undertaking, NHS England must publish the undertaking.
- (2) But NHS England must not under sub-paragraph (1) publish any part of an undertaking which contains information which it is satisfied is—
- (a) commercial information the disclosure of which would, or might, significantly harm the legitimate business interests of the person to whom it relates;
- (b) information relating to the private affairs of an individual the disclosure of which would, or might, significantly harm that person’s interests.

Variation of terms

- 4 The terms of an undertaking (including, in particular, the action specified under it and the period so specified within which the action must be taken) may be varied if both the integrated care board giving the undertaking and NHS England agree.

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Compliance certificates

- 5 (1) Where NHS England is satisfied that an undertaking has been complied with, NHS England must issue a certificate to that effect (referred to in this Schedule as a “compliance certificate”).
- (2) An integrated care board which has given an undertaking may at any time make an application to NHS England for a compliance certificate.
- (3) The application must be made in such form, and accompanied by such information, as NHS England requires.
- (4) NHS England must decide whether or not to issue a compliance certificate, and give notice to the applicant of its decision, before the end of the period of 14 days beginning with the day after that on which the application is received.
- 6 (1) An appeal lies to the First-tier Tribunal against a decision of NHS England to refuse an application for a compliance certificate.
- (2) The grounds for an appeal under this paragraph are that the decision was—
- (a) based on an error of fact,
 - (b) wrong in law, or
 - (c) unfair or unreasonable.
- (3) On an appeal under this paragraph, the Tribunal may confirm NHS England’s decision or direct that it is not to have effect.

Inaccurate, incomplete or misleading information

- 7 Where NHS England is satisfied that an integrated care board which has given an undertaking has supplied NHS England with inaccurate, misleading or incorrect information in relation to the undertaking—
- (a) NHS England may treat the integrated care board as having failed to comply with the undertaking, and
 - (b) if NHS England decides so to treat the integrated care board, NHS England must by notice revoke any certificate of compliance given to that integrated care board.”

SCHEDULE 12

Section 84

REMOVAL OF FUNCTIONS RELATING TO COMPETITION ETC

Company Directors Disqualification Act 1986

- 1 In section 9E of the Company Directors Disqualification Act 1986 (disqualification for competition infringements: interpretation), in subsection (2), omit paragraph (f).

Competition Act 1998

- 2 In section 54 of the Competition Act 1998 (list of regulators), in subsection (1), omit paragraph (h).

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Enterprise Act 2002

- 3 (1) Section 136 of the Enterprise Act 2002 (investigations and reports on market investigation references) is amended as follows.
 - (2) In subsection (7), omit paragraph (i).
 - (3) In subsection (8), omit “, Monitor”.

Health and Social Care Act 2012

- 4 The Health and Social Care Act 2012 is amended as follows.
- 5 In section 74 (competition functions: supplementary), omit subsections (1) to (6).
- 6 In section 288 (Monitor: duty to cooperate with Care Quality Commission), omit subsection (3).

Enterprise and Regulatory Reform Act 2013

- 7 The Enterprise and Regulatory Reform Act 2013 is amended as follows.
- 8 In Schedule 4 (the Competition and Markets Authority), in paragraph 16(7), omit paragraph (g).
- 9 In Schedule 14 (regulators: use of powers under the Competition Act 1998), omit paragraphs 20 to 22.

Care Act 2014

- 10 In section 92 of the Care Act 2014 (care standards: false or misleading information offence), omit subsections (7) and (8).

SCHEDULE 13

Section 109

THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

PART 1

CONSTITUTION

Status

- 1 (1) The HSSIB is not to be regarded—
 - (a) as the servant or agent of the Crown, or
 - (b) as enjoying any status, immunity or privilege of the Crown.
- (2) The HSSIB’s property is not to be regarded—
 - (a) as the property of the Crown, or
 - (b) as property held on behalf of the Crown.

Status: This is the original version (as it was originally enacted).

Membership

- 2 (1) The HSSIB is to consist of—
 - (a) a Chief Investigator appointed in accordance with paragraph 3,
 - (b) other members appointed in accordance with paragraph 4, and
 - (c) a chair and at least four other members appointed by the Secretary of State.
- (2) The Chief Investigator is to be the chief executive of the HSSIB.
- (3) The HSSIB must have more non-executive than executive members.
- (4) In this Schedule—
 - (a) references to executive members of the HSSIB are references to the members mentioned in sub-paragraph (1)(a) and (b), and
 - (b) references to non-executive members of the HSSIB are references to the members mentioned in sub-paragraph (1)(c).

The Chief Investigator: appointment and status

- 3 (1) The Chief Investigator is to be appointed by the non-executive members with the consent of the Secretary of State.
- (2) The Chief Investigator is to be an employee of the HSSIB.

Other executive members: appointment and status

- 4 (1) The other executive members of the HSSIB are to be appointed by the non-executive members.
- (2) The non-executive members may not appoint more than five other executive members without the consent of the Secretary of State.
- (3) The other executive members are to be employees of the HSSIB.

Non-executive members: tenure

- 5 (1) A person holds and vacates office as a non-executive member of the HSSIB in accordance with that person's terms of appointment (subject to the following provisions of this paragraph).
- (2) A person may at any time resign from office as a non-executive member by giving notice to the Secretary of State.
- (3) The Secretary of State may at any time remove a person from office as a non-executive member on any of the following grounds—
 - (a) incapacity,
 - (b) misbehaviour, or
 - (c) failure to carry out the person's duties as a non-executive member.
- (4) The Secretary of State may suspend a person from office as a non-executive member if it appears to the Secretary of State that there are or may be grounds to remove the person from office under sub-paragraph (3).
- (5) A person may be appointed as a non-executive member for an initial term of up to three years.

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- (6) A person who has been appointed as a non-executive member for an initial term may be re-appointed, but only for one further term of up to three years.
- (7) The further term must begin at the end of the initial term.

Non-executive members: suspension from office

- 6 (1) This paragraph applies where a person is suspended under paragraph 5(4).
- (2) The Secretary of State must give notice of the decision to suspend to the person.
- (3) The suspension takes effect on receipt by the person of the notice.
- (4) The notice may be—
 - (a) delivered in person (in which case the person is taken to receive it when it is delivered), or
 - (b) sent by first class post to the person’s last known address (in which case the person is taken to receive it on the third day after the day on which it is posted).
- (5) The initial period of suspension must not exceed six months.
- (6) The Secretary of State may review the suspension at any time.
- (7) The Secretary of State—
 - (a) must review the suspension if requested in writing by the person to do so, but
 - (b) is not required to review the suspension before the end of the period of three months beginning with the start of the initial period of suspension.
- (8) Following a review during a period of suspension, the Secretary of State may—
 - (a) confirm the suspension,
 - (b) revoke the suspension, or
 - (c) suspend the person for another period of not more than six months beginning with the expiry of the current period.
- (9) The Secretary of State must revoke the suspension if the Secretary of State—
 - (a) decides that there are no grounds to remove the person from office under paragraph 5(3), or
 - (b) decides that there are grounds to do so but does not remove the person from office under that provision.
- 7 (1) Where a person is suspended from office as the chair under paragraph 5(4), the Secretary of State may appoint a non-executive member as interim chair to exercise the chair’s functions.
- (2) Appointment as interim chair is for a term not exceeding the shorter of—
 - (a) the period ending with either—
 - (i) the appointment of a new chair, or
 - (ii) the revocation or expiry of the existing chair’s suspension, and
 - (b) the remainder of the interim chair’s term as a non-executive member.
- (3) Sub-paragraph (4) applies if—
 - (a) a person’s initial term as interim chair is to cease as a result of the expiry of the person’s initial term as a non-executive member, and

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- (b) that person is to be re-appointed as a non-executive member.
- (4) The person may be re-appointed as interim chair for a further term determined in accordance with sub-paragraph (2).
- (5) That further term must begin at the end of the person's initial term as interim chair.

Non-executive members: payment

- 8 (1) The HSSIB must pay to the non-executive members such remuneration as the Secretary of State may determine.
- (2) The HSSIB must pay or make provision for the payment of such pensions, allowances or gratuities as the Secretary of State may determine to or in respect of any person who is or has been a non-executive member.
- (3) If a person ceases to be a non-executive member and the Secretary of State decides that there are exceptional circumstances which mean that the person should be compensated, the HSSIB must pay compensation to the person of such amount as the Secretary of State may determine.

Staff

- 9 (1) The HSSIB may appoint such persons to be employees of the HSSIB as it considers appropriate.
- (2) Employees of the HSSIB are to be paid such remuneration as the HSSIB may determine.
- (3) Employees of the HSSIB are to be appointed on such other terms and conditions as the HSSIB may determine.
- (4) The HSSIB may pay or make provision for the payment of such pensions, allowances or gratuities as it may determine to or in respect of any person who is or has been an employee of the HSSIB.
- (5) Before making a determination as to remuneration, pensions, allowances or gratuities for the purposes of sub-paragraph (2) or (4), the HSSIB must obtain the approval of the Secretary of State to its policy on that matter.

