Health Bill

RUNNING LIST OF ALL

AMENDMENTS IN COMMITTEE OF THE WHOLE HOUSE

Tabled up to and including

22 October 2026

The amendments are listed in accordance with the following Instruction –

Clauses 1 to 14	Schedule 7
Schedule 1	Clauses 45 to 55
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Clauses 31 and 32	Schedule 10
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Clauses 40 to 44	Title

[*Amendments marked ★ are new or have been altered*]

Clause 2

BARONESS MERRON

Clause 2, page 1, line 16, at end insert –

"(1A) The Secretary of State may not make a transfer scheme transferring anything to –

(a) a Scottish public body, without the consent of the Scottish Ministers;

(b) a Welsh public body, without the consent of the Welsh Ministers;

(c) a Northern Ireland public body, without the consent of a Northern Ireland department."

Member's explanatory statement

This amendment would require the Secretary of State to seek the consent of the appropriate devolved nation before making a transfer scheme which transferred property, rights and liabilities from NHS England to a Scottish public body, Welsh public body or Northern Ireland public body.

BARONESS MERRON

Clause 2, page 2, line 14, leave out subsection (4)

Member's explanatory statement
This is consequential on my amendment to Clause 2, page 2, line 21.

BARONESS MERRON

Clause 2, page 2, line 21, at end insert—

"(7) In this section—

"Northern Ireland public body" means a public body whose functions are exercisable only or mainly in or as regards Northern Ireland and relate only or mainly to transferred matters (within the meaning of the Northern Ireland Act 1998);

"Scottish public body" means a body that is a Scottish public authority with mixed functions or no reserved functions (within the meaning of the Scotland Act 1998);

"the TUPE regulations" means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246);

"Welsh public body" means a body that is a devolved Welsh authority as defined by section 157A of the Government of Wales Act 2006."

Member's explanatory statement
This is consequential on my amendment to clause 2, page 1, line 16.

After Clause 3

LORD KAMALL
EARL HOWE

After Clause 3, insert the following new Clause—

"Abolition of NHS England: transition plan

(1) The Secretary of State must prepare and publish a transition plan in relation to the abolition of NHS England.

(2) The transition plan must set out—

(a) the objectives which the abolition of NHS England is intended to achieve;

(b) the arrangements and timetable for transferring the functions, property, rights and liabilities of NHS England;

(c) the bodies to which those functions, property, rights and liabilities are expected to be transferred;

(d) the estimated gross costs associated with the abolition of NHS England and the implementation of the arrangements mentioned in paragraph (b);

(e) the estimated costs of redundancies, voluntary exits, pension liabilities and other staff-related payments arising from—

(i) the abolition of NHS England,
(ii) the restructuring of the Department of Health and Social Care,
(iii) changes affecting integrated care boards, and
(iv) changes affecting commissioning support units;

(f) the estimated costs associated with—
(i) the transfer, retention or disposal of property,
(ii) the transfer, variation or termination of contracts,
(iii) the transfer of information technology, data, records and other systems,
(iv) the establishment or modification of governance and accountability arrangements,
(v) the recruitment and training of staff,
(vi) the retention or replacement of specialist staff and expertise,
(vii) consultancy and other external professional services, and
(viii) any other activity required to implement the abolition;

(g) the estimated recurring annual savings expected to arise from the abolition of NHS England;

(h) the extent to which the savings mentioned in paragraph (g) are expected to constitute cash-releasing savings;

(i) the methodology, assumptions and baseline against which the costs and savings mentioned in this subsection are to be calculated;

(j) the financial year in which the total cumulative savings arising from the abolition of NHS England are expected to exceed the total cumulative costs of implementing that abolition;

(k) the existing departmental, health service or other budgets from which transition costs are to be met;

(l) the effect which meeting transition costs from the budgets identified under paragraph (k) is expected to have on—
(i) the provision of health services,
(ii) planned capital and technology expenditure,
(iii) integrated care boards,
(iv) workforce budgets, and
(v) other departmental programmes;

(m) the amount of any savings expected to be made available for the provision of front-line health services and the arrangements by which those savings are to be identified, transferred and monitored;

(n) the principal clinical, financial and operational risks associated with the transition;

(o) the measures to be taken to secure the continuity of services during the transition;

(p) the measures to be taken to identify, retain and transfer staff with specialist knowledge or expertise;

(q) the arrangements for the transfer and continued operation of nationally significant services, contracts, information systems and corporate holdings;

(r) the measures by which the Secretary of State will assess whether the objectives mentioned in paragraph (a) have been achieved.

(3) The estimates contained in the transition plan must distinguish between—

(a) one-off transition costs,
(b) recurring expenditure,
(c) gross savings,
(d) net savings,
(e) cash-releasing savings, and
(f) non-cashable efficiencies or avoided future costs.

(4) The Secretary of State must arrange for the transition plan, including its financial estimates, methodology and assumptions, to be reviewed by an independent person with experience of public-sector finance, organisational restructuring or health service administration.

(5) A person carrying out a review under subsection (4) must assess—

(a) whether the estimates in the transition plan are reasonable,
(b) whether the plan identifies the full costs of implementation,
(c) whether the methodology and assumptions used to calculate costs and savings are reasonable and have been applied consistently,
(d) whether the distinction between gross, net and cash-releasing savings is clear and supportable,
(e) whether the expected break-even date is supported by the available evidence, and
(f) whether the arrangements for managing risks and maintaining operational continuity are adequate.

(6) The person carrying out the review must prepare a report setting out the conclusions of the review.

(7) The Secretary of State must publish, alongside the transition plan—

(a) the report prepared under subsection (6),
(b) the name of the person who carried out the review,
(c) a statement of that person's relevant experience and qualifications,
(d) a description of the process by which that person was appointed, and
(e) a declaration of any interests which might reasonably be thought to affect that person's independence.

(8) The Secretary of State must lay the transition plan and the report prepared under subsection (6) before Parliament.

(9) The Secretary of State must comply with subsections (1) to (8) before making regulations bringing section 1 or 2 into force.

(10) In this section—

"cash-releasing savings" means a reduction in expenditure which releases resources that may be reallocated without reducing the level or quality of services provided;

"front-line health services" means services provided directly for the prevention, diagnosis or treatment of illness, or for the care of patients;

"NHS England" means the National Health Service Commissioning Board."

Member's explanatory statement

This new clause would require the Secretary of State to publish an independently reviewed transition plan before commencing the abolition of NHS England.

LORD KAMALL
EARL HOWE

After Clause 3, insert the following new Clause—

"Supply Chain Coordination Limited

(1) Before making a transfer scheme under section 2 which relates to shares held by NHS England in Supply Chain Coordination Limited, the Secretary of State must publish and lay before Parliament a report on the proposed future ownership and governance of that company.

(2) The report must set out—

(a) the person to whom the shares are to be transferred;

(b) the reasons for selecting that person;

(c) the date on which the transfer is intended to take effect;

(d) the person who will exercise the shareholder function during the transfer period;

(e) the person who will exercise the shareholder function following completion of the transfer;

(f) the arrangements by which the exercise of the shareholder function will be overseen and held to account;

(g) any proposed change to the company's articles of association, governance arrangements, objectives or operating model;

(h) the arrangements for ensuring continuity in the procurement, storage, distribution and supply of medicines, medical devices, equipment and other goods required by the health service;

(i) an assessment of the principal risks to procurement and supply resilience arising from the transfer;

(j) arrangements for managing shortages, disruption or failure of supply;

(k) the arrangements for retaining staff with expertise necessary for the continued operation of the company;

(l) the contingency arrangements which will apply if the transfer cannot be completed or gives rise to a material risk of disruption;

(m) a summary of any independent assurance obtained concerning the proposed transfer and the continuity and resilience of the services provided by the company.

(3) The Secretary of State must consult such persons as the Secretary of State considers appropriate before preparing the report."

Member's explanatory statement
This new clause would require the Secretary of State to report to Parliament on the proposed ownership and governance of Supply Chain Coordination Limited before transferring the shares held in that company by NHS England.

Clause 4

LORD PATEL
BARONESS MANZOOR

Clause 4, page 3, line 24, leave out "have regard to the need to"

BARONESS WALMSLEY
BARONESS TYLER OF ENFIELD
BARONESS CASS
BARONESS LISTER OF BURTERSETT

Clause 4, page 3, line 24, leave out "have regard to the need to" and insert "take steps to achieve"

Member's explanatory statement
This amendment would strengthen the Secretary of State's duty as to reducing health inequalities from a duty to have regard to the need to reduce them to a duty to take steps to achieve their reduction.

BARONESS WALMSLEY
BARONESS TYLER OF ENFIELD
BARONESS LISTER OF BURTERSETT

Clause 4, page 3, line 25, leave out "reduce inequalities" and insert "a reduction in inequalities"

Member's explanatory statement
This amendment is consequential on Baroness Walmsley's amendment to Clause 4, page 3, line 24.

BARONESS WALMSLEY
BARONESS TYLER OF ENFIELD
BARONESS LISTER OF BURTERSETT

Clause 4, page 3, line 27, leave out "reduce inequalities" and insert "a reduction in inequalities"

Member's explanatory statement
This amendment is consequential on Baroness Walmsley's amendment to Clause 4, page 3, line 24.

LORD HUNT OF KINGS HEATH
BARONESS CASS
BARONESS HODGSON OF ABINGER
BARONESS MANZOOR

Clause 4, page 3, line 29, at end insert—

"(c) reduce inequalities between the people of England with respect to their ability to access services and make provision for a system of equitable distribution of general medical practitioners in England."

Member's explanatory statement
The amendment seeks to ensure that in relation to the Secretary of State's responsibility to reduce inequalities this must embrace access to services including ensuring of equitable distribution of general medical practitioners.

LORD RENNARD

Clause 4, page 3, line 29, at end insert—

"(c) reduce inequalities in the prevention, diagnosis and treatment of diabetes, including variation in access to structured education, glucose monitoring technology and insulin pump therapy."

Member's explanatory statement
This amendment would make diabetes-related health inequalities an explicit, named consideration within the Secretary of State's general duty to reduce inequalities, rather than leaving diabetes provision to be addressed only implicitly.

LORD PATEL
BARONESS CASS

Clause 4, page 3, line 29, at end insert—

"(c) reduce inequalities between the people of England in respect of life expectancy or general state of health which are wholly or partly the result of differences in respect of general health determinants."

LORD PATEL OF BRADFORD
LORD HUNT OF KINGS HEATH
BARONESS TYLER OF ENFIELD

Clause 4, page 3, line 29, at end insert—

"(c) reduce inequalities between people living in coastal and inland areas with respect to their ability to access health services and the outcomes achieved for them by the provision of health services, with particular regard to prevention, the planning and commissioning of services,

and the recruitment, retention and distribution of the health workforce."

Member's explanatory statement
This amendment would require the Secretary of State, when exercising functions in relation to the health service, to have specific regard to reducing inequalities in access to health services and health outcomes between coastal and inland communities, including in relation to prevention, service planning and commissioning, and workforce recruitment, retention and distribution.

After Clause 4

BARONESS TYLER OF ENFIELD
BARONESS ROYALL OF BLAISDON
BARONESS CASS
BARONESS LISTER OF BURTERSETT

After Clause 4, insert the following new Clause—

"Health inequalities: strategy and annual report

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, publish a cross-government strategy for reducing health inequalities in England, setting out the steps to be taken by the Secretary of State and other Ministers of the Crown.

(2) The Secretary of State must lay before Parliament, at least once in each calendar year, a report on progress in reducing health inequalities in England and in implementing the strategy."

Member's explanatory statement
This new clause would require the Secretary of State to produce a cross-government health inequalities strategy and an annual progress report to Parliament.

LORD PATEL

After Clause 4, insert the following new Clause—

"Health inequalities strategy

(1) The Secretary of State must, within six months of the day on which this Act is passed, publish a health inequalities strategy.

(2) In preparing the strategy under subsection (1), the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(3) A Minister of the Crown must, in exercising the Minister's functions, have regard to the strategy."

Clause 5

LORD HUNT OF KINGS HEATH
THE LORD BISHOP OF NEWCASTLE
BARONESS FINLAY OF LLANDAFF

Clause 5, page 3, line 34, after "carers" insert ", health and care partners,"

Member's explanatory statement
This amendment seeks to ensure that health and care partners can be involved in decisions about a patient.

LORD KAMALL
EARL HOWE

Clause 5, page 4, leave out lines 2 to 4 and insert—

"(1) In exercising functions in relation to the health service, the Secretary of State must act with a view to enabling patients to make choices with respect to aspects of health services provided to them, including to make choices as to the provider of those services.

(2) For the purposes of subsection (1), the Secretary of State must ensure that patients who are referred for a service to be provided outside a hospital setting ("out-of-hospital services") are offered a choice of provider of that service from among the providers available in their integrated care board area and, where relevant, in neighbouring areas, in accordance with regulations made under section 14Z45B.

(3) Regulations under section 14Z45B must provide that, where an out-of-hospital service is to be provided to a patient, the integrated care board must—

(a) offer the patient a meaningful choice of at least two providers capable of providing the service, which may include NHS bodies and independent sector providers approved to provide that service under arrangements with the integrated care board,

(b) provide the patient with information to support an informed choice, including for each available provider—

(i) indicative waiting times,

(ii) the location at which the service would be provided,

(iii) the quality ratings or outcomes data applicable to that provider for that service where such data is available, and

(iv) whether any costs would be incurred by the patient in travelling to or receiving the service at that provider,

(c) not exclude from the list of available providers any provider approved solely on grounds of commercial interest or organisational type, and

(d) take all reasonable steps to give effect to the patient's choice within a clinically appropriate timeframe.

(4) For the purposes of this section, "out-of-hospital services" means services—

(a) provided in community, primary care or ambulatory settings rather than in a hospital inpatient or outpatient department, and

(b) which the Secretary of State specifies by regulations as being within the scope of the choice obligation under subsection (2), and may include diagnostic services, audiology and hearing aid care, podiatry, dietetics and nutrition, physiotherapy, ambulatory cardiac monitoring and such other services as the Secretary of State may specify.

(5) In specifying services under subsection (4)(b), the Secretary of State must have regard to—

(a) the potential for the expansion of choice to reduce waiting times for the relevant service,

(b) the availability of sufficient independent and NHS providers to make genuine choice meaningful, and

(c) the desirability of ensuring access to choice for patients in all parts of England, including in rural and deprived areas.

(6) The Secretary of State must publish, and lay before Parliament, within 12 months of the date on which this Act is passed, a statement setting out—

(a) the out-of-hospital services for which choice obligations under subsection (2) will initially apply,

(b) the timetable for extending the choice obligation to further services, and

(c) the support that will be made available to patients, in particular those with limited digital access or literacy, to exercise the choices to which they are entitled under this section.

(7) The Secretary of State must review and update the statement required by subsection (6) at intervals of not more than two years."

Member's explanatory statement
This amendment strengthens the new patient choice duty inserted by Clause 5 to provide a specific right to choose between providers for out-of-hospital services.

Clause 6

LORD RENNARD

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

"(1A) The duty in subsection (1) includes, in particular, promoting innovation in the prevention, diagnosis and treatment of diabetes, including through the adoption of glucose monitoring and automated insulin delivery technologies."

Member's explanatory statement
This amendment would ensure that the existing duty to promote innovation is understood to cover the specific diabetes technologies (flash/CGM and hybrid closed loop systems) currently being rolled out by NHS England, so that momentum on adoption is not lost through the transfer of functions.

BARONESS FINLAY OF LLANDAFF

★ Clause 6, page 4, line 20, at end insert—

"(5) The Secretary of State must establish a transformational fund, within a year of the date on which the Health Act 2026 is passed, to enable improvements in access to specialist palliative care and its support to generalist services."