Procedure

- 10 (1) The HSSIB may regulate its own procedure.
- (2) The validity of any act of the HSSIB is not affected by any vacancy among the members or by any defect in the appointment of any member.

Committees

- 11 (1) The HSSIB may appoint such committees and sub-committees as it considers appropriate.
- (2) A committee or sub-committee may consist of or include persons who are not members or employees of the HSSIB.

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- (3) The HSSIB may pay such remuneration and allowances as it may determine to any person who—
 - (a) is a member of a committee or a sub-committee, but
 - (b) is not an employee of the HSSIB,whether or not that person is a non-executive member of the HSSIB.
- (4) Before making a determination as to remuneration or allowances for the purposes of sub-paragraph (3), the HSSIB must consult the Secretary of State.

Exercise of functions

- 12 (1) The HSSIB must exercise the functions conferred on it by this Part effectively, efficiently and economically.
- (2) The HSSIB may arrange for the exercise of any of its functions on its behalf by—
 - (a) any non-executive member,
 - (b) any employee (including any executive member), or
 - (c) a committee or sub-committee.

Assistance in exercise of functions

- 13 (1) The HSSIB may arrange for persons to assist it in the exercise of its functions in relation to—
 - (a) a particular case, or
 - (b) cases of a particular description.
- (2) Such arrangements may include provision with respect to the payment of remuneration and allowances to, or amounts in respect of, such persons.

Funding

- 14 (1) The Secretary of State may make payments to the HSSIB out of money provided by Parliament of such amounts as the Secretary of State considers appropriate.
- (2) Payments made under sub-paragraph (1) may be made at such times and on such conditions (if any) as the Secretary of State considers appropriate.

Supplementary powers

- 15 (1) The HSSIB may do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any function conferred on it by this Part.
- (2) The power under sub-paragraph (1) includes power for the HSSIB to do the following—
 - (a) enter into agreements;
 - (b) acquire and dispose of property;
 - (c) supply materials, facilities and services to any person;
 - (d) develop and exploit ideas and exploit intellectual property.
- (3) But the HSSIB requires the consent of the Secretary of State to borrow money temporarily by way of overdraft.

Status: This is the original version (as it was originally enacted).

Use of income from charges

- 16 Where the HSSIB receives income from imposing charges under section 127(8) or 128(4), it must ensure that the income is used for exercising its functions.

Losses and liabilities etc

- 17 (1) Section 265 of the Public Health Act 1875 (which relates to the protection of members and officers of certain authorities from personal liability) has effect as if the HSSIB were an authority of the kind referred to in that section.
- (2) In its application to the HSSIB as a result of sub-paragraph (1), section 265 of that Act has effect as if the references in that section to that Act were references to this Part of this Act.

Accounts

- 18 (1) The HSSIB must keep proper accounts and proper records in relation to the accounts.
- (2) The Secretary of State may give directions to the HSSIB as to—
- (a) the content and form of its accounts, and
 - (b) the methods and principles to be applied in the preparation of its accounts.
- 19 (1) The HSSIB must prepare annual accounts in respect of each financial year.
- (2) The HSSIB must send copies of the annual accounts to the Secretary of State and the Comptroller and Auditor General within such period after the end of the financial year to which the accounts relate as the Secretary of State may direct.
- (3) The Comptroller and Auditor General must—
- (a) examine, certify and report on the annual accounts, and
 - (b) lay copies of them and the report before Parliament.
- (4) In this paragraph and paragraph 20, “financial year” means a period of 12 months ending with 31 March.

Reports and other information

- 20 (1) As soon as practicable after the end of each financial year, the HSSIB must prepare an annual report on how it has exercised its functions during the financial year to which the report relates.
- (2) The report must, among other things, set out the measures that the HSSIB has taken to ensure that its functions are exercised effectively, efficiently and economically.
- (3) The HSSIB must send a copy of the report to the Secretary of State.
- (4) The Secretary of State must lay a copy of the report before Parliament.
- (5) The HSSIB must publish the report once it has been laid before Parliament.
- (6) Subject to sub-paragraph (7), the Secretary of State may require the HSSIB to provide to the Secretary of State such other reports and information relating to the exercise of its functions as the Secretary of State may request.

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- (7) The Secretary of State may not require the HSSIB to provide any reports or information that relate to an investigation that the HSSIB is carrying out or has carried out.

Seal and signature

- 21 (1) The application of the HSSIB’s seal must be authenticated by the signature of any member of the HSSIB or any other person who has been authorised (generally or specially) for that purpose.
- (2) A document purporting to be duly executed under the HSSIB’s seal or to be signed on its behalf must be received in evidence and, unless the contrary is proved, taken to be so executed or signed.

PART 2

TRANSFER SCHEMES

- 22 (1) The Secretary of State may, in connection with the establishment of the HSSIB by this Act, make one or more transfer schemes.
- (2) A “transfer scheme” is a scheme for the transfer to the HSSIB of any property, rights or liabilities of NHS England relating to the discharge of NHS England’s functions pursuant to any directions made by the Secretary of State under the power conferred by section 44 which are in force at the time the scheme is made.
- (3) The things that may be transferred under a transfer scheme include—
- (a) property, rights and liabilities that could not otherwise be transferred;
 - (b) property acquired, and rights and liabilities arising, after the making of the scheme;
 - (c) criminal liabilities.
- (4) A transfer scheme may—
- (a) create rights, or impose liabilities, in relation to property or rights transferred;
 - (b) make provision about the continuing effect of things done by, on behalf of or in relation to NHS England in respect of anything transferred;
 - (c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to NHS England in respect of anything transferred;
 - (d) make provision for references to NHS England in an instrument or other document in respect of anything transferred to be treated as references to the HSSIB;
 - (e) make provision for the shared ownership or use of property;
 - (f) make provision which is the same as or similar to the TUPE regulations;
 - (g) make other consequential, supplementary, incidental or transitional provision.
- (5) A transfer scheme may provide—
- (a) for modifications by agreement;

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- (b) for modifications to have effect from the date when the original scheme came into effect.
- (6) In sub-paragraph (4)(f), “the TUPE regulations” means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).
- (7) For the purposes of this paragraph—
 - (a) references to rights and liabilities include rights and liabilities relating to a contract of employment;
 - (b) references to the transfer of property include the grant of a lease.
- (8) For the purposes of sub-paragraph (7)(a)—
 - (a) an individual who holds employment in the civil service is to be treated as employed by virtue of a contract of employment, and
 - (b) the terms of the individual’s employment in the civil service of the State are to be regarded as constituting the terms of the contract of employment.
- 23 (1) The Treasury may by regulations make provision varying the way in which a relevant tax has effect in relation to—
 - (a) anything transferred under a scheme under paragraph 22, or
 - (b) anything done for the purposes of, or in relation to, a transfer under such a scheme.
- (2) The provision which may be made under sub-paragraph (1)(a) includes in particular provision for—
 - (a) a tax provision not to apply, or to apply with modifications, in relation to anything transferred;
 - (b) anything transferred to be treated in a specified way for the purposes of a tax provision;
 - (c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything transferred.
- (3) The provision which may be made under sub-paragraph (1)(b) includes in particular provision for—
 - (a) a tax provision not to apply, or to apply with modifications, in relation to anything done for the purposes of or in relation to the transfer;
 - (b) anything done for the purposes of, or in relation to, the transfer to have or not have a specified consequence or be treated in a specified way;
 - (c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything done for the purposes of, or in relation to, the transfer.
- (4) Regulations under this paragraph are subject to annulment in pursuance of a resolution of the House of Commons.
- (5) In this paragraph references to the transfer of property include the grant of a lease.
- (6) In this paragraph—
 - “relevant tax” means income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax;
 - “tax provision” means a provision of an enactment about a relevant tax.

SCHEDULE 14

Section 123

PROHIBITION ON DISCLOSURE OF HSSIB MATERIAL: EXCEPTIONS

Disclosures for purposes of investigations

- 1 (1) The HSSIB, or an individual connected with the HSSIB, may disclose protected material to an individual connected with the HSSIB if—
 - (a) the person making the disclosure, or
 - (b) an authorised person,reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB’s investigation function.
- (2) In this paragraph “authorised person” means an individual connected with the HSSIB who is authorised by the HSSIB for the purposes of this paragraph.
- 2 The HSSIB, or an individual connected with the HSSIB, may disclose protected material to a person not connected with the HSSIB if the Chief Investigator reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB’s investigation function.

Disclosures relating to prosecution or investigation of offences

- 3 The HSSIB, or an individual connected with the HSSIB, may disclose protected material to a person if the Chief Investigator reasonably believes that the disclosure is necessary for the purposes of the prosecution or investigation of an offence under section 121 (offences relating to investigations) or 124 (unlawful disclosure).

Disclosures relating to safety risks

- 4 The HSSIB, or an individual connected with the HSSIB, may disclose protected material to a person where—
 - (a) the Chief Investigator reasonably believes that the disclosure of the material is necessary to address a serious and continuing risk to the safety of any patient or to the public,
 - (b) the Chief Investigator reasonably believes that the person is in a position to address the risk, and
 - (c) the disclosure is only to the extent necessary to enable the person to take steps to address the risk.

Disclosure by order of the High Court

- 5 (1) A person may apply to the High Court for an order that any protected material be disclosed by the HSSIB to the person for the purposes specified in the application.
- (2) Those purposes may include onward disclosure by the person making the application to a person specified in the application.
- (3) The HSSIB may make representations to the High Court about any application under this paragraph.
- (4) The High Court may make an order on an application under this paragraph only if it determines that the interests of justice served by the disclosure outweigh—

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- (a) any adverse impact on current and future investigations by deterring persons from providing information for the purposes of investigations, and
- (b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.

Exercise of Chief Investigator’s functions

- 6 (1) The Chief Investigator may arrange for the Chief Investigator’s functions under any provision of this Schedule to be exercised by an investigator.
- (2) An arrangement under this paragraph may relate to a particular case, a particular class of case or all cases.

Guidance

- 7 (1) The HSSIB must publish guidance as to—
- (a) when it might be appropriate for protected material to be disclosed under paragraph 2, 3, or 4,
 - (b) the types of protected material which it might be appropriate to disclose under any such provision, and
 - (c) the processes which should be used when disclosing protected material under any such provision.
- (2) If the HSSIB revises the guidance, the HSSIB must publish it as revised.

SCHEDULE 15

Section 134

CONSEQUENTIAL AMENDMENTS RELATING TO PART 4

Public Records Act 1958 (c. 51)

- 1 In Schedule 1 to the Public Records Act 1958 (definition of public records) in Part 2 of the table in paragraph 3, at the appropriate place insert—
- “Health Services Safety Investigations Body (except for any record that is prohibited from being disclosed by section 122 of the Health and Care Act 2022).”

Public Bodies (Admission to Meetings) Act 1960 (c. 67)

- 2 In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 (public authorities to which that Act applies) in paragraph 1, after paragraph (p) (inserted by Schedule 4 to this Act) insert—
- “(q) the Health Services Safety Investigations Body.”

Parliamentary Commissioner Act 1967 (c. 13)

- 3 In Schedule 2 to the Parliamentary Commissioner Act 1967 (departments etc subject to investigation) at the appropriate place insert—
- “The Health Services Safety Investigations Body.”

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House of Commons Disqualification Act 1975 (c. 24)

- 4 In Part 3 of Schedule 1 to the House of Commons Disqualification Act 1975 (other disqualifying offices) at the appropriate place insert—
“Chief Investigator, chair or other member of the Health Services Safety Investigations Body.”

Copyright, Designs and Patents Act 1988 (c. 48)

- 5 In section 48(6) of the Copyright, Designs and Patents Act 1988 (material communicated to the Crown in the course of public business) after “the Care Quality Commission,” insert “the Health Services Safety Investigations Body.”

Employment Rights Act 1996 (c. 18)

- 6 (1) The Employment Rights Act 1996 is amended as follows.
- (2) In section 49B(7) (regulations prohibiting discrimination because of protected disclosure) after paragraph (g) insert—
“(ga) the Health Services Safety Investigations Body;”.
- (3) In section 50(8) (right to time off for public duties) after paragraph (ad) insert—
“(ae) the Health Services Safety Investigations Body;”.
- (4) In section 218(10) (change of employer) after paragraph (cd) insert—
“(ce) the Health Services Safety Investigations Body.”

Freedom of Information Act 2000 (c. 36)

- 7 In Part 6 of Schedule 1 to the Freedom of Information Act 2000 (public authorities to which that Act applies) at the appropriate place insert—
“The Health Services Safety Investigations Body.”

National Health Service Act 2006 (c. 41)

- 8 (1) The National Health Service Act 2006 is amended as follows.
- (2) In section 9(4) (NHS contracts) after paragraph (kc) insert—
“(kd) the Health Services Safety Investigations Body;”.
- (3) In section 71(2) (schemes for meeting losses and liabilities etc of certain health service bodies: bodies eligible to participate) after paragraph (fa) insert—
“(fb) the Health Services Safety Investigations Body;”.
- (4) In section 247C(2) (Secretary of State’s duty to keep health service functions under review) after paragraph (ea) insert—
“(eb) the Health Services Safety Investigations Body;”.
- (5) In section 253 (emergency powers)—
(a) in subsection (1A), after paragraph (c) insert—
“(ca) the Health Services Safety Investigations Body;”, and
(b) in subsection (2) for “to (c)” substitute “to (ca)”.

Status: This is the original version (as it was originally enacted).

Health Act 2009 (c. 21)

- 9 In section 2(2) of the Health Act 2009 (duty to have regard to NHS Constitution) after paragraph (h) insert—
 “(i) the Health Services Safety Investigations Body.”

Equality Act 2010 (c. 15)

- 10 In Part 1 of Schedule 19 to the Equality Act 2010 (public authorities to which the public sector equality duty applies) under the heading “Health, social care and social security”, after the entry relating to the Health and Social Care Information Centre insert—
 “The Health Services Safety Investigations Body.”

SCHEDULE 16

Section 160

VIRGINITY TESTING AND HYMENOPLASTY: CONSEQUENTIAL AMENDMENTS

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 any of sections 136 to 138 and 148 to 150 of the Health and Care Act 2022 (offences relating to virginity testing and hymenoplasty).”

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 any of sections 144 to 146 and 156 to 158 of the Health and Care Act 2022 (offences relating to virginity testing and hymenoplasty).”

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 2022—
 (a) section 136 (virginity testing);
 (b) section 137 (offering to carry out virginity testing);
 (c) section 138 (aiding or abetting etc a person to carry out virginity testing);

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- (d) section 148 (carrying out hymenoplasty);
- (e) section 149 (offering to carry out hymenoplasty);
- (f) section 150 (aiding or abetting etc a person to carry out hymenoplasty).”

(3) After paragraph 43 insert—

“43A An offence under any of the following sections of the Health and Care Act 2022—

- (a) section 140 (virginitv testing);
- (b) section 141 (offering to carry out virginitv testing);
- (c) section 142 (aiding or abetting etc a person to carry out virginitv testing);
- (d) section 152 (carrying out hymenoplasty);
- (e) section 153 (offering to carry out hymenoplasty);
- (f) section 154 (aiding or abetting etc a person to carry out hymenoplasty).”

(4) After paragraph 67 insert—

“68 An offence under any of the following sections of the Health and Care Act 2022—

- (a) section 144 (virginitv testing);
- (b) section 145 (offering to carry out virginitv testing);
- (c) section 146 (aiding or abetting etc a person to carry out virginitv testing);
- (d) section 156 (carrying out hymenoplasty);
- (e) section 157 (offering to carry out hymenoplasty);
- (f) section 158 (aiding or abetting etc a person to carry out hymenoplasty).”

Criminal Procedure (Scotland) Act 1995

4 The Criminal Procedure (Scotland) Act 1995 is amended as follows.

5 In section 19A (samples etc. from persons convicted of sexual or violent offences), in the definition of “relevant violent offence” in subsection (6), in paragraph (h)—

- (a) omit the “and” at the end of sub-paragraph (iv);
- (b) after sub-paragraph (v) insert—

“(vi) any of sections 140 to 142 and 152 to 154 of the Health and Care Act 2022 (offences relating to virginitv testing and hymenoplasty).”

6 In section 271BZA (child witnesses in certain solemn cases: special measures), in subsection (2), after paragraph (f) insert—

- “(fa) an offence under any of sections 140 to 142 and 152 to 154 of the Health and Care Act 2022 (offences relating to virginitv testing and hymenoplasty);”.

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Crime and Disorder Act 1998

- 7 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 any of sections 136 to 138 and 148 to 150 of the Health and Care Act 2022 (virginity testing and hymenoplasty etc);”;
 - (b) for “paragraph (a), (b), (c), (d) or (da)” substitute “any of paragraphs (a) to (db)”.

Protection of Vulnerable Groups (Scotland) Act 2007 (asp 2007)

- 8 Pending the commencement of its repeal by section 81(2)(d) of the Disclosure (Scotland) Act 2020, paragraph 2 of Schedule 1 to the Protection of Vulnerable Groups (Scotland) Act 2007 (relevant offences) has effect as if it included a reference to an individual who commits an offence under any of sections 140 to 142 or 152 to 154 of this Act (offences relating to virginity testing and hymenoplasty).

Modern Slavery Act 2015

- 9 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 2022

- 36B An offence under any of the following provisions of the Health and Care Act 2022—
- (a) section 136 (virginity testing);
 - (b) section 137 (offering to carry out virginity testing);
 - (c) section 138 (aiding or abetting etc a person to carry out virginity testing);
 - (d) section 148 (carrying out hymenoplasty);
 - (e) section 149 (offering to carry out hymenoplasty);
 - (f) section 150 (aiding or abetting etc a person to carry out hymenoplasty).”

SCHEDULE 17

Section 171

STORAGE OF GAMETES AND EMBRYOS

PART 1

AMENDMENTS TO HUMAN FERTILISATION AND EMBRYOLOGY ACT 1990

Introductory

- 1 The Human Fertilisation and Embryology Act 1990 is amended as follows.