Member's explanatory statement
This amendment would require the Secretary of State to create a dedicated palliative and end of life care transformation fund to support service redesign by scaling proven models of care that help deliver the government's intended shift from hospital to community care for people at the end of life.

Clause 7

BARONESS SHAWCROSS-WOLFSON
LORD PATEL
BARONESS HARDING OF WINSCOMBE

Clause 7, page 4, line 31 at end insert—

"(1A) The Secretary of State must publish an independently verified long-term assessment of the workforce needs of the health service and a ten year education and training plan to deliver on those needs.

(1B) The first assessment and plan under subsection (1A) must be published within one month of the day on which this Act is passed.

(1C) The Secretary of State must keep the assessment and plan under review and revise both at least once every five years."

Member's explanatory statement
This amendment would require the Secretary of State to publish an independently verified assessment of the long-term workforce needs of the health service and a ten-year education and training plan to meet those needs, with the first assessment and plan published within one month of Royal Assent.

Clause 8

LORD SCRIVEN

Clause 8, page 5, line 7, leave out "relate to the health service" and insert "are public health functions"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, limits delegation directions to ICBs to public health functions.

LORD SCRIVEN

Clause 8, page 5, line 8, at end insert—

"(1A) A direction under subsection (1) may provide for a function of the Secretary of State, other than a public health function, to be exercised by an integrated care board only with the agreement of that board."

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, requires an ICB's agreement before it is directed to exercise any function other than a public health function.

LORD KAMALL
EARL HOWE

Clause 8, page 5, leave out lines 19 to 24 and insert—

"(5) Where the Secretary of State has given a direction under subsection (1) the Secretary of State must publish a statement before the end of the period of seven working days beginning with the day on which the direction is given.

(6) A statement published under subsection (5) must set out—

(a) the statutory function in respect of which the direction is given,

(b) the reasons for giving the direction,

(c) the period for which the direction is to have effect,

(d) the date by which the operation of the direction is to be reviewed,

(e) any payment which the Secretary of State has made, or intends to make, to an integrated care board under subsection (4) in connection with the direction,

(f) the Secretary of State's assessment of the financial and operational effects of the direction on each integrated care board to which it applies,

(g) the Secretary of State's assessment of the effect of the direction on the ability of each integrated care board to meet the needs and priorities of its local population, and

(h) the respective responsibilities of the Secretary of State and each integrated care board to which the direction applies for the exercise of the function and for any outcomes arising from its exercise.

(7) If the Secretary of State varies or revokes a direction under this section, the Secretary of State must publish—

(a) the variation or revocation before the end of the period of seven days beginning with the day on which a direction is made, and

(b) a statement setting out the reasons for the variation or revocation and its expected financial and operational effects."

Member's explanatory statement
This amendment would require a direction to an integrated care board to exercise a function of the Secretary of State to be set out in a statement published within seven working days.

Clause 10

BARONESS COFFEY

Clause 10, page 6, line 21, leave out "the health service" and insert "patients"

Member's explanatory statement
This shifts the emphasis by acting on what is in the best interest of patients' needs rather than the organisation.

BARONESS SHAWCROSS-WOLFSON

Clause 10, page 6, line 21, at end insert ", and there is a defined capacity failure or a need to respond to an emergency.

(2) Where the Secretary of State considers it appropriate to vary the provision of health services, they must publish a written statement setting out—

(a) their reasons, and

(b) evidence demonstrating that the conditions in subsection (1) have been met."

Member's explanatory statement
This amendment seeks to define the circumstances in which the Secretary of State may vary the provision of health services and would require the Secretary of State to publish a written statement setting out the rationale for any such variation.

LORD HUNT OF KINGS HEATH
LORD KAMALL
EARL HOWE
LORD PATEL OF BRADFORD

The above-named Lords give notice of their intention to oppose the Question that Clause 10 stand part of the Bill.

Member's explanatory statement
This is to probe the reasons behind this Clause and the Government's intentions with regard to private sector involvement in the NHS.

Clause 11

LORD KAMALL
EARL HOWE

Clause 11, page 7, line 6, at end insert—

"(3A) The Secretary of State may give a direction under this section only if satisfied that—

(a) the objective of the direction cannot reasonably be achieved by—

(i) the giving of guidance,

(ii) agreement with the integrated care board,

(iii) the exercise of existing oversight or performance management arrangements, or

(iv) any other means which would involve less restriction of the integrated care board's discretion,

(b) the direction is necessary and proportionate to the objective which it seeks to achieve,

(c) the benefits expected to arise from the direction, including any benefits arising from consistency between different areas, outweigh any restriction which the direction would place on the ability of the integrated care board to respond to the needs and priorities of its local population, and

(d) the integrated care board has been consulted in accordance with subsection (3C).

(3B) In deciding whether to give a direction under this section, and in determining the terms of any such direction, the Secretary of State must have regard to—

(a) the desirability of decisions relating to the provision of health services being taken at the most local level reasonably appropriate,

(b) the desirability of integrated care boards having sufficient autonomy to respond to the needs and priorities of their local populations,

(c) the importance of maintaining clear and identifiable responsibility for decisions and outcomes,

(d) the likely financial and operational effects of the direction on the integrated care board, and

(e) the availability to the integrated care board of the resources necessary to comply with the direction.

(3C) Before giving a direction under this section, the Secretary of State must—

(a) provide the integrated care board with a proposed draft of the direction,

(b) provide the integrated care board with a statement of—

(i) the objective of the proposed direction,

(ii) the reasons why the Secretary of State considers the conditions in subsection (3A)(a) to (c) to be satisfied,

(iii) the expected financial and operational effects of the proposed direction, and

(iv) any additional financial or other resources which the Secretary of State proposes to make available to enable the integrated care board to comply with the direction,

(c) allow the integrated care board a reasonable period in which to make representations, and

(d) have regard to any representations made by the integrated care board.

(3D) The Secretary of State may give a direction without complying with subsection (3A)(d) or (3C) only if satisfied that—

(a) there is an urgent need to protect the health or safety of the public or the continuity of essential health services, and

(b) the delay involved in complying with those subsections would create a serious risk of harm.

(3E) Where the Secretary of State gives a direction in reliance on subsection (3D), the Secretary of State must—

(a) consult the integrated care board as soon as reasonably practicable after giving the direction,

(b) provide the integrated care board with the information specified in subsection (3C)(b),

(c) have regard to any representations subsequently made by the integrated care board, and

(d) before the end of the period of 28 days beginning with the day on which the direction was given, decide whether to confirm, vary or revoke the direction.

(3F) A direction given in reliance on subsection (3D) ceases to have effect at the end of the period specified in subsection (3E)(d) unless, before the end of that period, the Secretary of State—

(a) confirms or varies the direction,

(b) publishes the reasons for that decision, and

(c) publishes an assessment of whether the conditions in subsection (3A)(a) to (c) continue to be satisfied.

(3G) A direction under this section must be no broader, and remain in effect for no longer, than is necessary to achieve its stated objective."

Member's explanatory statement

This amendment would provide that the Secretary of State may direct an integrated care board only where the objective cannot reasonably be achieved through guidance, agreement, existing oversight arrangements or another less restrictive means, and where the direction is necessary and proportionate.

LORD KAMALL
EARL HOWE

Clause 11, page 7, leave out lines 10 to 17 and insert—

"(5) Where the Secretary of State has given a direction under subsection (1) the Secretary of State must publish a statement before the end of the period of seven working days beginning with the day on which the direction is given.

(6) A statement published under subsection (5) must set out—

(a) the statutory function to which the direction relates,

(b) the legal basis for the direction,

(c) the reasons for giving the direction,

(d) the period for which the direction is to have effect,

(e) the date by which the operation of the direction is to be reviewed,

(f) the Secretary of State's assessment of the financial and operational effects of the direction on each integrated care board to which it applies,

(g) whether any additional funding or other resources are to be made available to an integrated care board for the purpose of complying with the direction and, if so, the amount or description of those resources,

(h) the Secretary of State's assessment of whether, and to what extent, the direction restricts the ability of an integrated care board to determine or meet the needs and priorities of its local population,

(i) the outcomes which the direction is intended to achieve, and

(j) the respective responsibilities of the Secretary of State and each integrated care board to which the direction applies for decisions taken and outcomes arising while the direction is in effect.

(7) Where a direction is given in reliance on subsection (3), the statement under subsection (6) must also—

(a) identify the opinion formed by the Secretary of State,

(b) set out the reasons for that opinion, and

(c) explain why the Secretary of State considers it appropriate for the integrated care board not to form its own opinion in relation to the exercise of the function.

(8) If the Secretary of State varies or revokes a direction under this section, the Secretary of State must—

(a) publish the variation or revocation before the end of the period of seven days beginning with the day on which it is made, and

(b) publish a statement setting out the reasons for the variation or revocation and its expected financial and operational effects."

Member's explanatory statement

This amendment would require a statement to be published within seven working days of a general direction to an integrated care board being issued, and would require the Secretary of State to

publish the reasons for the direction, its duration, resources available for compliance, and intended outcomes.

LORD SCRIVEN

Leave out Clause 11 and insert the following new Clause—

"Outcomes for the health service and integrated care boards

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

(2) After section 1CC (inserted by section 6 of this Act) insert—

"1CD National outcomes for the health service

(1) The Secretary of State must publish a statement of the outcomes which the health service in England is to achieve in the period specified in the statement.

(2) The outcomes must be expressed as results to be achieved for patients and populations, and may relate to—

(a) health and wellbeing;
(b) the safety, quality and effectiveness of care;
(c) access to services, including waiting times;
(d) the reduction of inequalities;
(e) the sustainable use of resources.

(3) The Secretary of State may revise the statement.

(4) Before publishing or revising the statement, the Secretary of State must consult—

(a) integrated care boards, and
(b) such other persons as the Secretary of State considers appropriate.

(5) The Secretary of State must lay before Parliament—

(a) the statement and any revised statement, together with the reasons for any revision, and
(b) in respect of each financial year, a report on the progress made towards achieving the outcomes."

(3) For sections 14Z61 and 14Z62 and the italic heading before those sections substitute—

"Outcomes, accountability and intervention

14Z61 Outcomes for integrated care boards

(1) The Secretary of State must, in respect of each financial year, specify by notice given to each integrated care board the outcomes which that board is to achieve ("ICB outcomes").

(2) ICB outcomes—

(a) must be consistent with the most recent statement published under section 1CD,

(b) may differ between integrated care boards, and

(c) must specify results to be achieved, and not the means by which any function is to be exercised.

(3) In specifying ICB outcomes for an integrated care board, the Secretary of State must have regard to—

(a) any assessment of relevant needs under section 116 of the Local Government and Public Involvement in Health Act 2007 (health and social care: joint strategic needs assessments), and

(b) any neighbourhood health plan under section 116A of that Act (health and social care: joint local health and wellbeing strategies), which relates to the whole or any part of the board's area.

(4) Before specifying ICB outcomes for an integrated care board, the Secretary of State must—

(a) consult the board, and

(b) consider any representations made by a relevant local authority or by the mayor of a relevant mayoral strategic authority.

(5) The Secretary of State must publish each notice given under subsection (1).

(6) An integrated care board must exercise its functions with a view to achieving its ICB outcomes.

(7) In this section and sections 14Z61A to 14Z62B—

"relevant local authority", in relation to an integrated care board, means a local authority (within the meaning given by section 2B(5)) whose area coincides with, or includes the whole or any part of, the board's area;

"relevant mayoral strategic authority", in relation to an integrated care board, means a mayoral strategic authority (within the meaning given by paragraph 8(7) of Schedule 1B) whose area coincides with, or includes the whole or any part of, the board's area.

14Z61A Accountability for ICB outcomes

(1) The Secretary of State must publish a framework ("the accountability framework") setting out—

(a) how progress towards achieving ICB outcomes is to be measured,

(b) the information which integrated care boards must provide for that purpose, and

(c) how often progress is to be assessed.

(2) The Secretary of State may require an integrated care board—

(a) to provide such information as the Secretary of State considers necessary for the purposes of the accountability framework, and

(b) to publish a report on its progress towards achieving its ICB outcomes.

(3) Where a performance assessment under section 14Z59 shows that an integrated care board is not achieving its ICB outcomes, the Secretary of State may—

(a) require the board to publish a plan for achieving them, and

(b) provide assistance or support to the board under section 12DA.

(4) Nothing in this section confers power to give directions to an integrated care board.

14Z62 Intervention: appointment of commissioners

(1) The Secretary of State may by order appoint one or more persons ("commissioners") to exercise specified functions of an integrated care board in place of the board if satisfied that—

(a) the board is seriously and persistently failing to achieve its ICB outcomes and, as a result, there is a serious risk to the safety or quality of care or to the proper management of public funds, or

(b) an emergency has occurred or is imminent which makes the appointment necessary.

(2) Before making an order on the ground in subsection (1)(a), the Secretary of State must—

(a) have conducted a performance assessment under section 14Z59 which shows the failure,

(b) give the board written notice of the proposed order and the reasons for it,

(c) allow the board a period of not less than 28 days, beginning with the day on which the notice is given, to make representations, and consider any representations made,

(d) consult each relevant local authority and the mayor of each relevant mayoral strategic authority, and

(e) consider what assistance or support has been provided to the board and what action the board has taken to address the failure.

(3) Where the Secretary of State makes an order on the ground in subsection (1)(b), the Secretary of State must give the board written notice of the order and the reasons for it as soon as practicable.

(4) In subsection (1)(b), "emergency" has the meaning given by section 1 of the Civil Contingencies Act 2004 (meaning of "emergency").

(5) An order under subsection (1) must—

(a) name the commissioners,

(b) specify the functions to be exercised by them, and

(c) set out the reasons for the order, and has effect for such period, not exceeding 12 months, as is specified in the order.

(6) The Secretary of State may by order extend the period for which an order under subsection (1) has effect, on one occasion only, by a further period not exceeding 12 months.

(7) An order under subsection (6) may not be made unless a draft of the statutory instrument containing it has been laid before, and approved by a resolution of, each House of Parliament.

(8) Within 7 days of making an order under subsection (1), the Secretary of State must publish the order and the reasons for it and lay a copy of each before Parliament.

(9) The Secretary of State must—

(a) review each order under subsection (1) at intervals of not more than 3 months,

(b) publish the outcome of each review, and

(c) revoke the order if satisfied that neither of the conditions in subsection (1) continues to be met.

(10) Commissioners appointed under this section—

(a) must exercise the specified functions with a view to achieving the board's ICB outcomes,

(b) are subject to the duties of the board in relation to those functions,

(c) must consult the chair of the board and each relevant local authority, and

(d) must report to the Secretary of State at intervals of not more than 6 months.

(11) The Secretary of State must publish each report made under subsection (10)(d).

(12) The integrated care board must co-operate with the commissioners.

14Z62A Intervention: exceptions

An order under section 14Z62 may not authorise commissioners to exercise a function in relation to—

(a) the appointment or employment of a particular individual,

(b) a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness, or

(c) the provision of any drug, medicine or other treatment, or the use of any diagnostic technique, in a manner inconsistent with a recommendation or guidance given by NICE.

14Z62B Restriction on directions to integrated care boards

The Secretary of State may not give directions to an integrated care board about the exercise of its functions except under—

(a) section 133 (inadequate provision of pharmaceutical services);

(b) section 223GA (directions about use and management of resources);

(c) section 253 (emergency powers).""

Member's explanatory statement

This probing amendment would replace the Secretary of State's new power to direct integrated care boards (ICBs) with national and ICB outcomes. The only intervention power would be to appoint commissioners where an ICB is seriously and persistently failing, or in an emergency, as with a failing local authority.

After Clause 11

BARONESS PIDGEON
BARONESS MORGAN OF DREFELIN
LORD PATEL

After Clause 11, insert the following new Clause—

"Cancer outcomes

In the National Health Service Act 2006, after section 1GA insert—

"1GB Cancer outcomes

In exercising functions relating to the health service, the Secretary of State must treat objectives relating to cancer outcomes as having priority over any other objectives relating specifically to cancer.""