Maximum storage periods

- 2 (1) Section 14 (conditions of storage licences) is amended as follows.
- (2) In subsection (1), for paragraph (c) substitute—
- “(c) that the requirements of subsection (3) (maximum storage periods) are met.”.
- (3) For subsections (3) to (5) substitute—
- “(3) The requirements referred to in subsection (1)(c) are as follows—
- (a) gametes must not be kept in storage for longer than such period not exceeding 55 years beginning with the day on which they are first placed in storage as the licence may specify;
- (b) an embryo must not be kept in storage for treatment purposes for longer than such period not exceeding 55 years beginning with the day on which it is first so kept as the licence may specify;
- (c) an embryo that is kept in storage for the research or training purpose but not for treatment purposes must not be so kept for longer than such period not exceeding 10 years beginning with the day on which consent was given under Schedule 3 to the storage of the embryo for that purpose as the licence may specify;
- (d) a human admixed embryo must not be kept in storage for longer than such period not exceeding 10 years beginning with the day on which it is first placed in storage as the licence may specify.
- (4) Where under Schedule 3 consent is given to the storage of an embryo for the training or research purpose by different persons on different days, the reference in subsection (3)(c) to the day on which consent was given is to be taken as a reference to the last of those days.
- (5) For the purposes of this section—
- (a) “treatment purposes” are purposes referred to in paragraph 2(1)(a) or (b) of Schedule 3;
- (b) the “training purpose” is the purpose referred to in paragraph 2(1)(ba) of that Schedule;
- (c) the “research purpose” is the purpose referred to in paragraph 2(1)(c) of that Schedule.”
- 3 In section 47 (index), omit the entry for the “Statutory storage period”.
- 4 In Schedule 3 (consents), in paragraph 2(2)(a), for “statutory storage period” substitute “period for which, by virtue of section 14(3), the gametes, embryo or human admixed embryo may be stored under the licence”.

Disposal of material

- 5 In section 14 (conditions of storage licences), in subsection (1), after paragraph (c) insert—
- “(ca) that any gametes, embryos or human admixed embryos that have been kept in storage pursuant to the licence must, once they may no longer lawfully be so kept, be removed from storage and disposed of, and”.

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- 6 In section 17 (the person responsible), in subsection (1)(c), for “allowed to perish” substitute “removed from storage”.

Consent to storage

- 7 (1) Schedule 3 (consents) is amended as follows.
- (2) In paragraph 1—
- (a) in sub-paragraph (1), before the first “and” insert “any renewal of consent,”;
 - (b) in sub-paragraph (2), before the first “and” insert “any renewal of consent by a person unable to sign,”;
 - (c) in sub-paragraph (3)—
 - (i) the words from ““effective consent” to the end become paragraph (a);
 - (ii) after that paragraph insert—
 - “(b) references to renewal of consent are to renewal of consent to the storage of any gametes or embryo under paragraph 11A or 11C.”
- (3) In paragraph 3, in sub-paragraph (1), after “gives” insert “or renews”.
- (4) After paragraph 11 insert—

“Renewal of consent to storage of gametes

- 11A (1) This paragraph applies where—
- (a) the gametes of a person (“P”) are in storage,
 - (b) P’s consent to the storage of the gametes is required under paragraph 8(1),
 - (c) there is effective consent from P to the storage of the gametes, and
 - (d) the gametes are being kept for use for the purposes of providing treatment services to—
 - (i) P, or
 - (ii) P and another person together.
- (2) The person keeping the gametes in storage (“K”) must, in each consent period, request P to renew consent to storage of the gametes within the renewal period.
- For the meaning of “consent period” and “renewal period”, see paragraph 11B.
- (3) A request under sub-paragraph (2) must be given in writing before the start of the renewal period.
- (4) The duty in sub-paragraph (2) ceases to apply if K is notified that P has died.
- (5) The duty in sub-paragraph (2) does not apply in relation to any consent period if—

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- (a) K has at any time been informed in writing that P has been certified as lacking capacity to renew consent to storage of the gametes, and
 - (b) K has not subsequently been informed in writing, before the start of the renewal period which relates to that consent period, that P has been certified as having capacity to renew consent to storage of the gametes.
- (6) P renews consent by informing K in writing that P consents to the storage of the gametes.
- (7) If P's consent is not renewed under sub-paragraph (6) before the end of the consent period, K must, as soon as possible after the end of that period, give a notice to P stating that if P does not renew consent before the end of the renewal period, the gametes will be removed from storage and disposed of.
- (8) P's consent to the storage of the gametes is to be taken as having been withdrawn at the end of a renewal period that relates to a consent period if—
- (a) K has complied with the requirements of sub-paragraphs (2) and (7) in relation to that consent period, and
 - (b) P's consent is not renewed under sub-paragraph (6) before the end of the renewal period.

But this is subject to sub-paragraphs (9) and (10).

- (9) If, in a case referred to in sub-paragraph (8)(a) and (b), P dies before the end of the renewal period—
- (a) P's consent is not to be taken as withdrawn under sub-paragraph (8), but
 - (b) if at the end of the period of 10 years beginning with the day on which P died there is still effective consent from P to the storage, P's consent is to be taken as withdrawn at that time.
- (10) If, in a case referred to in sub-paragraph (8)(a) and (b), before the end of the renewal period P is certified as lacking capacity to renew consent—
- (a) P's consent is not to be taken as withdrawn under sub-paragraph (8), but
 - (b) if at the end of the period of 10 years beginning with the day on which P was so certified there is still effective consent from P to the storage, P's consent is to be taken as withdrawn at that time.
- (11) But P's consent is not to be taken as withdrawn under sub-paragraph (10)(b) if, before the time it would be taken to be withdrawn under that sub-paragraph—
- (a) P is certified as having capacity to renew consent to storage of the gametes, and
 - (b) P renews consent to storage of the gametes by informing K in writing that P consents to their storage.
- (12) In a case where P renews consent under sub-paragraph (11)(b), this paragraph applies subsequently as if references to a consent period were to—

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- (a) the period of 10 years beginning with the day on which P so renewed consent, and
 - (b) each successive period of 10 years.
- 11B (1) For the purposes of paragraph 11A, each of the following is a “consent period”—
- (a) the period of 10 years beginning with the relevant day, and
 - (b) each successive period of 10 years.
- (2) In sub-paragraph (1)(a) “relevant day” means—
- (a) the day on which the gametes are first placed in storage, or
 - (b) in a case where sub-paragraph (3) or (5) applies, the day on which P gives consent to the storage of the gametes.
- (3) This sub-paragraph applies where the gametes are taken from or provided by P before P attains the age of 18 years and, at the time the gametes are first stored—
- (a) P has not attained the age of 16 years and is not competent to deal with the issue of consent to storage of the gametes, or
 - (b) P has attained that age but, although not lacking capacity to consent to the storage of the gametes, is not competent to deal with the issue of consent to their storage.
- (4) In relation to Scotland, sub-paragraph (3) is to be read as if, for paragraphs (a) and (b), there were substituted “P does not have capacity (within the meaning of section 2(4) of the Age of Legal Capacity (Scotland) Act 1991) to consent to storage of the gametes”.
- (5) This sub-paragraph applies where the gametes are taken from or provided by P after P attains the age of 16 years and, at the time the gametes are first stored, P lacks capacity to consent to their storage.
- (6) In paragraph 11A “the renewal period”, in relation to a consent period, means the period which—
- (a) begins 12 months before the end of the consent period, and
 - (b) ends 6 months after the end of the consent period.
- (7) In paragraph 11A “certified” means certified in writing by a registered medical practitioner.
- (8) In paragraph 11A and this paragraph, in relation to Scotland, references to a person lacking or having capacity to consent or renew consent are to be read as references to the person being or not being incapable (within the meaning of section 1(6) of the Adults with Incapacity (Scotland) Act 2000) of consenting or renewing consent.

Renewal of consent to storage of embryos

- 11C (1) This paragraph applies where—
- (a) an embryo, the creation of which was brought about *in vitro*, is in storage,
 - (b) the embryo is being kept for use for the purposes of providing treatment services to—

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- (i) a person (“P”) whose gametes or human cells were used to bring about the creation of the embryo, or
 - (ii) P and another person together,
 - (c) P’s consent to the storage of the embryo is required under paragraph 8(2), and
 - (d) there is effective consent from P to the storage of the embryo.
- (2) The person keeping the embryo in storage (“K”) must, in each consent period, request P to renew consent to storage of the embryo within the renewal period.
- For the meaning of “consent period” and “renewal period”, see paragraph 11D.
- (3) A request under sub-paragraph (2) must be given in writing before the start of the renewal period.
- (4) The duty in sub-paragraph (2) ceases to apply if—
- (a) K is notified that P has died, or
 - (b) K is notified under paragraph 4A(1)(c) of the withdrawal of a person’s consent to storage of the embryo.
- (5) The duty in sub-paragraph (2) does not apply in relation to any consent period if—
- (a) K has at any time been informed in writing that P has been certified as lacking capacity to renew consent to storage of the embryo, and
 - (b) K has not subsequently been informed in writing, before the start of the renewal period which relates to that consent period, that P has been certified as having capacity to renew consent to storage of the embryo.
- (6) P renews consent by informing K in writing that P consents to the storage of the embryo.
- (7) If P’s consent is not renewed under sub-paragraph (6) before the end of the consent period, K must, as soon as possible after the end of that period, give a notice to P stating that if P does not renew consent before the end of the renewal period, the embryo will be removed from storage and disposed of.
- (8) P’s consent to the storage of the embryo is to be taken as having been withdrawn at the end of a renewal period that relates to a consent period if—
- (a) K has complied with the requirements of sub-paragraphs (2) and (7) in relation to that consent period, and
 - (b) P’s consent is not renewed under sub-paragraph (6) before the end of the renewal period.

But this is subject to sub-paragraphs (9) and (10).

- (9) If, in a case referred to in sub-paragraph (8)(a) and (b), P dies before the end of the renewal period—

Status: This is the original version (as it was originally enacted).

- (a) P’s consent is not to be taken as withdrawn under sub-paragraph (8), but
 - (b) if at the end of the period of 10 years beginning with the day on which P died there is still effective consent from P to the storage, P’s consent is to be taken as withdrawn at that time.
- (10) If, in a case referred to in sub-paragraph (8)(a) and (b), before the end of the renewal period P is certified as lacking capacity to renew consent—
- (a) P’s consent is not to be taken as withdrawn under sub-paragraph (8), but
 - (b) if at the end of the period of 10 years beginning with the day on which P was so certified there is still effective consent from P to the storage, P’s consent is to be taken as withdrawn at that time.
- (11) But P’s consent is not to be taken as withdrawn under sub-paragraph (10)(b) if, before the time it would be taken to be withdrawn under that sub-paragraph—
- (a) P is certified as having capacity to renew consent to storage of the embryo, and
 - (b) P renews consent to storage of the embryo by informing K in writing that P consents to its storage.
- (12) In a case where P has renewed consent under sub-paragraph (11)(b), this paragraph applies subsequently as if references to the consent period were to—
- (a) the period of 10 years beginning with the day on which P so renewed consent, and
 - (b) each successive period of 10 years.
- (13) Where P’s consent is taken as withdrawn under this paragraph, K must, as soon as possible, take all reasonable steps to give notice of the withdrawal to each person whose gametes or human cells were used to bring about its creation.
- (14) Storage of the embryo remains lawful until—
- (a) the end of the period of 6 months beginning with the day on which P’s consent is taken as withdrawn under this paragraph, or
 - (b) if, before the end of that period, K receives a notice from each person notified under sub-paragraph (13) stating that the person consents to the disposal of the embryo, the time at which the last of those notices was received.
- 11D (1) For the purposes of paragraph 11C, each of the following is a “consent period”—
- (a) the period of 10 years beginning with the day on which the embryo is first placed in storage, and
 - (b) each successive period of 10 years.
- (2) In paragraph 11C “the renewal period”, in relation to a consent period, means the period which—
- (a) begins 12 months before the end of the consent period, and
 - (b) ends 6 months after the end of the consent period.

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- (3) In paragraph 11C “certified” means certified in writing by a registered medical practitioner.
- (4) In paragraph 11C, in relation to Scotland, references to a person lacking or having capacity to renew consent are to be read as references to the person being or not being incapable (within the meaning of section 1(6) of the Adults with Incapacity (Scotland) Act 2000) of renewing consent.”

PART 2

TRANSITIONAL PROVISION

Interpretation

- 8 (1) In this Part of this Schedule—
- “the commencement day” means 1 July 2022;
 - “the transitional period” means the period beginning with the commencement day and ending with 30 June 2024.
- (2) In this Part of this Schedule—
- “the 1990 Act” means the Human Fertilisation and Embryology Act 1990;
 - “the 2009 Regulations” means the Human Fertilisation and Embryology (Statutory Storage Period for Embryos and Gametes) Regulations 2009 ([S.I. 2009/1582](#));
 - “the 2020 Regulations” means the Human Fertilisation and Embryology (Statutory Storage Period for Embryos and Gametes) (Coronavirus) Regulations 2020 ([S.I. 2020/566](#)).
- (3) In this Part of this Schedule—
- “gamete storage licence” means a licence under Schedule 2 to the 1990 Act that authorises the storage of gametes;
 - “embryo storage licence” means a licence under Schedule 2 to the 1990 Act that authorises the storage of embryos;
 - “storage licence” means a licence under Schedule 2 to the 1990 Act that authorises the storage of gametes, embryos or human admixed embryos;
 - “pre-commencement”, in relation to a storage licence, or a storage licence of any description, means granted before the commencement day and “post-commencement” means granted on or after that day.
- (4) In this Part of this Schedule—
- “statutory storage period” has the same meaning as in the 1990 Act immediately before the commencement day;
 - references to gametes, embryos and human admixed embryos have the same meaning as in that Act;
 - “the training purpose”, “the research purpose” and “treatment purposes” have the same meanings as in section 14(3)(c) of that Act.

Status: This is the original version (as it was originally enacted).

Application of Part 1 to material already in storage

- 9 (1) The amendments in paragraphs 2 to 6 of this Schedule have effect in relation to pre-commencement storage licences under which gametes, embryos or human admixed embryos are kept in storage on or after the commencement day (as well as having effect in relation to post-commencement storage licences).

This is subject to sub-paragraphs (2) and (3).

- (2) In the case of a pre-commencement embryo storage licence, the condition imposed by section 14(3)(c) of the 1990 Act (as substituted by paragraph 2 of this Schedule) does not apply in relation to an embryo which, on the commencement day, is kept in storage for the training or research purpose but not for treatment purposes.
- (3) In the case of any pre-commencement storage licence, the condition imposed by section 14(1)(ca) of the 1990 Act (as substituted by paragraph 5 of this Schedule) applies only in relation to times on or after the commencement day.
- 10 The amendments made by paragraph 7 of this Schedule have effect in relation to the storage of gametes and embryos under a pre-commencement gamete or embryo storage licence, where the gametes or embryos are kept in storage on or after the commencement day (as well as having effect in relation to the storage of gametes and embryos under a post-commencement gamete or embryo storage licence).

Date of first storage

- 11 (1) This paragraph applies if the person storing gametes or an embryo under a pre-commencement gamete or embryo storage licence—
- (a) has, before the end of the transitional period, taken all reasonable steps to establish the date on which the gametes were or embryo was first placed in storage, but
 - (b) is unable to establish that date.
- (2) The person may give a notice to each person whose consent to the storage is required under Schedule 3 to the 1990 Act specifying a date on which the gametes are or embryo is to be regarded as having been first placed in storage.
- (3) Where notice is given under sub-paragraph (2), the gametes are or embryo is to be regarded, for all purposes of the 1990 Act and this Part of this Schedule, as having been first placed in storage on the date specified in the notice.

Storage periods specified in pre-commencement storage licences

- 12 (1) For the purposes of section 14(3)(a) of the 1990 Act (as substituted by paragraph 2 of this Schedule), a pre-commencement gamete storage licence under which, on and after the commencement day, gametes are kept in storage is to be regarded as specifying the period of 55 years beginning with the day on which the gametes were first placed in storage.
- (2) For the purposes of section 14(3)(b) of the 1990 Act (as substituted by paragraph 2 of this Schedule), a pre-commencement embryo storage licence under which, on and after the commencement day, an embryo is kept in storage for treatment purposes is to be regarded as specifying for those purposes the period of 55 years beginning with the day on which the embryo was first so kept.

Storage after expiry of pre-commencement consent

- 13 (1) If a pre-commencement consent to the storage of gametes or an embryo expires at any time in the transitional period, the storage of the gametes or embryo for the remainder of that period is not unlawful merely because of that fact.
- (2) In sub-paragraph (1)—
- (a) “pre-commencement consent” means consent given under Schedule 3 to the 1990 Act before the commencement day;
 - (b) the reference to expiry of consent does not include withdrawal.

Storage with no effective consent prior to commencement

- 14 (1) This paragraph applies in relation to the storage of gametes or an embryo under a pre-commencement gamete or embryo storage licence where, immediately before the commencement day, there is no effective consent to the storage by a relevant person.
- (2) The person keeping the gametes or embryo in storage must request the relevant person to give consent to the storage under Schedule 3 to the 1990 Act.
- (3) A request under sub-paragraph (2) must be given before 1 July 2023 in writing.
- (4) The storage of the gametes or embryo at any time before the end of the transitional period is not unlawful merely because there is no effective consent to the storage by the relevant person.
- (5) In this paragraph—
- “effective consent” means consent under Schedule 3 to the 1990 Act which has not been withdrawn;
 - “relevant person” means a person whose consent is required under Schedule 3 to the 1990 Act to storage of the gametes or embryo.