Member's explanatory statement

The Secretary of State is currently required to set cancer outcome objectives for NHS England, with those objectives taking priority over other cancer goals. The Health Bill removes this provision. This new clause would place a new duty on the Secretary of State to prioritise cancer outcomes such as survival.

BARONESS TYLER OF ENFIELD

After Clause 11, insert the following new Clause—

"Ministerial responsibility for social care

In section 1(3) of the National Health Service Act 2006 (ministerial responsibility to Parliament), after "service" insert ", and the promotion of social care,"."

Member's explanatory statement

This amendment would extend the Secretary of State's ministerial responsibility to Parliament under section 1(3) of the National Health Service Act 2006 to the promotion of social care, alongside the provision of the health service.

BARONESS NEVILLE-ROLFE
BARONESS GERADA
LORD PATEL

After Clause 11, insert the following new Clause—

"Promoting continuity of care

In the National Health Service Act 2006, after section 1A insert—

"1AA Duty to promote continuity of care

In exercising functions in relation to the health service, the Secretary of State must promote continuity of care for patients by health professionals.""

Member's explanatory statement
This amendment seeks to ensure continuity of care for patients by health professionals, including by GPs and in hospitals.

BARONESS TYLER OF ENFIELD

After Clause 11, insert the following new Clause—

"Secretary of State's duty as to social care

(1) Section 1 of the National Health Service Act 2006 (Secretary of State's duty to promote comprehensive health service) is amended as follows.

(2) In the heading, at the end insert "and social care".

(3) After subsection (1) insert—

"(1A) The Secretary of State must promote in England social care designed to secure improvement in outcomes for those who receive it.""

Member's explanatory statement
This amendment would extend the Secretary of State's core duty in section 1 of the National Health Service Act 2006 to cover social care, so that the duty matches the ministerial title. It reflects section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

BARONESS COFFEY

After Clause 11, insert the following new Clause—

"Promoting palliative care equitably

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to promote palliative care equitably

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to ensure provision of palliative care across England accessible to all regardless of wealth or geography.""

BARONESS COFFEY

After Clause 11, insert the following new Clause—

"Support for older patients

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to support older patients

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to ensure adequate care for older patients, considering the prevention of ill health by the provision of health visitors focused on people aged 75 and above.""

LORD PATEL

After Clause 11, insert the following new Clause—

"Duty of Secretary of State to obtain appropriate advice

The Secretary of State must obtain advice appropriate for enabling the Secretary of State to discharge effectively the Secretary of State's functions in relation to the health service from persons who (taken together) have a broad range of professional expertise in—

(a) the prevention, diagnosis or treatment of illness, and

(b) the protection or improvement of public health."

Member's explanatory statement

This new clause would place on the Secretary of State an equivalent statutory duty to that currently imposed on NHS England by section 13J of the National Health Service Act 2006, requiring appropriate professional advice to be obtained in the discharge of the Secretary of State's functions.

BARONESS COFFEY

After Clause 11, insert the following new Clause—

"Support for helping people stay and get back into work

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to support people to stay and get back into work

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to offer workplace health provision support to—

(a) small and medium sized employers, and

(b) institutions and providers within the National Health Service, considering the need to support the workforce of—

(i) small and medium sized employers, and

(ii) the National Health Service

in order to tackle ill health and reduce work days lost to sickness.""

Clause 12

LORD LANSLEY

Clause 12, page 9, line 8 at end insert—

"(za) in subsection (1), after paragraph (j) insert—

"(k) such other services and facilities as are required for persons with a primary health need arising from a progressive or deteriorating disease which is reasonably expected to continue for the remainder of the person's life, including where the person's condition is intermittent or fluctuating, and without regard to the rate of such progression or deterioration or whether a person is entering a terminal phase of their life.""

Member's explanatory statement
This amendment would ensure that a wider range of serious chronic diseases, such as severe dementia, would qualify for NHS Continuing Care and not have eligibility restricted on grounds that the condition is fluctuating or is not deemed to be in a terminal phase.

LORD SCRIVEN

Clause 12, page 9, line 14, at end insert ", and,

(b) must have regard to the most recent statement published under section 1CD (national outcomes for the health service)"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, requires ICBs commissioning under section 3 of the National Health Service Act 2006 to have regard to the national outcomes statement.

LORD SCRIVEN

Clause 12, page 9, line 22, at end insert ", and

(b) must have regard to the most recent statement published under section 1CD (national outcomes for the health service)"

Member's explanatory statement
This amendment makes the same change as the amendment to clause 12, page 9, line 14 in the name of Lord Scriven in section 3A of the National Health Service Act 2006.

LORD HUNT OF KINGS HEATH
BARONESS FINLAY OF LLANDAFF

Clause 12, page 10, line 10, at end insert—

"(5) Before making regulations under subsection (1)(b) which would have the effect of transferring responsibility for the commissioning of services for the diagnosis, treatment or management of allergic disease from the Secretary of State to integrated care boards, the Secretary of State must—

(a) assess the adequacy and geographical distribution of specialist allergy services in England;

(b) assess the capacity of integrated care boards to commission appropriate allergy services;

(c) consult persons with relevant clinical expertise, integrated care boards, patients and organisations representing people affected by allergic disease.

(6) The assessment under subsection (5) must have particular regard to—

(a) access to specialist allergy expertise,

(b) the integration of allergy services across primary, community and secondary care, and

(c) unwarranted geographical variation in access to allergy diagnosis and treatment."

Member's explanatory statement
This amendment would require the Secretary of State to assess the adequacy of allergy provision and consult relevant bodies before transferring responsibility for commissioning allergy services to integrated care boards, with regard to specialist provision and geographical variation in access to care.

Schedule 1

BARONESS JANKE

Schedule 1, page 77, line 34, at end insert—

"45A After section 133 insert—

"133A Emergency intervention in pharmaceutical services

(1) Where an integrated care board considers that a person providing pharmaceutical services is failing, or is likely to fail, materially to comply with—

(a) a contractual obligation,

(b) a patient-safety requirement, or

(c) a workforce obligation,

the board must consider whether emergency intervention is required to protect patients or continuity of pharmaceutical services.

(2) Where the board considers that emergency intervention is required, it may—

(a) require the provider to take specified remedial action,

(b) suspend specified arrangements,

(c) terminate arrangements with the provider,

(d) make arrangements with another provider for the provision of pharmaceutical services, or

(e) take any combination of the steps in paragraphs (a) to (d).

(3) The powers in subsection (2) must be exercised with regard to the need to maintain continuity of medicines supply and protect patients from avoidable disruption.

(4) An integrated care board must not continue arrangements with a provider where it is satisfied that the provider is demonstrably unfit to provide pharmaceutical services safely and effectively.

(5) Before exercising a power under subsection (2), the board must, except in an emergency, give the provider a reasonable opportunity to make representations.

(6) Nothing in this section prevents an integrated care board from taking immediate action where delay would materially risk patient safety or continuity of medicines supply.""

Member's explanatory statement
This amendment would give integrated care boards powers to intervene where a pharmacy provider is failing to provide their required services to protect patients and medicines supply.

BARONESS JANKE

Schedule 1, page 82, line 40, at end insert—

"(3D) Regulations made under subsection (1) must ensure that the remuneration arrangements for pharmaceutical services take account of the costs of providing those services in rural and sparsely populated areas.

(3E) In making provision under subsection (3D), the determining authority must have regard to—

(a) rurality,

(b) the age profile of the population,

(c) transport and distribution costs,

(d) seasonal changes in demand,

(e) difficulties in recruiting and retaining staff, and

(f) the loss of economies of scale arising from sparsely populated areas.

(3F) The remuneration arrangements must be designed to support the financial sustainability of pharmacies providing essential NHS services in rural and sparsely populated areas.

(3G) The Secretary of State must review the operation of the remuneration arrangements periodically and make such changes as are necessary to ensure that the matters in subsections (3D) to (3F) continue to be reflected."

Member's explanatory statement
This amendment would require pharmacy funding to reflect the additional costs of providing services in rural and sparsely populated areas.

Clause 15

BARONESS SCOTT OF NEEDHAM MARKET

Clause 15, page 11, line 25, at end insert—

"(2A) The Secretary of State must take reasonable steps to ensure that arrangements under subsection (2) are accessible and inclusive, having particular regard to the needs of—

(a) persons with disabilities, and

(b) persons with long-term, complex or fluctuating health conditions."

Member's explanatory statement
This amendment would require the Secretary of State to take reasonable steps to ensure that arrangements for involving patients in commissioning are accessible to disabled people and people with long-term, complex or fluctuating conditions, including those who are housebound or bedbound.

Clause 16

BARONESS CASS

★ Clause 16, page 12, line 10, at end insert—

"(3) Regulations must impose duties on integrated care boards with respect to waiting times for treatments or other services provided to children which they arrange in the exercise of their commissioning functions.

(4) Regulations under subsection (3) must include provision as to the arrangements integrated care boards must make where a specified treatment or other specified service for a child is not provided within a specified period.

(5) The first regulations under subsection (3) must be made before the end of the period of 12 months beginning with the day on which section 16 of the Health Act 2026 comes into force.

(6) In this section "child" means a person under the age of 18."

Member's explanatory statement
This amendment would require the Secretary of State to make regulations imposing waiting-time duties on integrated care boards in respect of children including a requirement on integrated care

boards to take action where a child does not receive a specified treatment or service within the specified period.

LORD SCRIVEN

Clause 16, page 13, leave out lines 1 to 3 and insert—

"(b) make an order under section 14Z62 on grounds relating to the discharge of the board's functions in relation to those matters,"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, updates a cross-reference to the direction powers which that amendment removes.

After Clause 17

LORD HUNT OF KINGS HEATH

After Clause 17, insert the following new Clause—

"Prescribed specialised services

(1) The Secretary of State must by regulations made by statutory instrument specify, based on clearly defined criteria, the services provided as part of the health service in England which are to be treated as specialised services ("prescribed specialised services"), and must publish the full list of such services.

(2) Prescribed specialised services include both—
  (a) services for which commissioning responsibility is exercised by the Secretary of State, and
  (b) services for which commissioning responsibility is exercised by one or more integrated care boards.

(3) The Secretary of State must make arrangements to ensure that all prescribed specialised services are informed by clinical involvement in the—
  (a) planning of the commissioning arrangements;
  (b) design of services and arrangements for service delivery;
  (c) monitoring of the performance of specialised services.

(4) The Secretary of State is accountable for national oversight of all prescribed specialised services and must exercise functions in relation to those services with a view to securing equitable access for patients across England.

(5) Within 12 months of the day on which this Act is passed, and every 12 months thereafter, the Secretary of State must publish a report on the performance of all prescribed specialised services.

(6) A report under subsection (5) must include information relating to—
  (a) patient outcomes,
  (b) access to services,

(c) waiting times,
(d) workforce capacity,
(e) service sustainability,
(f) geographical variation in services,
(g) compliance with national service specifications, and
(h) arrangements for the coordination of specialist, community and neighbourhood care.

(7) A report under subsection (5) must be laid before both Houses of Parliament.

(8) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require all specialised services, whether commissioned by the Secretary of State or by integrated care boards, to be specified in regulations and make the Secretary of State accountable for national oversight and equitable access across England.

LORD PATEL OF BRADFORD

After Clause 17, insert the following new Clause—

"Commissioning functions: minimum waiting time prohibition

(1) An NHS commissioning body or an NHS provider must not apply any policy, contractual term, activity planning assumption or other commissioning arrangement which requires a patient to wait for a minimum period before receiving an assessment, diagnostic test or treatment, where that minimum period is imposed for administrative, financial or capacity-management reasons rather than on clinical grounds.

(2) In this section "NHS commissioning body" includes national bodies, integrated care boards and the Secretary of State."

Member's explanatory statement
This amendment seeks to prohibit NHS commissioning bodies and providers from imposing or implementing minimum waiting periods for assessments, tests or treatment for administrative, financial or management reasons, while preserving clinically justified decisions about the timing of care.

Clause 21

LORD SCRIVEN

Clause 21, page 16, line 2, at end insert ", including its progress towards achieving its ICB outcomes (see section 14Z61)"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, requires ICB performance assessments to cover progress against ICB outcomes.

LORD SCRIVEN

Clause 21, page 16, line 5, at end insert—

"(4) The Secretary of State must publish each performance assessment conducted under this section."

Member's explanatory statement
This amendment requires each ICB performance assessment to be published in full.

BARONESS FINLAY OF LLANDAFF

Clause 21, page 16, line 5, at end insert—

"(4) Performance assessments must include details of the extent to which palliative care services or facilities provided by each integrated care board meet the reasonable requirements of the people for whom the board is responsible.

(5) For the purposes of subsection (4) the following guidances are considered reasonable requirements—

(a) NICE guideline NG31 on care of dying adults in the last days of life;
(b) NICE guideline NG142 on end of life care for adults and service delivery;
(c) NICE quality standard QS13 on end of life care for adults;
(d) NHS England statutory guidance for integrated care boards on palliative and end of life care."

Member's explanatory statement
This amendment would require annual performance assessments to incorporate an assessment of whether each integrated care board is providing a reasonable standard of palliative and end of life care.

Clause 22

LORD LANSLEY

Clause 22, page 16, line 16, leave out "mayor of each mayoral"

Member's explanatory statement
This amendment, and others in the name of Lord Lansley, would ensure that the NHS can enter into arrangements with local authorities who have social care and other health-related functions and with all the new strategic authorities, including single foundation strategic authorities, and not only those with mayors.

LORD PATEL

Clause 22, page 16, line 25, at end insert—

"(4A) The constitution must provide for the ordinary members of the integrated care board to include—

(a) at least one qualified, professionally registered, consultant in public health who provides wholly independent, transparent, leadership and advice to the board on preventing and reducing disease and improving the health of the population it serves,

(b) at least two clinicians with current experience of providing primary care services, at least one of whom is a general practitioner, and

(c) at least one medical practitioner with current experience of providing secondary care services.

(4B) A person appointed under sub-paragraph (5) must not be appointed to represent the interests of a provider organisation whose services are commissioned by the integrated care board."

Member's explanatory statement
This amendment would require every Integrated Care Board to include an independent qualified and registered consultant in public health, at least two clinicians from primary care, and a clinical representative from secondary care.

LORD LANSLEY

Clause 22, page 16, leave out lines 30 to 43 and insert—

""strategic authority" has the meaning given by section 1 of the English Devolution and Community Empowerment Act 2026."

Member's explanatory statement
This amendment, and others in the name of Lord Lansley, would ensure that the NHS can enter into arrangements with local authorities who have social care and other health-related functions and with all the new strategic authorities, including single foundation strategic authorities, and not only those with mayors.

After Clause 22

LORD HUNT OF KINGS HEATH
BARONESS ROYALL OF BLAISDON
LORD PATEL
THE LORD BISHOP OF GLOUCESTER

After Clause 22, insert the following new Clause—

"Women's centres

After section 14Z35 of the National Health Service Act 2006 insert—

"14Z35B Duty to cooperate: integrated care boards and women's centres

(1) Each integrated care board must, in the exercise of its functions, cooperate with women's centres for the purpose of—
  (a) tackling health inequalities affecting women, and
  (b) improving the prevention, diagnosis and treatment including awareness of and access to treatment of women's health needs and wellbeing.