Time for first renewal of consent

- 15 (1) This paragraph applies in relation to the storage of gametes under a pre-commencement gamete storage licence where the statutory storage period applicable immediately before the commencement day was provided for by—
- (a) regulation 4, 4A, 7 or 8 of the 2009 Regulations, or
 - (b) regulation 4 of the 2020 Regulations.
- (2) For the purposes of paragraph 11A of Schedule 3 to the 1990 Act (as inserted by paragraph 7 of this Schedule), paragraph 11B(1)(a) of that Schedule has effect as if the reference to the period of 10 years beginning with the relevant day were a reference to the period which—
- (a) begins with the relevant day, and
 - (b) ends at the end of the statutory storage period referred to in sub-paragraph (1).
- 16 (1) This paragraph applies in relation to the storage of an embryo under a pre-commencement embryo storage licence where the statutory storage period applicable immediately before the commencement day was provided for by—
- (a) regulation 3, 3A, 5 or 6 of the 2009 Regulations, or
 - (b) regulation 3 of the 2020 Regulations.

Status: This is the original version (as it was originally enacted).

- (2) For the purposes of paragraph 11C of Schedule 3 to the 1990 Act (as inserted by paragraph 7 of this Schedule), paragraph 11D(1)(a) of that Schedule has effect as if the reference to the period of 10 years beginning with the day on which the embryo was first placed in storage were a reference to the period which—
- (a) begins with the day on which the embryo was first so placed, and
 - (b) ends at the end of the statutory storage period referred to in sub-paragraph (1).

Renewals falling due in the transitional period

- 17 (1) This paragraph applies in relation to the storage of gametes under a pre-commencement gamete storage licence in a case where—
- (a) paragraph 11A of Schedule 3 to the 1990 Act applies in relation to the storage, and
 - (b) for the purposes of that paragraph, the first consent period (see paragraph 11B(1)(a) of that Schedule) ends in the transitional period.
- (2) Where this paragraph applies, paragraph 11A of Schedule 3 to the 1990 Act has effect in relation to that first consent period as if—
- (a) for sub-paragraphs (2) and (3) there were substituted—
 - “(2) The person keeping the gametes in storage (“K”) must request P to renew consent to storage of the gametes before 1 July 2024.
 - (3) A request under sub-paragraph (2) must—
 - (a) be given in writing before 1 July 2023;
 - (b) state that if P does not renew consent before 1 July 2024, the gametes will be removed from storage and disposed of.”;
 - (b) in sub-paragraph (5)(b), for “the start of the renewal period which relates to that consent period” there were substituted “1 July 2023”;
 - (c) sub-paragraph (7) were omitted;
 - (d) for sub-paragraph (8) there were substituted—
 - “(8) P’s consent to the storage of the gametes is to be taken as having been withdrawn at the beginning of 1 July 2024 if—
 - (a) K has complied with sub-paragraph (2), and
 - (b) P’s consent is not renewed under sub-paragraph (6) before 1 July 2024.

But this is subject to sub-paragraphs (9) and (10).”;
 - (e) in sub-paragraphs (9) and (10), references to the end of the renewal period were to 1 July 2024.
- 18 (1) This paragraph applies in relation to the storage of an embryo under a pre-commencement embryo storage licence in a case where—
- (a) paragraph 11C of Schedule 3 to the 1990 Act applies in relation to the storage, and
 - (b) for the purposes of that paragraph, the first consent period (see paragraph 11D(1)(a) of that Schedule) ends in the transitional period.

Status: This is the original version (as it was originally enacted).

- (2) Where this paragraph applies, paragraph 11C of Schedule 3 to the 1990 Act has effect in relation to that first consent period as if—
- (a) for sub-paragraphs (2) and (3) there were substituted—
- “(2) The person keeping the embryo in storage (“K”) must request P to renew consent to storage of the embryo before 1 July 2024.
- (3) A request under sub-paragraph (2) must—
- (a) be given in writing before 1 July 2023;
- (b) state that if P does not renew consent before 1 July 2024, the embryo will be removed from storage and disposed of.”;
- (b) in sub-paragraph (5)(b), for “the start of the renewal period which relates to that consent period” there were substituted “1 July 2023”;
- (c) sub-paragraph (7) were omitted;
- (d) for sub-paragraph (8) there were substituted—
- “(8) P’s consent to the storage of the embryo is to be taken as having been withdrawn at the beginning of 1 July 2024 if—
- (a) K has complied with sub-paragraph (2), and
- (b) P’s consent is not renewed under sub-paragraph (6) before 1 July 2024.
- But this is subject to sub-paragraphs (9) and (10).”;
- (e) in sub-paragraphs (9) and (10), references to the end of the renewal period were to 1 July 2024.

SCHEDULE 18

Section 172

ADVERTISING OF LESS HEALTHY FOOD AND DRINK

PART 1

PROGRAMME SERVICES: WATERSHED

Television programme services

- 1 After section 321 of the Communications Act 2003 insert—

“321A Objectives for advertisements: less healthy food and drink

- (1) OFCOM must set standards by virtue of section 321(1)(b) prohibiting television programme services provided between 5.30 am and 9.00 pm from including advertisements for an identifiable less healthy food or drink product, except as provided for by subsection (3).
- (2) OFCOM must ensure that the prohibition provided for by the first standards set by virtue of subsection (1) takes effect from the beginning of 1 January 2023.

Status: This is the original version (as it was originally enacted).

- (3) Standards set by virtue of subsection (1) must exempt from the prohibition imposed by them—
- (a) advertisements included in television programme services as a result of arrangements made by or on behalf of a person who is, at the time when the arrangements are made, a food or drink SME;
 - (b) advertisements prescribed in any regulations made by the Secretary of State under this paragraph.
- (4) For the purposes of this section—
- (a) “advertisements” includes advertisements under a sponsorship agreement and anything else which, under a sponsorship agreement, is included in a television programme service, other than in a television programme;
 - (b) a product is “identifiable”, in relation to advertisements, if persons in the United Kingdom (or any part of the United Kingdom) could reasonably be expected to be able to identify the advertisements as being for that product;
 - (c) a food or drink product is “less healthy” if—
 - (i) it falls within a description specified in regulations made by the Secretary of State, and
 - (ii) it is “less healthy” in accordance with the relevant guidance;
 - (d) “the relevant guidance” is the guidance entitled “Nutrient Profiling Technical Guidance” published by the Department of Health on 1 January 2011;
 - (e) “food or drink SME” means a small or medium enterprise, within the meaning given by regulations made by the Secretary of State, of a description specified in the regulations.
- (5) Regulations under subsection (4)(e) that make provision by reference to the number of members of staff of a person may make provision about who is to count as a member of staff (including members of staff of another person).
- (6) The Secretary of State may, before the date specified in subsection (2), amend that subsection so as to substitute a later date for the date that is for the time being specified there.
- (7) The Secretary of State may by regulations amend this section to change the meaning of “the relevant guidance”.
- (8) Before making regulations under subsection (3)(b) or (7), the Secretary of State must consult such persons as the Secretary of State considers appropriate.
- (9) A statutory instrument containing regulations under subsection (7) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.”

On-demand programme services

2 After section 368F of the Communications Act 2003 insert—

Status: This is the original version (as it was originally enacted).

“368FA Advertising: less healthy food and drink

- (1) From the beginning of 1 January 2023, on-demand programme services must not, between 5.30 am and 9.00 pm, include advertisements for an identifiable less healthy food or drink product.
- (2) The prohibition imposed by subsection (1) does not apply in relation to advertisements included in on-demand programme services as a result of arrangements made by or on behalf of a person who is, at the time when the arrangements are made, a food or drink SME.
- (3) The Secretary of State may by regulations provide for further exemptions from the prohibition imposed by subsection (1).
- (4) For the purposes of this section—
 - (a) “advertisements” includes advertisements and sponsorship announcements (within the meaning given by section 368G(17)) under a sponsorship agreement;
 - (b) a product is “identifiable”, in relation to advertisements, if persons in the United Kingdom (or any part of the United Kingdom) could reasonably be expected to be able to identify the advertisements as being for that product;
 - (c) a food or drink product is “less healthy” if—
 - (i) it falls within a description specified in regulations made by the Secretary of State, and
 - (ii) it is “less healthy” in accordance with the relevant guidance;
 - (d) “the relevant guidance” means the guidance entitled “Nutrient Profiling Technical Guidance” published by the Department of Health on 1 January 2011;
 - (e) “food or drink SME” means a small or medium enterprise, within the meaning given by regulations made by the Secretary of State, of a description specified in the regulations.
- (5) Regulations under subsection (4)(e) that make provision by reference to the number of members of staff of a person may make provision about who is to count as a member of staff (including members of staff of another person).
- (6) The Secretary of State may, before the date specified in subsection (1), amend that subsection so as to substitute a later date for the date that is for the time being specified there.
- (7) The Secretary of State may by regulations amend this section to change the meaning of “the relevant guidance”.
- (8) Before making regulations under subsection (3) or (7), the Secretary of State must consult such persons as the Secretary of State considers appropriate.
- (9) A statutory instrument containing regulations under subsection (7) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.”

Status: This is the original version (as it was originally enacted).

PART 2

ONLINE SERVICES: PROHIBITION

3 In the Communications Act 2003, after Part 4B insert—

“PART 4C

ONLINE ADVERTISING OF LESS HEALTHY FOOD AND DRINK

Advertising of less healthy food and drink

368Z14 Prohibition of paid-for advertising of less healthy food and drink

- (1) From the beginning of 1 January 2023, a person must not pay for advertisements for an identifiable less healthy food or drink product to be placed on the internet.
- (2) Subsection (1) does not apply where the person paying is, at the time when the payment is made, a food or drink SME.
- (3) Subsection (1) does not apply—
 - (a) in relation to advertisements which are directed solely at persons who are engaged in, or employed by, a business which involves or is associated with the manufacture or sale of food or drink,
 - (b) in relation to advertisements included in on-demand programme services (as to which, see section 368FA),
 - (c) in relation to advertisements included in services connected to regulated radio services, or
 - (d) in relation to advertisements which are not intended to be accessed principally by persons in any part of the United Kingdom.
- (4) The Secretary of State may by regulations provide for further exemptions from the prohibition imposed by subsection (1).
- (5) For the purposes of this section—
 - (a) paying includes providing any consideration (monetary or non-monetary);
 - (b) “placed” includes continues to be placed;
 - (c) paying for advertisements to be placed on the internet includes paying under a sponsorship agreement as result of which advertisements are placed on the internet;
 - (d) a product is “identifiable”, in relation to advertisements, if persons in the United Kingdom (or any part of the United Kingdom) could reasonably be expected to be able to identify the advertisements as being for that product;
 - (e) a food or drink product is “less healthy” if—
 - (i) it falls within a description specified in regulations made by the Secretary of State, and
 - (ii) it is “less healthy” in accordance with the relevant guidance;

Status: This is the original version (as it was originally enacted).

- (f) “the relevant guidance” is the guidance entitled “Nutrient Profiling Technical Guidance” published by the Department of Health on 1 January 2011;
 - (g) “food or drink SME” means a small or medium enterprise, within the meaning given by regulations made by the Secretary of State, of a description specified in the regulations;
 - (h) “services connected to regulated radio services” has the meaning given by regulations made by the Secretary of State.
- (6) Regulations under subsection (5)(g) that make provision by reference to the number of members of staff of a person may make provision about who is to count as a member of staff (including members of staff of another person).
- (7) The Secretary of State may, before the date specified in subsection (1)—
- (a) amend that subsection so as to substitute a later date for the date that is for the time being specified there, and
 - (b) make corresponding amendments to the references to that date in subsections (11) and (12).
- (8) The Secretary of State may by regulations amend this section to change the meaning of “the relevant guidance”.
- (9) Before making regulations under subsection (4) or (8), the Secretary of State must consult such persons as the Secretary of State considers appropriate.
- (10) A statutory instrument containing regulations under subsection (8) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.
- (11) A person is to be treated as having contravened subsection (1) if—
- (a) at any time on or after 1 August 2021 but before 1 January 2023, the person made a payment for advertisements to be placed on the internet on or after 1 January 2023, and
 - (b) if the payment had been made on 1 January 2023, the person would have contravened subsection (1).
- (12) Subsection (11) does not apply if the person—
- (a) has put in place arrangements to ensure that they are entitled to require that the advertisements are not placed on the internet on or after 1 January 2023, and
 - (b) uses all reasonable endeavours to ensure that the advertisements are not so placed.

368Z15 Enforcement

- (1) Where the appropriate regulatory authority determine that a person is contravening or has contravened section 368Z14 they may do one or both of the following—
- (a) give the person an enforcement notification;
 - (b) impose a financial penalty on the person in accordance with section 368Z16.
- (2) The appropriate regulatory authority must not make a determination as mentioned in subsection (1) unless—

Status: This is the original version (as it was originally enacted).

- (a) there are reasonable grounds for believing that a contravention of section 368Z14 is occurring or has occurred, and
 - (b) they have allowed the person an opportunity to make representations about that apparent contravention.
- (3) An enforcement notification is a notification which—
- (a) specifies the determination made as mentioned in subsection (1),
 - (b) imposes requirements on the person to take such steps for complying with section 368Z14 and for remedying the consequences of the contravention as may be specified in the notification,
 - (c) fixes a reasonable period for the taking of those steps, and
 - (d) sets out the reasons for the appropriate regulatory authority's decision to give the enforcement notification.
- (4) The requirements specified in an enforcement notification may include requirements to do one or more of the following—
- (a) instruct or request specified persons to remove specified advertisements from the internet;
 - (b) arrange for specified advertisements to be modified in specified ways.
- (5) A person to whom an enforcement notification is given must comply with it.
- (6) The duty under subsection (5) is enforceable in civil proceedings by the appropriate regulatory authority—
- (a) for an injunction,
 - (b) for specific performance of a statutory duty under section 45 of the Court of Session Act 1988, or
 - (c) for any other appropriate remedy or relief.
- (7) If a person to whom an enforcement notification has been given does not comply with it, the appropriate regulatory authority may impose a financial penalty on that person in accordance with section 368Z16.

368Z16 Financial penalties

- (1) The amount of a penalty imposed on a person under section 368Z15 is to be such amount not exceeding the maximum penalty as the appropriate regulatory authority determine to be—
- (a) appropriate, and
 - (b) proportionate to the contravention in respect of which it is imposed.
- (2) The maximum penalty is—
- (a) in a case in which the person carries on a relevant business, an amount not exceeding the greater of—
 - (i) 5% of the turnover of the person's relevant business for the relevant period, and
 - (ii) £250,000;
 - (b) in any other case, £250,000.
- (3) For the purposes of this section—

Status: This is the original version (as it was originally enacted).

- (a) a person’s “relevant business” is so much of any business carried on by the person as involves or is associated with the manufacture or sale of less healthy food or drink products;
 - (b) “relevant period”, in relation to a person’s relevant business, means—
 - (i) except in a case falling within sub-paragraph (ii) or (iii), the period of one year ending with the 31 March before the time at which the penalty is imposed;
 - (ii) in the case of a person who at the time at which the penalty is imposed has been carrying on that business for a period of less than a year, the period, ending with that time, during which the person has been carrying it on;
 - (iii) in the case of a person who at the time at which the penalty is imposed has ceased to carry on that business, the period of one year ending with the time when the person ceased to carry it on;
 - (c) the amount of the turnover of a person’s relevant business for the relevant period is to be calculated by the appropriate regulatory authority in accordance with the following sub-paragraphs—
 - (i) the amount is to be calculated in conformity with accounting practices and principles which are generally accepted in the United Kingdom;
 - (ii) the amount is limited to the amounts derived by the person from the relevant business after deduction of sales rebates, value added tax and other taxes directly related to turnover;
 - (iii) where the person’s relevant business consists of two or more undertakings that each prepare accounts, the amount is to be calculated by adding together the turnover of each, save that no account is to be taken of any turnover resulting from the supply of goods or the provision of services between them.
- (4) In determining the amount of a penalty under subsection (1) the appropriate regulatory authority must have regard to any statement published by OFCOM under section 392 (guidelines to be followed in determining amount of penalties).
- (5) A financial penalty imposed under this section, if not paid within the period fixed by the appropriate regulatory authority, is to be recoverable by the appropriate regulatory authority as a debt due to them from the person obliged to pay it.
- (6) Where a financial penalty is imposed under this section in respect of matters appearing to OFCOM to have a connection with Northern Ireland and no connection with the rest of the United Kingdom, the penalty must be paid into the Consolidated Fund of Northern Ireland.
- (7) In any other case, a financial penalty imposed under this section is to be paid into the Consolidated Fund of the United Kingdom.

Status: This is the original version (as it was originally enacted).

368Z17 Power to demand information

- (1) The appropriate regulatory authority may give a person a notice demanding information that the authority require for the purpose of carrying out their functions under this Part.
- (2) The notice may relate to any information that the person appears to have or be able to generate.
- (3) A notice under this section must—
 - (a) describe the required information,
 - (b) fix a reasonable period within which the information is to be provided, and
 - (c) set out the appropriate regulatory authority’s reasons for requiring it.
- (4) A notice under this section may specify the manner in which the information is to be provided.
- (5) The appropriate regulatory authority may not require the provision of information under this section unless they have given the person from whom it is required an opportunity of making representations to them about the matters appearing to them to provide grounds for making the request.
- (6) Section 368Z15 applies in relation to a failure to comply with a demand for information imposed under this section as if that failure were a contravention of section 368Z14.
- (7) In this section “information” includes copies of advertisements.

368Z18 Guidance

- (1) The appropriate regulatory authority must draw up and, from time to time, review and revise, guidance setting out their intentions concerning the exercise of their functions under this Part.
- (2) The appropriate regulatory authority must consult the Secretary of State before drawing up or revising the guidance.
- (3) The appropriate regulatory authority must publish the guidance and any revised guidance in such manner as they consider appropriate for bringing it to the attention of the persons who, in their opinion, are likely to be affected by it.

368Z19 The appropriate regulatory authority

- (1) OFCOM may designate any body corporate to be, to the extent provided by the designation, the appropriate regulatory authority for the purposes of any provision of this Part, subject to subsection (9).
- (2) To the extent that no body is designated for a purpose, OFCOM is the appropriate regulatory authority for that purpose.
- (3) Where a body is designated for a purpose, OFCOM may act as the appropriate regulatory authority for that purpose concurrently with or in place of that body.