(2) The duty in subsection (1) includes, in particular, a requirement for the integrated care board to—
  (a) secure the involvement of women's centres in the planning of commissioning arrangements and decisions about the provision of services relevant to women's health, including services for women experiencing multiple disadvantage,
  (b) arrangements under subsection (2)(a) may include, in particular—
    (i) delivery of NHS services from, or in connection with, women's centres,
    (ii) the commissioning of services from women's centres,
    (iii) the establishment or enhancement of referral pathways between NHS services and women's centres, and
    (iv) other forms of cooperation which the integrated care board considers likely to improve women's access to health care or reduce health inequalities,
  (c) have regard, when exercising its functions under sections 14Z35 (duties as to reducing inequalities) and 14Z45 (public involvement and consultation), to the views of women's centres,
  (d) work with women's centres to identify, monitor and review health inequalities and barriers to accessing health care provision affecting women in the integrated care board's boundary, and
  (e) have regard, in exercising its functions under this section, to any strategy or policy statement relating to women's health published or approved by the Secretary of State.

(3) In complying with subsection (2), an integrated care board must secure that women's centres are, so far as reasonably practicable—

(a) involved in the preparation and review of any strategy or plan prepared by the integrated care board that relates to women's health, and

(b) consulted on proposals by the integrated care board that may have a significant impact on the provision of services to women in its boundary.

(4) In this section—

"women's centre" means a locally based community organisation within the board's boundaries that specialises in supporting women, that—

(a) is a social purpose body,

(b) provides multi-faceted and therapeutic support to women experiencing multiple disadvantage, and

(c) provides women-only services or facilities appropriate to the needs and safety of the women using those services;

"multiple disadvantage" means a person's experiences of two or more of the following—

(a) poverty or financial exclusion,

(b) homelessness,

(c) victimisation including domestic abuse, sexual violence and exploitation,

(d) contact with the criminal justice system,

(e) mental ill health, physical ill health and substance dependence, and

(f) other circumstances as may be prescribed;

"social purpose body" means any body corporate or unincorporated association whose primary purpose is to advance charitable, community, social, environmental, cultural or other public benefit objectives, and whose governing arrangements ensure that any profits or surpluses are applied wholly or principally in furtherance of those objectives rather than for private distribution;

"therapeutic support services" means services whose principal purpose is to improve or maintain the mental, emotional, physical or social wellbeing of individuals through therapeutic, rehabilitative, preventative or recovery-focused interventions, and includes services provided in community, residential, educational or healthcare settings.""

Member's explanatory statement

This new clause would require ICBs to work collaboratively with women's centres in assessing needs, planning and commissioning services, and tackling health inequalities affecting women, and to have regard to any strategy or policy statement relating to women's health published or approved by the Secretary of State.

LORD KAMALL
EARL HOWE

After Clause 22, insert the following new Clause—

"Integrated care board annual reports: ministerial directions

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

(2) In section 14Z58 (annual report), after subsection 2(d) insert—

"(e) contain, in relation to each relevant direction which had effect in relation to the integrated care board during the financial year—

(i) a copy of, or a reference to the place of publication of, the direction,

(ii) the period during which the direction had effect,

(iii) a description of the decisions taken by the integrated care board which were materially affected by the direction,

(iv) the expenditure incurred by the integrated care board in complying with the direction,

(v) the amount of any additional funding or other resources provided by the Secretary of State in connection with the direction,

(vi) a description of any clinical, financial or operational risks which the integrated care board advised the Secretary of State would arise, or were likely to arise, from the direction,

(vii) a description of any steps taken by the integrated care board or the Secretary of State to mitigate those risks,

(viii) the integrated care board's assessment of the effect of the direction on its ability to discharge its functions,

(ix) the integrated care board's assessment of the effect of the direction on its ability to meet the needs and priorities of its local population,

(x) the integrated care board's assessment of the effect of the direction on the delivery of its plans and priorities for the financial year, and

(xi) a description of any outcome for which the integrated care board considers that responsibility was materially shared with, or rested wholly or principally with, the Secretary of State by reason of the direction.

(3) Where information required by (2)(e) has been included in another document published by the integrated care board, the annual report may comply with that subsection by—

(a) identifying the document,

(b) stating where the document may be accessed free of charge, and

(c) providing a summary of the information.

(4) In this section, "relevant direction" means a direction given by the Secretary of State under—

(a) section 7B,

(b) section 14Z61,

(c) section 14Z62A, or

(d) section 223GA."

(3) In section 14Z59 (duty to keep experience of members under review), or in such other provision as the Secretary of State considers appropriate, references to the integrated care board's annual report are to be read subject to the requirements inserted by subsection (2)."

Member's explanatory statement

This new clause would require an integrated care board's annual report to identify ministerial directions which applied to it during the year and to explain their effect on the board's decisions, expenditure, risks, local priorities and outcomes.

BARONESS PIDGEON
BARONESS GERADA

After Clause 22, insert the following new Clause—

"Duty to engage primary care providers in integrated care boards

(1) An integrated care board must take all reasonable steps to secure the meaningful involvement of primary care providers in the exercise of its functions relating to—

(a) service redesign,

(b) integration of health services,

(c) development of neighbourhood health services, and

(d) population health planning.

(2) In this section, "primary care providers" includes—

(a) providers of primary medical services,

(b) community pharmacy contractors,

(c) providers of primary dental services, and

(d) providers of ophthalmic services and registered medical practitioners with specialist expertise in ophthalmology.

(3) Under subsection (1), "meaningful involvement" includes—

(a) involvement at an early stage in the development of integrated care board proposals,

(b) provision of sufficient information to enable informed participation of primary care providers in integrated care board functions,

(c) opportunities for primary care providers to influence integrated care board decision making, and

(d) opportunities for primary care providers to deliver feedback on how their views have been taken into account in the delivery of integrated care board functions.

(4) An integrated care board must publish an annual statement describing—
  (a) how it has complied with this section, and
  (b) the impact of primary care providers' involvement on decisions taken by the integrated care board.

(5) The Secretary of State may issue guidance about the application of this section to which integrated care boards must have regard."

Member's explanatory statement
This new clause seeks to ensure that a certain range of primary care providers are consulted by integrated care boards in the development of their healthcare plans.

BARONESS TYLER OF ENFIELD

After Clause 22, insert the following new Clause—

"Duty to identify and record unpaid carers

After section 14Z44 of the National Health Service Act 2006 insert—

"14Z44A Duty to identify and record unpaid carers

(1) An integrated care board must take reasonable steps to identify persons within its area who are unpaid carers.

(2) An integrated care board must make arrangements to ensure that NHS bodies and providers of NHS services within its area—
  (a) maintain appropriate systems for recording whether a person is an unpaid carer,
  (b) use consistent coding standards for the recording of unpaid carers in health records,
  (c) review and update records relating to unpaid carers at appropriate intervals, and
  (d) ensure that the identification and recording of unpaid carers forms part of—
    (i) primary care registration processes,
    (ii) hospital discharge procedures,
    (iii) care planning processes, and
    (iv) other relevant patient contact pathways.

(3) For the purposes of this section, "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work.""

Member's explanatory statement
This amendment would introduce a duty for integrated care boards to identify and record unpaid carers when they come into contact with NHS services.

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS

After Clause 22, insert the following new Clause—

"Duty to promote the health and wellbeing of carers

After section 14Z44 of the NHS Act 2006 insert—

"14Z44A Duty to promote the health and wellbeing of carers

(1) Each integrated care board must exercise its functions with a view to improving and maintaining the physical health, mental health, and wellbeing of carers within its area.

(2) In exercising its duties under this section, an integrated care board must have regard to—
  (a) reduction of health inequalities experienced by carers,
  (b) prevention of deterioration in carers' physical and mental health,
  (c) involvement of carers in decisions relating to the care of persons for whom they provide care, and
  (d) the need to ensure carers are able to access appropriate preventative and other health services and support.

(3) An integrated care board must take reasonable steps to ensure that NHS bodies and providers of NHS services within its area—
  (a) consider the health and wellbeing needs of carers in care planning and discharge processes,
  (b) involve carers appropriately in decisions relating to care and treatment, and
  (c) provide carers with information about support available to them for their health and wellbeing.

(4) In preparing a Joint Forward Plan, an integrated care board must include—
  (a) an assessment of the health and wellbeing needs of carers within its area,
  (b) steps the integrated care board proposes to take to improve outcomes for carers, and
  (c) measures for reducing inequalities experienced by carers.

(5) For the purposes of this section, "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work.""

Member's explanatory statement
This amendment would introduce a duty for integrated care boards to promote the health and wellbeing of carers.

LORD FOSTER OF BATH
LORD BRADLEY

After Clause 22, insert the following new Clause—

"Integrated care boards: prisons and probation

After section 14Z44 of the National Health Service Act 2006 insert—

"14Z44A Duty as to prisons and probation etc

(1) Each integrated care board must, in the exercise of its functions, comply with the conditions of this section.

(2) The first condition is that they have due regard to the need to improve health outcomes for—

(a) people in custody of the Prison Service, and

(b) people under the supervision of the probation service in the community.

(3) The second condition is that they take reasonable steps to ensure continuity of care for people—

(a) sentenced to a custodial sentence,

(b) moved between prisons,

(c) moved between areas pursuant to a community sentence imposed by a court,

(d) released from secure custody and remaining under the supervision of the probation service, or

(e) leaving the supervision of the probation service.

(4) The third condition is that they take reasonable steps to ensure that people mentioned in subsection (2) have access, in addition to any services commissioned by local authorities, to—

(a) mental health support, including but not limited to acute mental health services and psychiatric treatment,

(b) substance misuse support, including but not limited to opiate and non-opiate and alcohol recovery services,

(c) addiction services, including but not limited to smoking cessation, and gambling disorder services, and

(d) other specialised services determined appropriate by assessment of local community needs or delivered by local providers.

(5) When complying with the conditions set out in this section, an integrated care board must have regard to any guidance issued by the Secretary of State.

(6) The Secretary of State may issue guidance on specific services which must be commissioned by integrated care boards in order to comply with this section.""

Member's explanatory statement
This amendment would require ICBs to have particular regard to improving the provision of healthcare for people in prison, serving community sentences, or under post-release supervision. It would also require that specialist services for these groups be commissioned where needed, and that continuity of care be protected where possible as people move in and out of custody.

BARONESS ROYALL OF BLAISDON
LORD RUSSELL OF LIVERPOOL

After Clause 22, insert the following new Clause—

"Duty of integrated care boards to commission stalking-related healthcare services

(1) Each integrated care board must make arrangements to commission, participate in or provide funding for public health services for victims of stalking within its area.

(2) The arrangements referred to in subsection (1) must have the objectives of—
  (a) reducing physical and psychological harm to victims and others affected by stalking,
  (b) identifying, assessing and addressing the clinical, psychological and psychiatric factors associated with stalking perpetration, and
  (c) reducing demand upon health and social care services arising from stalking-related harm.

(3) The arrangements referred to in subsection (1) must include—
  (a) specialist healthcare and psychological support for victims of stalking,
  (b) specialist clinical assessment, treatment and therapeutic intervention for perpetrators of stalking where indicated,
  (c) structured multi-agency physical and mental health risk assessments, and
  (d) information sharing between relevant healthcare agencies.

(4) The duties under this section apply regardless of whether the stalking behaviour falls within the definition of domestic abuse under section 1 of the Domestic Abuse Act 2021 (definition of "domestic abuse").

(5) In fulfilling its duties under this section, an integrated care board must cooperate with—
  (a) police forces and local policing bodies,
  (b) local authorities,
  (c) probation services,
  (d) mental health providers,
  (e) NHS trusts and primary care providers, and
  (f) relevant voluntary and community sector organisations.

(6) The Secretary of State must publish guidance concerning the discharge of duties under this section, including guidance on—
  (a) evidence-based multi-agency ways of working,

(b) health service responses to stalking victims,
(c) clinical assessment and treatment pathways for stalking perpetrators, and
(d) the collection and publication of outcome data, including health impacts and cost-benefit measures.

(7) In preparing guidance under subsection (6), the Secretary of State must consult organisations with expertise in stalking, mental health and public health.

(8) In this section, "stalking" has the meaning given in section 2A of the Protection from Harassment Act 1997 (offence of stalking)."

Member's explanatory statement
This amendment places a duty on integrated care boards to make arrangements for multi-agency mental and physical healthcare support for stalking victims and in order to prevent stalking through psychological and psychiatric treatment of perpetrators, so as to reduce risk, improve outcomes and achieve cost benefits.

BARONESS HOLLINS
BARONESS TYLER OF ENFIELD

★ After Clause 22, insert the following new Clause—

"Mental health workforce sufficiency assessment by integrated care boards

(1) Each integrated care board must conduct a mental health workforce sufficiency assessment every two years to evaluate whether it has sufficient workforce resources to deliver services under this Act effectively.

(2) The assessment may include—
(a) an analysis of current workforce levels across all relevant mental health service areas;
(b) identification of mental health workforce shortfalls;
(c) an evaluation of the impact of mental health staff shortages on patient care and service delivery;
(d) proposals to address mental health workforce challenges.

(3) Integrated care boards may consult any relevant personnel or organisations they deem appropriate when conducting the assessment.

(4) Each integrated care board must publish a report outlining its findings upon completing the assessment.

(5) Each integrated care board must publish its first report under subsection (4) within 12 months of the day on which this Act is passed."

Member's explanatory statement
The amendment requires integrated care boards to produce a biennial report assessing their mental health workforce sufficiency, identifying shortages and proposing measures to address mental health workforce challenges in delivering services.

Clause 25

BARONESS TYLER OF ENFIELD

Clause 25, page 18, line 17, at end insert—

"(2B) A neighbourhood health plan must set out, by reference to the assessed needs and the respective functions of the responsible local authority and its partner integrated care boards—

(a) the changes proposed in the pattern of health services, care and support to strengthen prevention, early intervention and support in people's homes and communities,

(b) how the bodies propose to exercise their commissioning and other relevant functions to achieve those changes,

(c) the workforce, provider and community capacity required to deliver the proposed changes and the arrangements for developing that capacity,

(d) the resources required, including any proposed reallocation of resources and investment required during transition,

(e) any material difference in financial incentives, costs or benefits between the bodies which could impede the proposed changes, and the arrangements proposed to address it, and

(f) how progress in implementing the changes and their effects on outcomes for people will be assessed.

(2C) In preparing the matters required by subsection (2B), the responsible local authority and its partner integrated care boards must have regard to the need to maintain continuity and safe access to necessary services during transition."

Member's explanatory statement
This amendment would require neighbourhood health plans to explain how the statutory partners intend to develop preventive and community-based models of care and support, and how commissioning, resources, capacity and financial arrangements will support the proposed changes. It would also require attention to transitional investment, service continuity and assessment of progress.

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS

Clause 25, page 18, line 17, at end insert—

"(2B) A neighbourhood health plan must describe the arrangements which the responsible local authority and its partner integrated care boards propose to make, in the exercise of their respective functions and with relevant providers of health and care services, for—

(a) taking reasonable steps to identify unpaid carers and, where appropriate, record their caring responsibilities,

(b) providing unpaid carers with accessible information and advice about support available to them,

(c) enabling an unpaid carer who may have needs for support to be referred or otherwise connected, as appropriate, to the responsible local authority for consideration of an assessment under section 10 of the Care Act 2014 or sections 17ZA or 17ZD of the Children Act 1989,

(d) recognising unpaid carers' own physical and mental health and wellbeing needs, including in care planning and hospital discharge arrangements, and

(e) ensuring that identification and planning do not proceed on an assumption that an unpaid carer is willing or able to provide or continue providing care.

(2C) In subsection (2B), "unpaid carer" means a person who provides or intends to provide care, including practical or emotional support, for another person otherwise than under or by virtue of a contract or as voluntary work, and includes a young carer within the meaning of section 17ZA of the Children Act 1989 and a parent carer within the meaning of section 17ZD of that Act."

Member's explanatory statement
This amendment would require neighbourhood health plans to describe arrangements for identifying unpaid carers, providing information and advice, connecting carers with relevant assessment and support pathways, and recognising carers' own health and wellbeing needs. It includes young carers and parent carers while preserving existing statutory assessment responsibilities.

BARONESS SCOTT OF NEEDHAM MARKET
LORD LONDESBOROUGH

Clause 25, page 18, line 17, at end insert—

"(2B) A neighbourhood health plan must set out how the needs of persons with long-term, complex or fluctuating health conditions are to be met by the exercise of functions of the responsible local authority and its partner integrated care boards."

Member's explanatory statement
This amendment would require neighbourhood health plans to set out how the needs of people with long-term, complex or fluctuating health conditions are to be met.

BARONESS TYLER OF ENFIELD

Clause 25, page 18, line 17, at end insert—

"(2B) In preparing a neighbourhood health plan, the responsible local authority and its partner integrated care boards must have regard to the need to improve outcomes for adults with needs for care and to support unpaid carers, including in relation to the matters specified in section 1(2) of the Care Act 2014 (promoting individual well-being).

(2C) A neighbourhood health plan must explain how the arrangements proposed in the plan are expected to contribute to the outcomes of adults with needs for care, including in relation to—

(a) personal dignity and physical and mental health,

(b) independence and control over day-to-day life,

(c) domestic, family and personal relationships,

(d) participation in work, education, training, recreation and community life, and

(e) the suitability of living accommodation."

Member's explanatory statement

This amendment would explicitly connect neighbourhood health planning with the social care purposes of the Care Act 2014. It would require the statutory partners to consider how the joint plan contributes to improving outcomes for adults with care needs and to supporting unpaid carers, beyond NHS activity and service-flow measures.

LORD LONDESBOROUGH

★ Clause 25, page 18, line 22, at end insert—

"(4A) Any guidance issued by the Secretary of State under subsection (4) must include provision about—

(a) supporting effective management within primary and neighbourhood care, including through appropriate clinical capability and arrangements for escalation where clinically necessary,

(b) assessing the workforce and service capacity required to implement a neighbourhood health plan,

(c) allocating lead responsibility between partner organisations, and

(d) assessing progress against locally selected indicators using information already collected or published in the exercise of statutory functions."

Member's explanatory statement

This amendment seeks to require guidance on neighbourhood health plans to cover clinical leadership and escalation arrangements in primary and neighbourhood care, assessing the workforce and service capacity needed for delivery, the clear allocation of lead responsibility between partner organisations, and the monitoring of progress using existing statutory data and locally selected indicators.

After Clause 25

BARONESS BARKER

★ After Clause 25, insert the following new Clause—

"Voluntary sector role in neighbourhood health plans

(1) In preparing a neighbourhood health plan, a responsible local authority and integrated care board must take and demonstrate reasonable steps to ensure the plan is co-produced with meaningful involvement by the local voluntary, community and social enterprise sector in that area, including the development, design, implementation, monitoring and evaluation of the plan.

(2) In meeting the requirement under subsection (1) a local authority and integrated cared board must have regard to—

(a) organisations representing people with lived experience of health conditions,

(b) organisations working with an underserved or marginalised population, and

(c) the role of voluntary, community and social enterprise organisations in delivering community-based services.

(3) The responsible local authority and integrated care board must demonstrate how they have ensured ongoing and meaningful representation of voluntary, community and social enterprise organisations across the governance, decision-making and commissioning arrangements relating to neighbourhood health plans at all stages of the planning process."

Member's explanatory statement
This new clause would require local authorities and integrated care boards to take and demonstrate reasonable steps to ensure neighbourhood health plans are co-produced with meaningful involvement by the local voluntary, community and social enterprise sector in the local area.

Clause 28

BARONESS MERRON

Clause 28, page 20, line 27, at end insert—

"(b) after subsection (5) insert—

"(5A) The power under subsection (1) may not be used for the purpose of establishing a body that performs functions only or mainly in respect of Wales.""

Member's explanatory statement
This spells out that the power in section 28 of the NHS Act 2006 cannot be used to create a Wales-only Special Health Authority. It is needed because of the removal of the territorial restriction in section 271, which limited the exercise of the power to England.

BARONESS MERRON

Clause 28, page 20, line 30, at end insert—

"(c) after subsection (2) insert—

"(3) In this section a reference to a Special Health Authority is to a Special Health Authority which—

(a) performs functions only or mainly in respect of England, or

(b) neither performs functions only or mainly in respect of England, nor performs functions only or mainly in respect of Wales.""

Member's explanatory statement

This clarifies that the power to make regulations about the delegation of Special Health Authority functions is not exercisable in relation to Wales-only Special Health Authorities. It is needed because of the removal of the territorial restriction in section 271, which limited the exercise of the power to England.

Clause 30

LORD HUNT OF KINGS HEATH
LORD PATEL OF BRADFORD
LORD BLUNKETT
EARL HOWE

The above-named Lords give notice of their intention to oppose the Question that Clause 30 stand part of the Bill.

Member's explanatory statement

This opposition to Clause 30 seeks to probe the reasoning behind abolishing the governing bodies of NHS Foundation Trusts and to find out what alternative accountability arrangements will be made.

After Clause 39

BARONESS PIDGEON

After Clause 39, insert the following new Clause—

"Duty of NHS boards to report medical malpractice

(1) A member of the board of directors of an NHS trust or an NHS foundation trust in England must report any evidence or reports they have seen of systemic medical malpractice within the trust to—

(a) the Care Quality Commission,

(b) the Department of Health and Social Care, and

(c) the Health Services Safety Investigations Body.

(2) The board of directors of an NHS trust or NHS foundation trust in England has a collective duty to—

(a) refer the trust to the Care Quality Commission, and

(b) alert the Department of Health and Social Care and the Health Services Safety Investigations Body if staff employed by, or acting on behalf of, the trust raise concerns of systemic medical malpractice.

(3) In this section, "systemic medical malpractice" means an action or omission in the provision of health care that falls below the expected standard of care and indicates a widespread, patterned, or recurring failure within the systems, processes, or governance of the trust."

Member's explanatory statement
This new clause seeks to introduce a mandatory individual duty for members of NHS and Foundation Trust boards to escalate evidence of systemic medical malpractice to the CQC, the Department of Health and Social Care, and the HSSIB. It also seeks to impose a collective duty on the board to formally refer the trust to regulators if staff raise concerns regarding malpractice.

Clause 41

LORD LANSLEY

Clause 41, page 30, leave out lines 1 to 3 and insert "a strategic authority as defined in section 1 of the English Devolution and Community Empowerment Act 2026;"."

Member's explanatory statement
This amendment, and others in the name of Lord Lansley would ensure that the NHS can enter into arrangements with local authorities who have social care and other health-related functions and with all the new strategic authorities, including single foundation strategic authorities, and not only those with mayors.

Clause 43

BARONESS JANKE

Clause 43, page 31, line 12, at end insert—

"(7) Where the Secretary of State is satisfied that a pharmacy provider has materially failed to comply with contractual, patient-safety or workforce obligations, the Secretary of State may by direction require the relevant integrated care board—

(a) to suspend or terminate arrangements with that provider, where appropriate,

(b) to make arrangements with another provider for the provision of pharmaceutical services,

(c) to secure continuity of the supply of medicines and other pharmaceutical services, and

(d) to take such other emergency measures as may be specified in the direction.

(8) A direction under subsection (7) may be given where the Secretary of State considers that there is a significant risk to patient safety, continuity of medicines supply or the provision of pharmaceutical services.

(9) The Secretary of State must ensure that arrangements made under subsection (7) are implemented as soon as reasonably practicable.

(10) A direction under subsection (7) must specify the period for which it has effect and must be published."

Member's explanatory statement
This amendment would enable intervention where a pharmacy provider seriously fails to meet contractual, safety or workforce obligations, ensuring continuity of services and medicines supply.

BARONESS JANKE

Clause 43, page 31, line 12, at end insert—

"(7) Where a situation or event has resulted, or is likely to result, in the closure, failure or disruption of a provider of pharmaceutical services, the Secretary of State and the relevant integrated care board must provide such assistance and support as is reasonably necessary to enable a new provider to establish or continue the provision of pharmaceutical services.

(8) Assistance or support under subsection (7) may include facilitating and establishing a relationship between a new provider and the manufacturers or suppliers of medicines and other pharmaceutical products.

(9) The assistance and support under subsection (7) must be available, in particular, where a new provider is—

(a) taking over premises previously operated by a provider of pharmaceutical services that has failed or closed,

(b) taking over premises where there has been evidence of serious misconduct, including malpractice or failure to pay staff, or

(c) an independent provider or a provider which is not part of a large company operating multiple pharmacy premises.

(10) The purpose of assistance and support under this section is to enable the new provider to secure supplies of medicines and other pharmaceutical products as quickly as reasonably practicable and to minimise any interruption in the provision of pharmaceutical services."

Member's explanatory statement
This amendment would require the Government and integrated care boards to support new and independent pharmacy owners taking over failing, closed or disrupted pharmacies, including by helping them establish relationships with pharmaceutical manufacturers and suppliers so that they can secure medicines and other supplies quickly and maintain continuity of service.

After Clause 43

BARONESS JANKE

After Clause 43, insert the following new Clause—

"Protection of pharmacy staff during provider failure

(1) The Secretary of State must establish arrangements to protect the pay and essential employment protections of staff employed by a provider of pharmaceutical services where the provider—

(a) becomes insolvent,

(b) ceases to provide pharmaceutical services,

(c) has its arrangements for providing pharmaceutical services suspended or terminated, or

(d) is otherwise unable to meet its obligations to its employees.

(2) Arrangements under subsection (1) must provide for—

(a) the continuation, so far as reasonably practicable, of payment of wages to affected staff,

(b) the preservation of essential employment protections during the period of emergency intervention,

(c) the maintenance of staffing necessary for the safe provision of pharmaceutical services, and

(d) the transfer, continuation or replacement of employment arrangements where necessary to secure continuity of pharmaceutical services.

(3) The Secretary of State may make payments to, or in respect of, affected staff for the purposes of this section.

(4) The Secretary of State may recover from the failed provider any sums paid under subsection (3).

(5) Arrangements under this section must be capable of operating at the same time as arrangements made under section 133 of the National Health Service Act 2006 (inadequate provision of pharmaceutical services) to secure alternative provision of pharmaceutical services.

(6) The Secretary of State must publish guidance about the operation of arrangements under this section."

Member's explanatory statement
This amendment would protect pharmacy staff's pay and essential employment rights when a provider fails, while supporting continuity of services.

Clause 48

BARONESS TYLER OF ENFIELD
LORD PATEL OF BRADFORD
BARONESS HOLLINS

Clause 48, page 33, line 10, at end insert—

"(2A) The Secretary of State must give integrated care boards directions to increase spending on mental health services at least in line with the change in level of their total programme funding."

Member's explanatory statement
This amendment would place the original mental health investment standard on a statutory footing, requiring integrated care boards to increase spending on mental health services at least in line with the growth in their total programme (healthcare) funding.

LORD SCRIVEN

Clause 48, page 33, line 10, at end insert—

"(2A) A direction under subsection (1) may relate only to—

(a) conditions subject to which sums are paid to the board under section 223G,

(b) limits on expenditure or resource use by the board,

(c) requirements that sums be used only for specified purposes (including requirements of the kind mentioned in section 223GB), and

(d) the payment or repayment of sums to the Secretary of State,

and may not specify how the board is to exercise its commissioning functions (within the meaning given by section 5A(2))."

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, stops financial directions being used to direct how an ICB commissions services.

BARONESS TYLER OF ENFIELD
LORD PATEL OF BRADFORD

Clause 48, page 33, line 14, after "(1)" insert "or (2A)".

Member's explanatory statement
This amendment is consequential to another in the name of Baroness Tyler of Enfield and would enable the Secretary of State to implement financial penalties if an integrated care board fails to comply with a direction to increase spending on mental health services in line with the growth in their total programme (healthcare) funding.

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS

Clause 48, page 33, line 37, at end insert—

"(f) require the integrated care board to use a portion of designated amount for the provision of social care services and support for the physical and mental health and wellbeing of unpaid carers."

Member's explanatory statement
This amendment would allow the Secretary of State to require that certain funds allocated to an integrated care board be used for the provision of social care services and support for the physical and mental health and wellbeing of unpaid carers.

Clause 49

LORD SCRIVEN

Clause 49, page 34, line 27, at end insert—

"(2A) Any objectives set under subsection (1) for an integrated care board form part of its ICB outcomes (see section 14Z61), and the Secretary of State must publish them."

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, makes joint financial objectives part of each ICB's published outcomes.

After Clause 49

BARONESS PIDGEON
BARONESS GERADA

After Clause 49, insert the following new Clause—

"Primary care investment standard

(1) The Secretary of State must by regulations made by statutory instrument establish a primary care investment standard for integrated care boards.

(2) The primary care investment standard must require each integrated care board to increase its spending on primary care services, in each financial year, by at least the same proportion as any increase in the level of its total programme funding for that year.

(3) Regulations under this section may make provision about—
(a) the description of services that constitute "primary care services" for the purposes of this section;
(b) how compliance with the primary care investment standard is to be measured, monitored and enforced;

(c) circumstances in which the standard may be varied or disapplied.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to establish, by regulations, a primary care investment standard requiring integrated care boards to increase spending on primary care services at least in line with the growth in their total programme funding, with such regulations subject to the affirmative procedure.

Clause 52

LORD CLEMENT-JONES

Clause 52, page 36, line 15, after "available" insert "for the purpose of delivering or improving patient health or social care"

Member's explanatory statement
This amendment would limit the purpose of the single patient record system to the delivery or improvement of patients' health care and social care.

LORD CLEMENT-JONES

Clause 52, page 36, line 18, leave out "health" and insert "direct patient"

Member's explanatory statement
This amendment clarifies that the Secretary of State's regulation-making powers in respect of the single patient record are limited to the provision of direct patient care and social care.

BARONESS PIDGEON
BARONESS FINLAY OF LLANDAFF

Clause 52, page 36, line 19, at end insert—

"(1A) The regulations must make provision for patient information to be readily available to providers of palliative and end-of-life care including voluntary sector providers."

Member's explanatory statement
This amendment would ensure the single patient record is available to all palliative and end-of-life care providers.

LORD CLEMENT-JONES

Clause 52, page 36, line 28, leave out "including" and insert "solely for the purposes of"

Member's explanatory statement
This amendment would ensure that regulations requiring or authorising the making available of patient information through the single patient record system can only make provision in respect of the circumstances set out in the Bill.

BARONESS MERRON

Clause 52, page 36, line 37, at end insert—

"(2A) A requirement by virtue of subsection (2)(b) may be imposed on a person providing health care or social care only if they provide health care or social care in England."

Member's explanatory statement
Regulations can require people to disclose information for the purposes of making it available through the single patient record etc. This ensures that the regulation-making power can only be used to require information from those who provide health care or social care in England.

LORD CLEMENT-JONES

Clause 52, page 36, leave out lines 38 to 40

Member's explanatory statement
This amendment would remove the power for regulations to provide that processing information in accordance with them does not breach any obligation of confidence.

LORD PATEL

Clause 52, page 36, line 38, leave out from "regulations" to "any" in line 39 and insert "must provide that the processing of information in accordance with the regulations complies with"

Member's explanatory statement
This amendment would ensure that regulations made in relation to the disclosure or other processing of patient data must comply with the common law duty of confidentiality owed to the patient by those accessing their data.

LORD HUNT OF KINGS HEATH
BARONESS THORNTON

Clause 52, page 37, line 3, at end insert—

"(4A) In making the regulations the Secretary of State must have regard to the need to ensure—

(a) that adult social care providers and people drawing on care are represented in the design of shared care records, the single patient

record, interoperability standards and the wider analogue-to-digital shift;

(b) that a clear national route for relevant social care data is made available to authorised health and care professionals without requiring separate local integrations for every provider and area."

Member's explanatory statement
The amendment is designed to ensure that in establishing a single patient record, this should embrace relevant social care data and that adult social care providers and people drawing on care are represented in its design.