Status: This is the original version (as it was originally enacted).

- (4) OFCOM may provide a designated body with assistance (including financial assistance) in connection with any of the functions of the body under this Part.
- (5) A designation may in particular—
 - (a) provide for a body to be the appropriate regulatory authority in relation to advertisements of a specified description;
 - (b) provide that a function of the appropriate regulatory authority is exercisable by the designated body—
 - (i) to such extent as may be specified;
 - (ii) either generally or in such circumstances as may be specified;
 - (iii) either unconditionally or subject to such conditions as may be specified.
- (6) The conditions that may be specified pursuant to subsection (5)(b)(iii) include a condition to the effect that a function may, generally or in specified circumstances, be exercised by the body only with the agreement of OFCOM.
- (7) A designation has effect for such period as may be specified and may be revoked by OFCOM at any time.
- (8) OFCOM must publish any designation in such manner as they consider appropriate for bringing it to the attention of persons who, in their opinion, are likely to be affected by it.
- (9) OFCOM may not designate a body unless, as respects that designation, they are satisfied that the body—
 - (a) is a fit and proper body to be designated,
 - (b) has consented to being designated,
 - (c) has access to financial resources that are adequate to ensure the effective performance of its functions as the appropriate regulatory authority (taking into account any financial assistance that OFCOM intends to provide under subsection (4)),
 - (d) is sufficiently independent of persons who carry on business that involves or is associated with the manufacture or sale of less healthy food or drink products, and
 - (e) will, in performing any function to which the designation relates, have regard in all cases—
 - (i) to the principles under which regulatory activities should be transparent, accountable, proportionate, consistent and targeted only at cases in which action is needed, and
 - (ii) to such of the matters mentioned in section 3(4) as appear to the body to be relevant in the circumstances.
- (10) Subject to any enactment or rule of law restricting the disclosure or use of information by OFCOM or by a designated body—
 - (a) a designated body may provide information to another designated body for use by that other body in connection with any of its functions as the appropriate regulatory authority;

Status: This is the original version (as it was originally enacted).

- (b) a designated body may provide information to OFCOM for use by OFCOM in connection with any of their functions under this Part;
 - (c) OFCOM may provide information to a designated body for use by that body in connection with any of its functions as the appropriate regulatory authority.
- (11) In carrying out their functions as the appropriate regulatory authority, a designated body may carry out, commission or support (financially or otherwise) research.
- (12) In this section—
- “designation” means a designation under this section and cognate expressions are to be construed accordingly;
 - “specified” means specified in a designation.

368Z20 Power to amend this Part to extend prohibition

- (1) The Secretary of State may by regulations amend this Part for the purpose of prohibiting persons from doing either or both of the following (so far as not already prohibited)—
- (a) placing on the internet advertisements for an identifiable less healthy food or drink product;
 - (b) making arrangements for advertisements for an identifiable less healthy food or drink product to be placed on the internet.
- (2) For the purposes of subsection (1)—
- (a) “placing” includes leaving in place;
 - (b) “placed” includes continues to be placed.
- (3) The provision which may be made by regulations under subsection (1) by virtue of section 402(3)(c) includes provision repealing, revoking or amending provision made by or under any of the following whenever passed or made—
- (a) an Act;
 - (b) an Act of the Scottish Parliament;
 - (c) a Measure or Act of Senedd Cymru;
 - (d) Northern Ireland legislation.
- (4) Before making regulations under subsection (1), the Secretary of State must consult such persons as the Secretary of State considers appropriate.
- (5) A statutory instrument containing regulations under subsection (1) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.

368Z21 Interpretation

In this Part—

“appropriate regulatory authority” is to be construed in accordance with section 368Z19;

“less healthy”, in relation to a food or drink product, has the meaning given by section 368Z14(5)(e).”

PART 3

CONSEQUENTIAL AMENDMENTS

- 4 The Communications Act 2003 is amended as follows.
- 5 In section 368C (on-demand programme services: duties of the appropriate regulatory authority), after subsection (5) insert—
- “(6) The appropriate regulatory authority must draw up and, from time to time, review and revise, guidance setting out their intentions concerning the exercise of their functions under this Part in relation to the prohibition imposed by section 368FA (advertising: less healthy food and drink).
- (7) The appropriate regulatory authority must consult the Secretary of State before drawing up or revising guidance under subsection (6).”
- 6 In section 402(2) (instruments subject to negative procedure) —
- (a) in paragraph (a) omit “or regulations under section 368BC”;
- (b) after paragraph (a) insert—
- “(aza) regulations under—
- (i) section 321A(7) (see subsection (9) of that section),
- (ii) section 368BC (see subsection (7) of that section),
- (iii) section 368FA(7) (see subsection (9) of that section),
- (iv) section 368Z14(8) (see subsection (10) of that section), or
- (v) section 368Z20 (see subsection (5) of that section),”.

SCHEDULE 19

Section 180

LICENSING OF COSMETIC PROCEDURES

Introduction

- 1 This Schedule is about the provision that may be made by regulations under section 180.

Grant of licence

- 2 The regulations may—
- (a) require a local authority not to grant a licence unless satisfied as to a matter specified in the regulations;
- (b) require a local authority to have regard, in deciding whether to grant a licence, to a matter specified in the regulations.
- 3 The regulations may make provision requiring a local authority not to grant a premises licence unless the premises have been inspected in accordance with the regulations.

Status: This is the original version (as it was originally enacted).

Licence conditions

- 4 (1) The regulations may make provision for the grant of a licence subject to conditions.
- (2) Provision of the kind mentioned in sub-paragraph (1) may—
- (a) enable a local authority to attach conditions to a licence;
 - (b) require a local authority to attach to a licence a condition specified in the regulations.

Duration of licence etc

- 5 (1) The regulations may make provision about the duration, renewal, variation, suspension or revocation of licences.
- (2) The provision that may be made under sub-paragraph (1) includes provision conferring power on a court by which a person is convicted of an offence under the regulations to vary, suspend or revoke a licence.

Reviews and appeals

- 6 The regulations may make provision for—
- (a) the review of decisions under the regulations;
 - (b) appeals against decisions under the regulations.

Offences

- 7 (1) The regulations may create offences in relation to—
- (a) the breach of a prohibition imposed by virtue of section 180(1);
 - (b) the breach of a condition attached to a licence;
 - (c) the provision of false or misleading information to a local authority in connection with anything done under the regulations.
- (2) The regulations must provide for any such offence to be punishable on summary conviction with a fine or a fine not exceeding an amount specified, or determined in accordance with, the regulations.

Financial penalties

- 8 (1) The regulations may confer power on a local authority to impose a financial penalty in relation to—
- (a) the breach of a prohibition imposed by virtue of section 180(1);
 - (b) the breach of a condition attached to a licence.
- (2) The amount of the financial penalty is to be specified in, or determined in accordance with, the regulations.
- (3) If the regulations confer power to impose a financial penalty in respect of conduct for which a criminal offence is created under the regulations, they must provide that a person is not liable to such a penalty in respect of conduct for which the person has been convicted of the offence.
- (4) If the regulations confer power to impose a financial penalty they must include provision—

Status: This is the original version (as it was originally enacted).

- (a) requiring the local authority, before imposing a financial penalty on a person, to give the person written notice (a “notice of intent”) of the proposed financial penalty;
 - (b) ensuring that the person is given an opportunity to make representations about the proposed financial penalty;
 - (c) requiring the local authority, after the period for making representations, to decide whether to impose the financial penalty;
 - (d) requiring the local authority, if it decides to impose the financial penalty, to give the person notice in writing (a “final notice”) imposing the penalty;
 - (e) enabling a person on whom a financial penalty is imposed to appeal to a court or tribunal in accordance with the regulations;
 - (f) as to the powers of the court or tribunal on such an appeal.
- (5) The provision that may be made by the regulations by virtue of sub-paragraph (1) includes provision—
- (a) enabling a notice of intent or final notice to be withdrawn or amended;
 - (b) requiring the local authority to withdraw a final notice in circumstances specified in the regulations;
 - (c) for a financial penalty to be increased by an amount specified in or determined in accordance with the regulations in the event of late payment;
 - (d) as to how financial penalties are recoverable.

Enforcement

- 9 The regulations may confer on a local authority the function of enforcing the regulations in its area.

Fees

- 10 The regulations may include provision for fees in relation to the carrying out of functions of a local authority under or in connection with the regulations (including the cost of its enforcement functions under the regulations).

Guidance

- 11 The regulations may require a local authority, in carrying out functions under the regulations, to have regard to guidance published by the Secretary of State.

Interpretation

- 12 (1) In this Schedule—
- “grant”, in relation to a licence, includes vary or renew;
 - “licence” means a personal licence or premises licence;
 - “personal licence” has the meaning given by section 180(2);
 - “premises licence” has the meaning given by section 180(2).
- (2) Nothing in this Schedule is to be read as limiting the scope of the power to make regulations under section 180.