LORD KAMALL
EARL HOWE

Clause 52, page 37, line 9, at end insert—

"(b) lay an assessment before Parliament on the readiness of the National Health Service to implement the single patient record. This assessment must include—

(i) the interoperability, cybersecurity and operational resilience of relevant systems,

(ii) compliance with data protection requirements,

(iii) workforce and training requirements,

(iv) the adequacy of hardware, connectivity and identity-management systems,

(v) the estimated implementation and recurring costs,

(vi) the capital funding to be made available to providers requiring upgrades,

(vii) the measures to be taken to prevent digital exclusion, and

(viii) a summary of any relevant independent technical, cybersecurity and data protection assurance obtained by the Secretary of State."

Member's explanatory statement
This amendment would prevent the first regulations establishing the single patient record from being made until the Secretary of State has laid before Parliament an assessment of the NHS's digital and operational readiness, including infrastructure, cybersecurity, workforce, costs, capital funding and digital exclusion.

LORD MCCOLL OF DULWICH

★ Clause 52, page 37, line 28, at end insert—

"(8) Regulations under this section must make provision for appropriately regulated healthcare providers to be eligible to access relevant patient information through the single patient record system for the purposes of providing direct patient care.

(9) Eligibility for access under subsection (8) must be determined by compliance with such clinical, regulatory, governance, cybersecurity and information assurance requirements as may be prescribed and must not be determined solely by—

(a) whether the provider delivers services under arrangements with the National Health Service, or

(b) whether healthcare services are delivered in person, remotely or through digital means.

(10) Access under subsection (8) must be subject to—

(a) access being limited to information reasonably required for the specific healthcare service being provided to the patient,

(b) compliance with applicable legal and professional requirements relating to confidentiality, data protection and the use of patient information for direct patient care,

(c) secure authentication, role-based access controls and comprehensive audit arrangements recording access to patient information and the purpose of such access,

(d) appropriate professional registration and regulatory oversight by any relevant statutory or professional regulator,

(e) arrangements enabling patients to view an accessible record of access to their information, including through the NHS App where technically practicable,

(f) such safeguards as may be prescribed in relation to particularly sensitive categories of health information, and

(g) safeguards ensuring that any patient controls relating to information sharing do not prevent access to information necessary for safe and effective direct patient care.

(11) Information obtained through access to the single patient record under this section may be used only for the provision of direct patient care and must not be used for commercial, underwriting, marketing or other secondary purposes except where authorised by law.

(12) Regulations under this section may make provision enabling eligible healthcare providers to contribute information relevant to the provision of direct patient care, subject to such governance and quality assurance requirements as may be prescribed.

(13) Nothing in this section requires access to be granted to any provider or healthcare professional who does not meet the requirements prescribed under regulations made under this section"

Member's explanatory statement

This amendment ensures that providers of care that sit outside the NHS, whether physical or digital, can have access to the single patient record so that they can best respond to the medical needs of a patient with complete information to make the best recommendation for their health.

After Clause 52

LORD CLEMENT-JONES

After Clause 52, insert the following new Clause—

"NHS ownership of connection software

(1) The Secretary of State must ensure that there is NHS ownership of any data connector software architecture used as part of the delivery of the NHS single patient record under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) or the NHS Federated Data Platform.

(2) In this section, a data connector means an interface or connection between the NHS Federated Data Platform and any other health system."

Member's explanatory statement
This new clause would require the NHS to own any software connecting the NHS Federated Data Platform to other health systems.

LORD CLEMENT-JONES

After Clause 52, insert the following new Clause—

"Single patient record: right to opt out of use for purposes other than direct care

(1) Regulations under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) must enable a patient to opt out of information relating to them which is made available through the system established under those regulations being used for any purpose other than their direct care.

(2) The regulations must enable a patient to opt out, or to withdraw an opt-out, at any time and free of charge—
  (a) through their GP practice,
  (b) electronically, or
  (c) by other means accessible to persons without internet access.

(3) The regulations may not permit an opt-out to be overridden except where required by an order of a court or where necessary to protect the patient's life."

Member's explanatory statement
This new clause would give patients a statutory right to opt out of their information being used for purposes other than their direct care. Patients could opt out through their GP practice, online (for example through the NHS App) or by other accessible means, and an opt-out could be overridden only by court order or to protect life.

LORD CLEMENT-JONES

After Clause 52, insert the following new Clause—

"Single patient record: access logs and audit

(1) The Secretary of State must ensure that a record is kept of each occasion on which patient information is accessed or otherwise processed by means of the system established under regulations under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) ("the single patient record"), setting out—

(a) the person or organisation by whom it was accessed or processed,

(b) the date and time it was accessed or processed,

(c) the information accessed or processed, and

(d) the purpose for which it was accessed or processed.

(2) The Secretary of State must ensure that a patient is able to view, free of charge and by electronic means, the record kept under subsection (1) in relation to information about them.

(3) The Secretary of State must publish, at least once every three months, a register of each disclosure of patient information obtained from or derived from the single patient record for purposes other than direct care, including research, setting out—

(a) the recipient,

(b) the purpose,

(c) the legal basis for the disclosure,

(d) whether the information disclosed was identifiable, pseudonymised or anonymised, and

(e) the date of the disclosure and the period for which the information may be retained.

(4) The Secretary of State must arrange for an independent audit, at least once in each financial year, of access to and processing of patient information by means of the single patient record, and must lay a report of each audit before Parliament."

Member's explanatory statement

This new clause would require access to the single patient record to be logged and visible to patients, a quarterly published register of disclosures for purposes other than direct care including research, and an annual independent audit reported to Parliament.

LORD CLEMENT-JONES

After Clause 52, insert the following new Clause—

"Ownership of data connectors and prevention of supplier lock-in

(1) Any data connector used in connection with the system established under regulations under section 250E of the National Health Service Act 2006 (as inserted

by section 52 of this Act) ("the single patient record") or the NHS Federated Data Platform must—

(a) be owned by the Secretary of State or an NHS body, including all intellectual property rights in it, and

(b) conform to open standards published by the Secretary of State.

(2) A contract for the provision of an information system which processes patient information on behalf of the Secretary of State or an NHS body may not—

(a) confer on the supplier any intellectual property right in a data connector, or

(b) restrict the transfer of patient information, or of any data connector, to another supplier.

(3) A contract within subsection (2) must require the supplier, on the expiry or termination of the contract, to provide all patient information and associated metadata held under it in an open, machine-readable format within 90 days and at no additional cost.

(4) Subsections (2) and (3) apply to any contract entered into or extended after the coming into force of this section.

(5) In this section "data connector" means software, or an interface, which enables patient information to be transferred between the single patient record or the NHS Federated Data Platform and any other information system."

Member's explanatory statement
This new clause would require the NHS to own all data connectors used with the single patient record and the Federated Data Platform, require open standards, and prevent supplier contracts from creating lock-in.

BARONESS BARKER

★ After Clause 52, insert the following new Clause—

"Single patient record: sexual and reproductive health information

(1) Regulations under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) must not require or authorise information relating to the provision of sexual and reproductive health services to a patient to be made available through the system established under those regulations, unless the patient has given explicit consent.

(2) A patient may withdraw consent given under subsection (1) at any time.

(3) In this section "sexual and reproductive health services" includes—

(a) testing for and treatment of HIV and other sexually transmitted infections,

(b) contraception, and

(c) the termination of pregnancy."

Member's explanatory statement
This amendment would exclude HIV, sexual health and abortion care information from the single patient record unless the patient gives explicit consent.

BARONESS BARKER

★ After Clause 52, insert the following new Clause—

"Right to receive sexual health services anonymously

(1) A person seeking testing for, or treatment of, HIV or any other sexually transmitted infection from a sexual health service must not be required, as a condition of receiving that service, to give their name or any other information which identifies them.

(2) Information identifying a person who receives a service under subsection (1) must not be disclosed without that person's consent, except where necessary to prevent a serious risk of harm to the person or to others."

Member's explanatory statement
This amendment would put on a statutory footing the existing right to use sexual health services anonymously.

Schedule 8

BARONESS MERRON

Schedule 8, page 116, line 26, at end insert—

"(2A) But the Secretary of State may establish and operate an information system under subsection (2) for the purposes of, or in connection with, the provision of health care or adult social care in Scotland, Wales or Northern Ireland only if the appropriate national authority consents.

(2B) Consent under subsection (2A) may be given subject to conditions relating to the following so far as relating to the information system to which the consent applies—

(a) the making of requests for information under section 259(1)(c);

(b) the publication of information under section 260;

(c) the disclosure of information under section 261."

Member's explanatory statement
The effect of this amendment is that the Secretary of State can establish information systems relating to Scotland, Wales or Northern Ireland only with the consent of the devolved administrations. Consent may be given subject to conditions as to certain matters.

BARONESS MERRON

Schedule 8, page 116, line 27, at end insert—

""appropriate national authority"—

(a) in relation to Scotland, means the Scottish Ministers;

(b) in relation to Wales, means the Welsh Ministers;

(c) in relation to Northern Ireland, means the Department of Health;"

Member's explanatory statement

This is consequential on my amendment to Schedule 8, page 116, line 26.

BARONESS MERRON

Schedule 8, page 118, line 19, at end insert—

"(3A) After subsection (2) insert—

"(2A) The power under subsection (1)(c) is subject to any conditions imposed by virtue of section 254(2B) (power for devolved administrations to give consent to establishment and operation of an information system subject to conditions).""

Member's explanatory statement

This provides that the Secretary of State's power to request information for purposes relating to the establishment or operation of an information system relating to Scotland, Wales or Northern Ireland is subject to any conditions imposed by the appropriate national authority when it gave its consent to the system.

BARONESS MERRON

Schedule 8, page 119, line 16, at end insert—

"(2A) The power under subsection (1) is subject to any conditions imposed by virtue of section 254(2B) (power for devolved administrations to give consent to establishment and operation of an information system subject to conditions)."

Member's explanatory statement

This provides that the Secretary of State's power to publish information obtained in the operation of an information system relating to Scotland, Wales or Northern Ireland is subject to any conditions imposed by the appropriate national authority when it gave its consent to the system.

BARONESS MERRON

Schedule 8, page 120, line 20, at end insert—

"(3A) The power under subsection (1) is subject to any conditions imposed by virtue of section 254(2B) (power for devolved administrations to give consent

to establishment and operation of an information system subject to conditions)."”

Member's explanatory statement
This provides that the Secretary of State's power to disclose information obtained in the operation of an information system relating to Scotland, Wales or Northern Ireland is subject to any conditions imposed by the appropriate national authority when it gave its consent to the system.

LORD CLEMENT-JONES

Schedule 8, page 122, line 1, leave out paragraph 23 and insert—

"23 For section 274A (Secretary of State's guidance about NHS England data functions) substitute—

"274A Secretary of State's guidance in respect of their data functions

(1) The Secretary of State must publish guidance about the exercise of—

(a) their relevant data functions, and

(b) their other functions in connection with their relevant data functions.

(2) Before publishing guidance under this section the Secretary of State must consult any other persons that the Secretary of State considers appropriate in relation to the guidance.

(3) The Secretary of State must have regard to the guidance published under this section.""

Member's explanatory statement
This amendment would transfer the existing statutory requirement for published guidance about data functions from NHS England to the Secretary of State.

BARONESS MERRON

Schedule 8, page 122, line 10, at end insert—

""appropriate national authority" has the meaning given by section 254(3);";

Member's explanatory statement
This is consequential on my amendment to Schedule 8, page 116, line 27.

After Clause 56

LORD CLEMENT-JONES

After Clause 56, insert the following new Clause—

"Privacy by design in NHS Federated Data Platform architecture

(1) The Secretary of State must ensure that there is privacy by design as part of the delivery of the NHS Federated Data Platform architecture.

(2) For the purposes of subsection (1), privacy by design includes—

(a) patient data anonymisation outside its usage by clinicians and within the National Data Integration Tenant; and

(b) patient consent for the processing of personal information by NHS."

Member's explanatory statement
This new clause would require the Secretary of State to ensure that the NHS Federated Data Platform is designed to protect privacy. This would include anonymising patient data outside clinical use and requiring patient consent to the processing of personal information.

LORD CLEMENT-JONES

After Clause 56, insert the following new Clause—

"Retendering of contract for the NHS Federated Data Platform

The Secretary of State must, before February 2027, commence a competitive retendering for the contract to provide the NHS Federated Data Platform."

Member's explanatory statement
This new clause would require the Secretary of State to begin a competitive retendering process for the NHS Federated Data Platform contract before February 2027.

LORD CLEMENT-JONES

After Clause 56, insert the following new Clause—

"NHS contracting for IT or data services

(1) The Secretary of State must, within six months of the day on which this Act is passed, by regulations made by statutory instrument establish a governance framework for the contracting of any IT or data services by any NHS organisation or by the Department of Health and Social Care for the purposes of the provision of health and social care services.

(2) The framework established under subsection (1) must include the following provisions—

(a) a party may not bid for any contract for services where such services have previously been provided by the party on a free trial basis;

(b) the automatic extension of contracts is subject to audit by the National Audit Office;

(c) contract terms must include provision for the department or NHS organisation to take ownership of any bespoke system built or developed by the contractor during the delivery of the contract;

(d) the department or NHS organisation must, at the end of the contract period (or following any extensions) conduct a competitive retendering process;

(e) where a retendering process takes place under subsection (2)(d), the contractor may not assist in the preparation of the contract specification.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to establish by regulations a governance framework for IT and data contracts in the Department of Health and Social Care and the NHS.

THE LORD BISHOP OF LEICESTER
LORD YOUNG OF COOKHAM
BARONESS MORGAN OF DREFELIN
BARONESS CASS

After Clause 56, insert the following new Clause—

"Retention of NHS number on following adoption

(1) The Secretary of State must ensure that, where a person is the subject of an adoption order, the person's NHS number is not changed by reason only of the making of that order.

(2) The Secretary of State must ensure that a person's health record is maintained as a single and continuous record under that NHS number after the making of an adoption order, to the same extent as it was maintained immediately before the order was made.

(3) The duties in subsections (1) and (2) apply in relation to—

(a) an adoption order made in public law proceedings, and

(b) an adoption order made in private law proceedings, including an order made in favour of a step-parent or the partner of a parent.

(4) In this section—

"adoption order" has the meaning given by section 46 of the Adoption and Children Act 2002;

"health record" has the meaning given by section 205 of the Data Protection Act 2018;

"NHS number" has the same meaning as "consistent identifier" in section 251A of the Health and Social Care Act 2012."

BARONESS HOLLINS
BARONESS HODGSON OF ABINGER
LORD HAMILTON OF EPSOM

After Clause 56, insert the following new Clause—

"Protection of confidential psychological therapy records

(1) The Secretary of State must by regulations made by statutory instrument provide for safeguards governing the inclusion of information relating to psychotherapy, counselling or other psychological therapies in the single patient record.

(2) The regulations must provide that detailed narrative records of psychotherapy, counselling or other psychological therapies may not be routinely disclosed through the single patient record to health or social care professionals unless the patient has given explicit and informed consent to the disclosure.

(3) Subsection (2) does not apply where disclosure is necessary to address an immediate risk to the life, safety or wellbeing of the patient or another person.

(4) Any disclosure under subsection (3) must be limited to the information reasonably necessary for that purpose, and the reasons for the disclosure must be recorded.

(5) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Clause 57

LORD HUNT OF KINGS HEATH
THE LORD BISHOP OF NEWCASTLE
BARONESS FINLAY OF LLANDAFF

Clause 57, page 42, line 9, after "the" insert "physical access to the individual,"

Member's explanatory statement
This amendment, and another in the name of Lord Hunt of Kings Heath, seeks to ensure that people who are asked to help with discussion and decision-making during someone's care have direct personal access to that individual.

LORD HUNT OF KINGS HEATH
THE LORD BISHOP OF NEWCASTLE
BARONESS FINLAY OF LLANDAFF

Clause 57, page 42, line 17, at end insert—

"(fc) the importance of the individual having physical access to others including health and care partners;"."

Member's explanatory statement
This amendment, and another in the name of Lord Hunt of Kings Heath, seeks to ensure that people who are asked to help with discussion and decision-making during someone's care have direct personal access to that individual.

After Clause 57

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS

After Clause 57, insert the following new Clause—

"National respite care scheme

(1) Within six months of the day on which this Act is passed, the Secretary of State must establish a national respite care scheme.

(2) The scheme under subsection (1) must make provision for—
  (a) where a local authority carries out an assessment of the needs of an unpaid carer under any enactment for the time being in force in England, an assessment by the local authority of whether the unpaid carer is able to take sufficient breaks from their caring responsibilities;
  (b) unpaid carers to receive support to take breaks from their caring responsibilities to—
    (i) maintain their physical and mental health and emotional wellbeing,
    (ii) participate in work, education, training or recreation, and
    (iii) participate in family and community life;
  (c) a carer to receive appropriate support if a local authority carrying out an assessment under subsection (2)(a) determines that a carer is unable to take sufficient breaks from caring.

(3) Under subsection (2), "support" may include—
  (a) replacement care for the cared-for person;
  (b) respite services;
  (c) any other steps a local authority considers appropriate as support.

(4) The Secretary of State must provide sufficient support to local authorities to ensure the scheme under subsection (1) is delivered in every local authority.

(5) For the purposes of this section, "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work."

Member's explanatory statement
This amendment would require the Secretary of State to establish a National Respite Care Scheme.

BARONESS TYLER OF ENFIELD

After Clause 57, insert the following new Clause—

"A right to a break for unpaid carers

(1) The Secretary of State must establish a national scheme to provide breaks for unpaid carers.

(2) The scheme under subsection (1) must make provision for—

(a) where a local authority carries out an assessment of the needs of an unpaid carer under any enactment for the time being in force in England, an assessment by the local authority of whether the unpaid carer is able to take sufficient breaks from their caring responsibilities;

(b) unpaid carers to receive support to take breaks from their caring responsibilities to—

(i) maintain their physical and mental health and emotional wellbeing,

(ii) participate in work, education, training or recreation, and

(iii) participate in family and community life;

(c) a carer to receive appropriate support if a local authority carrying out an assessment under subsection (2)(a) determines that a carer is unable to take sufficient breaks from caring.

(3) Under subsection (2), "support" may include—

(a) replacement care for the cared-for person;

(b) respite services;

(c) any other steps a local authority considers appropriate as support.

(4) The Secretary of State must make arrangements to provide financial assistance to local authorities for the purposes of delivering the scheme under subsection (1).

(5) In this section "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work."

Member's explanatory statement
This amendment would require the Secretary of State to establish a national scheme giving unpaid carers a right to breaks from caring, with local authorities assessing whether carers can take sufficient breaks and the Secretary of State providing financial assistance to local authorities to deliver it.

LORD LANSLEY

★ After Clause 57, insert the following new Clause—

"Cap on care costs

(1) Sections 15 (cap on care costs) and 16 (cap on care costs: annual adjustment) of the Care Act 2014 come into force at the end of the period of two months beginning with the day on which this Act is passed.

(2) The Secretary of State must make regulations under section 15(4) of the Care Act 2014 to take effect no later than 12 months after the entry into force of sections 15 and 16 of the Care Act 2014."

Member's explanatory statement
This amendment would bring into force the cap on care costs which was recommended by the Dilnot Commission in 2011 and passed into law in the Care Act 2014, but which has not been brought into force.

LORD LANSLEY

★ After Clause 57, insert the following new Clause—

"Integrated personal health and care budgets

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

(2) After section 12DB (inserted by Schedule 12 to this Act) insert—

"12DC Right to an integrated personal health and care budget

(1) This section applies where—
  (a) The Secretary of State or an integrated care board ('the relevant NHS body') is responsible for arranging the provision to an adult of one or more community-based health services,
  (b) the relevant NHS body has identified an amount which is sufficient to secure the provision of those services in accordance with an agreed care plan, and
  (c) a local authority is required, or has decided, to meet needs of that adult under Part 1 of the Care Act 2014 and the adult has a personal budget under section 26 of that Act.

(2) The adult, or an authorised representative acting on the adult's behalf, may request that the amounts available from the relevant NHS body and the local authority be provided as an integrated personal health and care budget.

(3) Where a request is made under subsection (2), the relevant NHS body and the local authority must—
  (a) grant the request unless one of the grounds in subsection (8) applies;
  (b) prepare, with the adult or authorised representative, a single personalised health and care plan;
  (c) identify in that plan—
    (i) the adult's assessed health needs and care and support needs;
    (ii) the outcomes which the arrangements are intended to achieve;
    (iii) the amount to be provided by the relevant NHS body;
    (iv) the amount to be provided by the local authority;

(v) any amount which the adult is required to pay following a financial assessment under the Care Act 2014; and

(vi) the total amount of the integrated personal health and care budget;

(d) designate one of them as the lead body responsible for administering the budget; and

(e) establish a single system for payment, management, monitoring and review of the budget.

(4) An integrated personal health and care budget may be managed by—

(a) a direct payment to the adult or an authorised representative,

(b) a direct payment to a person nominated by the adult or authorised representative,

(c) a managed account administered by a person or body independent of the relevant NHS body and the local authority,

(d) a notional budget administered by the lead body in accordance with the personalised health and care plan, or

(e) a combination of the arrangements in paragraphs (a) to (d).

(5) The relevant NHS body and the local authority must give effect to the adult's preferred method of management under subsection (4), except to the extent that a ground in subsection (8) applies.

(6) Amounts comprised in an integrated personal health and care budget may be applied to any service, support, item or arrangement specified in the personalised health and care plan where the bodies are satisfied that it will contribute to meeting one or more of the needs or outcomes specified in that plan.

(7) Expenditure under subsection (6) need not be classified exclusively as expenditure on health care or on care and support, but the personalised health and care plan must make provision sufficient to meet all the needs which the relevant NHS body and the local authority are respectively required to meet.

(8) A request, or a preferred method of managing the budget, may be refused only where—

(a) the proposed arrangement would be unlawful,

(b) it would give rise to a material risk to the health, safety or welfare of the adult or another person which cannot reasonably be mitigated,

(c) the adult, authorised representative or nominee would be unable to manage the arrangement safely or effectively notwithstanding any support which could reasonably be provided,

(d) the requested arrangement relates to a service which regulations expressly exclude from integrated personal budgets, or

(e) the proposed expenditure would not contribute to meeting a need or outcome specified in the personalised health and care plan.

(9) Where a request is refused in whole or in part, the relevant NHS body and the local authority must—

(a) give the adult and any authorised representative written reasons,

(b) identify any alternative arrangement which they propose,

(c) inform them of the right to require a review, and

(d) continue to secure the services required to meet the adult's assessed needs while the review is determined.

(10) A review under subsection (9) must—

(a) be undertaken by a person who was not involved in the original decision,

(b) involve the adult and any authorised representative,

(c) be completed within the prescribed period, and

(d) result in a written decision with reasons.

(11) Nothing in this section—

(a) transfers from the relevant NHS body or the local authority responsibility for any function or duty for which that body is otherwise responsible,

(b) permits a charge to be imposed for any service which must be provided free of charge as part of the health service,

(c) permits an amount payable by the relevant NHS body to be taken into account as resources of the adult for the purposes of a financial assessment under the Care Act 2014,

(d) permits either body to reduce the amount it would otherwise be required to provide solely because the other body is contributing to the integrated budget, or

(e) affects the right of the adult to have services arranged directly instead of receiving or managing a personal budget.

(12) To the extent that an integrated personal health and care budget consists of—

(a) NHS funding, a payment made under this section is to be treated as a direct payment under section 12A;

(b) money payable by a local authority to meet needs under Part 1 of the Care Act 2014, the payment is to be treated as a direct payment under section 31 or 32 of that Act, as appropriate.

(13) In this section "authorised representative" means—

(a) where the adult has capacity to make the relevant decision, a person whom the adult has authorised to act on the adult's behalf,

(b) a donee of a lasting power of attorney, or a deputy appointed by the Court of Protection, who has authority to make the relevant decision,

(c) a person nominated by the adult before the adult lost capacity to make the relevant decision, or

(d) where there is no person within paragraphs (b) or (c), a suitable person approved jointly by the relevant NHS body and the local authority to act in the adult's best interests.

(14) An authorised representative may nominate a person or organisation to administer a managed account where the authorised representative does not have authority, or does not wish, personally to receive and manage the money.

(15) In this section "community-based health services" means health services arranged for an adult in the adult's home or in a community setting, including—

(a) NHS Continuing Healthcare,

(b) community nursing, therapy, rehabilitation and mental-health services,

(c) equipment and other support required to enable the adult to live in the community, and

(d) such other services as may be prescribed.

(16) The Secretary of State must make regulations providing for—

(a) the period within which a request must be determined and implemented,

(b) the calculation and sufficiency of the NHS contribution,

(c) support for adults and authorised representatives in preparing and managing a budget,

(d) monitoring, review, audit and recovery of payments,

(e) resolution of disputes between responsible bodies without interruption to the adult's care, and

(f) the limited descriptions of service which may be excluded under subsection (8)(d)."

(3) In section 75 of the National Health Service Act 2006, after subsection (3) insert—

"(3A) Regulations under this section must make provision enabling NHS bodies and local authorities to discharge their duties under section 12DC.

(3B) The absence of arrangements under this section does not relieve an NHS body or local authority of a duty imposed by section 12DC.""

Member's explanatory statement

This amendment and another in the name of Lord Lansley integrate funding after NHS and Care Act eligibility have been determined. They would give a statutory right to one plan, one total budget and one administrative arrangement, but do not merge the statutory responsibilities of the NHS body and local authority.

LORD LANSLEY

★ After Clause 57, insert the following new Clause—

"Consequential amendments to the Care Act 2014

(1) The Care Act 2014 is amended as follows.

(2) In section 25, after subsection (2) insert—

"(2A) Where section 12DC of the National Health Service Act 2006 applies, the requirements of this section may be satisfied by a single personalised health and care plan prepared under that section."

(3) For section 26(3) substitute—

"(3) Where section 12DC of the National Health Service Act 2006 applies, the personal budget must—

(a) specify the amount of NHS money available in the adult's case,

(b) form part of the integrated personal health and care budget prepared under that section, and

(c) identify separately the amounts provided by the local authority, the relevant NHS body and the adult.

(3A) In any other case, a personal budget may specify other amounts of public money available in the adult's case, including amounts relating to housing, healthcare or welfare."

(4) In sections 31 and 32, after subsection (3) insert—

"(3A) Where a direct payment forms part of an integrated personal health and care budget under section 12DC of the National Health Service Act 2006, the local authority must coordinate the payment, account, conditions and review arrangements with the relevant NHS body and must not require a separate account or administrative process unless this is necessary for the protection of the adult.""

Member's explanatory statement
This amendment and another in the name of Lord Lansley integrate funding after NHS and Care Act eligibility have been determined. They would give a statutory right to one plan, one total budget and one administrative arrangement, but do not merge the statutory responsibilities of the NHS body and local authority.

Clause 58

BARONESS MERRON

Clause 58, page 43, line 9, at end insert—

"(1A) Before making arrangements under subsection (1)(a) with a Scottish health body the Secretary of State must obtain the consent of the Scottish Ministers."

Member's explanatory statement
This requires the Secretary of State to obtain the consent of the Scottish Ministers before making arrangements with a Scottish health body about information services etc under the provision inserted by clause 58.

Clause 59

BARONESS MERRON

Clause 59, page 43, leave out line 29 and insert—

"(1A) Omit section 295 (arrangements between NHS England and Northern Ireland Ministers to commission services).

(2) After section 294B (inserted by section 58 of this Act) insert—"

Member's explanatory statement
This is consequential on my amendment to clause 87, page 65, line 6. The repeal of existing section 295 of the Health and Social Care Act 2012 will extend to England and Wales (since that section extends to England and Wales only) but the new section 295 will have UK extent.

BARONESS MERRON

Clause 59, page 43, line 40, at end insert—

"(1A) Before making arrangements under subsection (1)(a) with a Scottish health body the Secretary of State must obtain the consent of the Scottish Ministers."

Member's explanatory statement
This requires the Secretary of State to obtain the consent of the Scottish Ministers before making arrangements to commission services etc with a Scottish health body under the provision inserted by clause 59.

Clause 64

BARONESS PIDGEON

Clause 64, page 46, line 37, at end insert—

"(8B) Provision made by virtue of subsection (8A) for the period to be determined by NICE or the Secretary of State may only apply—

(a) in relation to a particular recommendation, and

(b) where NICE or the Secretary of State (as the case may be) is satisfied that exceptional circumstances make it appropriate for a different period to that specified in subsection (8C) to apply to that recommendation.

(8C) Except in the case of a determination in relation to a particular recommendation under subsection (8B), regulations under this section may

not provide for the period within which a recommendation, or recommendations of a specified description, are to be complied with to exceed 90 days.

(8D) Provision made by virtue of subsection (8A) for the period to be determined by NICE or the Secretary of State must require NICE or the Secretary of State, before making a determination in relation to a recommendation, to—

(a) follow a process consistent with the procedures established by NICE under subsection (7)(a) for making that recommendation,

(b) consult the manufacturer or supplier of any health technology to which the recommendation relates and such other persons, including organisations representing patients and clinicians, as NICE or the Secretary of State considers appropriate, and

(c) publish the determination and the reasons for it."

Member's explanatory statement
This amendment seeks to limits any power to vary the standard 90-day period for complying with a NICE recommendation to individual recommendations in exceptional circumstances. It requires any decision to vary the standard period to follow a process aligned with NICE procedures.

After Clause 64

BARONESS PIDGEON

After Clause 64, insert the following new Clause—

"NICE recommendations: integrated care board financial duties

In section 237 of the Health and Social Care Act 2012 (advice, guidance, information and recommendations), after subsection (8A) (inserted by section 64 of this Act) insert—

"(8B) Where provision made under subsection (8)(b) requires an integrated care board to comply with a recommendation, an integrated care board may not rely on a financial objective set under section 223L of the National Health Service Act 2006 (joint financial objectives for integrated care boards etc), or on section 223GC of that Act (financial duties of integrated care boards: expenditure limits), as grounds for refusing or delaying compliance with the recommendation, unless the Secretary of State has given a direction under subsection (8C) permitting it to do so.

(8C) The Secretary of State may give an integrated care board a direction permitting it to defer compliance with a recommendation with which it is required to comply by virtue of provision made under subsection (8)(b) for a specified period, but only if satisfied that there are exceptional circumstances which justify the deferral.

(8D) A direction under subsection (8C) must—

(a) specify the exceptional circumstances on which it is based, and

(b) be published, together with the Secretary of State's reasons for giving it.""

Member's explanatory statement
This amendment would provide that an integrated care board's financial duties cannot be grounds for refusing or delaying funding for NICE-recommended treatments, unless the Secretary of State has directed otherwise in exceptional circumstances and by published direction.

Clause 65

LORD KAMALL
EARL HOWE
BARONESS PIDGEON
LORD SCRIVEN
BARONESS MERRON

The above-named Lords give notice of their intention to oppose the Question that Clause 65 stand part of the Bill.

Schedule 9

BARONESS MERRON

Baroness Merron gives notice of her intention to oppose the Question that Schedule 9 be the Ninth Schedule to the Bill.

Member's explanatory statement
This leaves out Schedule 9. Schedule 9 transfers the Health Services Safety Investigations Body's functions to the Care Quality Commission.

Clause 66

LORD KAMALL
EARL HOWE
BARONESS PIDGEON
LORD SCRIVEN
BARONESS MERRON

The above-named Lords give notice of their intention to oppose the Question that Clause 66 stand part of the Bill.

Clause 67

LORD KAMALL
EARL HOWE
BARONESS MERRON

The above-named Lords give notice of their intention to oppose the Question that Clause 67 stand part of the Bill.

After Clause 69

LORD SCRIVEN

★ After Clause 69, insert the following new Clause—

"Health Services Safety Investigations Body: recommendations, monitoring and powers

(1) The Health and Care Act 2022 is amended as follows.

(2) In section 110(1) (investigation of incidents with safety implications)—

(a) in paragraph (a), after "health care services" insert "or adult social care services", and

(b) in paragraph (b), after "patients" insert "or of persons receiving adult social care services".

(3) After section 116 insert—

"116A Monitoring of recommendations by the Care Quality Commission

(1) The Care Quality Commission must monitor and review the implementation of recommendations contained in final reports published by the HSSIB under section 113, so far as those recommendations relate to—

(a) providers of health care services, or

(b) providers of adult social care services.

(2) The Care Quality Commission must integrate its assessment of the implementation of recommendations under subsection (1) into its exercise of functions under Chapter 3 of Part 1 of the Health and Social Care Act 2008 (quality of health and social care).

(3) The Care Quality Commission must publish an annual report on the implementation of recommendations made by the HSSIB by providers of health care services and adult social care services.

(4) For the purposes of exercising its functions under this section, the Care Quality Commission—

(a) may rely only on information contained in final reports published under section 113 or other publicly available information, and

(b) may not have access to, or require the disclosure of, any protected material.

116B Implementation of recommendations by the Secretary of State

(1) Where a final report published under section 113 contains a recommendation for action by the Secretary of State, the Secretary of State must, so far as is practicable, implement that recommendation.

(2) Within three months of the publication of the final report, the Secretary of State must lay before Parliament a plan setting out—

(a) the steps to be taken to implement the recommendation,

(b) the timetable for taking those steps, and

(c) where the Secretary of State considers that it is not practicable to implement the recommendation in full, the reasons for that view.

(3) The Secretary of State must lay before Parliament an annual report setting out, for each recommendation under this section that has not been fully implemented—

(a) the progress made against the plan under subsection (2), and

(b) the reasons for any delay."

(4) In section 135 (Interpretation of Part 4), at the appropriate place insert—

"adult social care services" means services which consist of or include the provision of social care, within the meaning of section 9(3) of the Health and Social Care Act 2008, to adults."

Member's explanatory statement
This amendment would extend the remit of the Health Services Safety Investigations Body to adult social care, and require the Care Quality Commission to monitor providers' implementation of its recommendations without access to protected material

Clause 70

BARONESS PIDGEON
LORD HUNT OF KINGS HEATH
LORD LANSLEY

The above-named Lords give notice of their intention to oppose the Question that Clause 70 stand part of the Bill.

Member's explanatory statement
This amendment removes the Clause abolishing Healthwatch England.

Schedule 10

LORD KAMALL
EARL HOWE
BARONESS PIDGEON
LORD LANSLEY

The above-named Lords give notice of their intention to oppose the Question that Schedule 10 be the tenth Schedule to the Bill.

Clause 71

BARONESS PIDGEON
LORD LANSLEY
LORD HUNT OF KINGS HEATH

The above-named Lords give notice of their intention to oppose the Question that Clause 71 stand part of the Bill.

Member's explanatory statement
This amendment removes the Clause abolishing arrangements with Local Healthwatch organisations.

After Clause 71

BARONESS MERRON

After Clause 71, insert the following new Clause—

"Maternity and Neonatal Commissioner for England

(1) The Secretary of State must appoint a person as the Maternity and Neonatal Commissioner for England ("the Commissioner").

(2) Schedule (*Maternity and Neonatal Commissioner for England*) makes provision about the Commissioner."

Member's explanatory statement
This amendment would require the Secretary of State to appoint a Maternity and Neonatal Commissioner for England, and would also introduce a new schedule (after Schedule 11) setting out how the Commissioner will operate.

BARONESS MERRON

After Clause 71, insert the following new Clause—

"Functions of the Commissioner

(1) The Maternity and Neonatal Commissioner for England must promote improvements in maternity and neonatal care in England.

(2) In the discharge of that function the Commissioner may, among other things—
  (a) scrutinise the effectiveness of programmes designed to improve maternity and neonatal care;
  (b) carry out reviews into the provision of maternity and neonatal care;
  (c) facilitate or otherwise promote discussion about how maternity and neonatal care can be improved (including discussion involving people providing or receiving care);
  (d) advise the Secretary of State on the provision of maternity and neonatal care;

(e) carry out reviews into the connection between the general health care needs of women and any potential future pregnancy of theirs;

(f) carry out reviews into how the health care needs of women are affected by pregnancy;

(g) carry out reviews into how to better meet the health care needs of newborn children;

(h) prepare and publish reports relating to any matter reviewed or considered by the Commissioner in the exercise of any of their functions;

(i) make recommendations (whether in a report or otherwise).

(3) A person to whom a recommendation is made under subsection (2)(i) must respond to that recommendation within such period and in such manner as the Commissioner may require (and the Commissioner may publish details of any failure to comply).

(4) The Commissioner must send to the Secretary of State a copy of any report published by the Commissioner in the exercise of functions conferred under this section.

(5) The Commissioner must, when exercising their functions, have regard to the need to reduce inequalities between the people of England with respect to the provision of maternity and neonatal care.

(6) When exercising their functions, the Commissioner must take reasonable steps to find out the views of women and others with an interest in maternity and neonatal care.

(7) In this section—

(a) a reference to maternity care includes—

(i) the provision of services to family members of a woman in connection with her pregnancy or childbirth;

(ii) health care needed by a woman as a consequence of a past pregnancy;

(b) a reference to neonatal care includes the provision of services to family members of a newborn child in connection with the health care needs of the child.

(8) The Secretary of State may by regulations made by statutory instrument exclude particular descriptions of care from the meaning of maternity or neonatal care in this section.

(9) A statutory instrument containing regulations under subsection (8) is subject to annulment in pursuance of a resolution of either House of Parliament.

(10) Section 9(1) of the Gender Recognition Act 2004 is to be disregarded for the purposes of construing this section."

Member's explanatory statement

This amendment would set out the functions of the Maternity and Neonatal Commissioner for England.

BARONESS MERRON

After Clause 71, insert the following new Clause—

"Duty to co-operate with Commissioner

(1) The Maternity and Neonatal Commissioner for England may request a public authority to co-operate with the Commissioner in any way that the Commissioner considers necessary for the purposes of the Commissioner's functions.

(2) The ways in which a public authority may be requested to co-operate include allowing entry onto premises.

(3) A public authority must, so far as reasonably practicable, comply with a request made to it under this section.

(4) The Commissioner may publish details of any failure to comply with a request.

(5) The Commissioner may make a request under this section only to a public authority that performs functions wholly or partly in relation to England."

Member's explanatory statement
This amendment would allow the Maternity and Neonatal Commissioner for England to request that a public authority co-operate with the Commissioner (including by permitting entry onto premises). The Commissioner would be able to publish details of any failure to comply.

BARONESS MERRON

After Clause 71, insert the following new Clause—

"Provision of information to Commissioner

(1) The Maternity and Neonatal Commissioner for England may require a person to provide the Commissioner with information.

(2) A requirement may specify when and how the information is to be provided.

(3) The only information that a person may be required to provide is information which the person could, apart from this section, lawfully disclose to the Commissioner.

(4) The Commissioner may publish details of any failure to comply with a requirement.

(5) The Commissioner may require the provision of information by a person only if they provide services in connection with the provision of maternity or neonatal care in England or, in the case of a public authority, they perform functions wholly or partly in relation to England.

(6) A reference in this section to maternity care or neonatal care has the same meaning as in section (*Functions of the Commissioner*)."

Member's explanatory statement
This amendment would allow the Maternity and Neonatal Commissioner for England to require a person to supply information to the Commissioner. The Commissioner would be able to publish details of any failure to comply.

BARONESS MERRON

After Clause 71, insert the following new Clause—

"Power to carry out clinical case reviews when directed

(1) The Secretary of State may direct the Maternity and Neonatal Commissioner for England to carry out a review into the maternity or neonatal care that has been provided to a particular person or class of people.

(2) A direction may specify matters to be addressed as part of a review.

(3) The Secretary of State must consult the Commissioner before giving a direction.

(4) A reference in this section to maternity care or neonatal care has the same meaning as in section (*Functions of the Commissioner*)."

Member's explanatory statement
This amendment would allow the Secretary of State to direct the Maternity and Neonatal Commissioner for England to review the maternity or neonatal care provided to a particular person or class of people.

BARONESS PIDGEON

After Clause 71, insert the following new Clause—

"National Maternity Commissioner

(1) The Secretary of State must, within six months of the day on which this Act is passed, appoint a National Maternity Commissioner, based within the Department of Health and Social Care.

(2) The functions of the National Maternity Commissioner are to—
  (a) oversee NHS maternity services,
  (b) act as an independent voice for women and families,
  (c) ensure lessons are learned from identified failures and that the recommendations of maternity reviews are acted upon,
  (d) promote consistency, safety and accountability across NHS maternity services, and
  (e) advise the Secretary of State on matters relating to the safety, quality and provision of maternity services in England.

(3) The person appointed as Commissioner must—
  (a) be a person with knowledge, expertise and experience relevant to the discharge of functions of the role,

(b) have first-hand experience of working in maternity services, so far as reasonably possible, and
(c) not be a Member of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to appoint a maternity commissioner within the Department of Health and Social Care to oversee national maternity services. This person should be someone with experience and expertise of maternity services, and not a political appointment.

BARONESS PIDGEON

After Clause 71, insert the following new Clause—

"Maternity safety

(1) The Secretary of State must ensure that every NHS maternity unit is rated "good" or "outstanding" by the Care Quality Commission.

(2) The Secretary of State must, within 6 months of the day on which this Act is passed, establish a scheme to support NHS trusts to deliver the requirement under subsection (1), which includes—
(a) 24/7 consultant obstetrician cover on every labour ward,
(b) one-to-one midwifery care,
(c) a Director of Midwifery in every maternity service,
(d) ringfenced maternity service development funding, and
(e) a dedicated neonatal workforce plan.

(3) Within 12 months of the commencement of the scheme under subsection (2), and every 12 months thereafter, an annual report should be laid before both Houses of Parliament on the effectiveness of the scheme."

Member's explanatory statement
This new clause would place a duty on the Secretary of State to create a scheme to ensure that every maternity unit in the country achieves a "good" or "outstanding" rating by the CQC.

BARONESS PIDGEON
LORD HUNT OF KINGS HEATH
LORD PATEL

After Clause 71, insert the following new Clause—

"Healthwatch funding

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, bring forward a scheme to fund Healthwatch England and Local Healthwatch organisations for the 2027/2028 financial year to the level estimated by the Department for Health and Social Care in 2013/14.

(2) The Secretary of State must consider uprating this funding in line with 2026/2027 inflation rates."

Member's explanatory statement
This new clause would ensure that Healthwatch England and Local Healthwatch organisations are funded to the level estimated by the Department for Health and Social Care in 2013/14.

LORD HUNT OF KINGS HEATH

After Clause 71, insert the following new Clause—

"National patient experience and feedback function

(1) The Secretary of State must secure arrangements for the exercise of a national patient experience and feedback function in relation to health services and social care services in England.

(2) The national patient experience and feedback function is to—
  (a) gather, analyse and publish evidence about the experiences of patients, carers and service users of health services and social care services;
  (b) identify and report on recurring concerns arising from those experiences;
  (c) identify and report on inequalities in access, experience and outcomes;
  (d) identify and report on the extent to which the views obtained reflect the diversity of the population served, including groups whose views have not been adequately captured;
  (e) make recommendations for improvement to the Secretary of State, integrated care boards, local authorities, the Care Quality Commission and such other bodies as the Secretary of State considers appropriate;
  (f) provide a route for concerns arising from local patient, carer and service user voice arrangements to be escalated to national bodies.

(3) Arrangements under subsection (1) must secure—
  (a) accessible routes for patients, carers, service users and the public to share views and concerns;
  (b) specific arrangements to obtain and consider the views of people and communities who experience health inequalities, social exclusion, multiple disadvantage or other barriers to engagement and participation;
  (c) arrangements for working with voluntary, community and social enterprise organisations;
  (d) arrangements enabling findings, reports and recommendations to be published without prior approval by any body to which they relate;
  (e) arrangements for recommendations made under subsection (2)(e) to receive a published response from the body to which the recommendation is made.

(4) The Secretary of State must lay before Parliament, at least once in each financial year, a report setting out—
  (a) the principal findings of the national patient experience and feedback function;
  (b) recurring concerns identified under subsection (2)(b);

(c) inequalities identified under subsection (2)(c);
(d) groups whose views have not been adequately captured;
(e) recommendations made under subsection (2)(e);
(f) responses received and action taken in response to those recommendations;
(g) cases where no response, or no sufficient response, has been received;
(h) an assessment of the impact of action taken in response to recommendations made in previous financial years."

Member's explanatory statement
This new clause would require the Secretary of State to secure a national function for gathering, publishing and escalating patient, carer and service-user experience evidence, and would require bodies receiving recommendations to publish a response.

BARONESS COFFEY

After Clause 71, insert the following new Clause—

"Health Service Commissioner

In section 1 of the Health Service Commissioners Act 1993 (the Commissioner), after subsection (1) insert—

"(1A) The office of Health Service Commissioner for England cannot be held by the person who holds the office of Parliamentary Commissioner (as defined by the Parliamentary Commissioner Act 1967).""

Member's explanatory statement
This amendment seeks separate out the posts of Parliamentary Service Commissioner and Health Service Commissioner.

BARONESS HODGSON OF ABINGER

★ After Clause 71, insert the following new Clause—

"Powers for coroners and medical examiners to review suspected failings in obstetric, neonatal and paediatric care

(1) The Secretary of State must, by regulations made by statutory instrument, establish a standard mechanism whereby coroners and medical examiners must review cases of deaths, bought to them by patients, medical staff or other relevant whistleblowers, where there are suspected failings in the provision of obstetric, neonatal and paediatric care.

(2) A coroner or a medical examiner has a duty to review cases using the mechanism established under subsection (1) if, in the course of their duties, there are reasonable grounds to suspect that a death or incident involved systemic failings or clinical negligence in a health care setting.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to establish a standard mechanism for coroners and medical examiners to review cases involving suspected failings in obstetric, neonatal and paediatric care.

Schedule 11

BARONESS PIDGEON
LORD HUNT OF KINGS HEATH
LORD PATEL

The above-named Lords give notice of their intention to oppose the Question that Schedule 11 be the eleventh Schedule to the Bill.

Member's explanatory statement
This amendment removes the Schedule abolishing Local Healthwatch organisations.

After Schedule 11

BARONESS MERRON

After Schedule 11, insert the following new Schedule—

"SCHEDULE 11A

MATERNITY AND NEONATAL COMMISSIONER FOR ENGLAND

Appointment and tenure of office

1 (1) The Maternity and Neonatal Commissioner for England holds and vacates office in accordance with the terms of their appointment, subject to the provisions of this paragraph.

(2) The Commissioner must be appointed for a term of no more than three years.

(3) A person cannot be appointed as the Commissioner more than twice.

(4) The Commissioner may resign by giving written notice to the Secretary of State.

(5) The Secretary of State may by written notice remove the Commissioner from office on the grounds that—

(a) the Commissioner has without reasonable excuse failed to carry out their functions, or

(b) in the opinion of the Secretary of State, the Commissioner is otherwise unable, unfit or unwilling to carry out their functions.

Crown status

2 The Commissioner is not to be regarded as the servant or agent of the Crown or as enjoying any status, immunity or privilege of the Crown.

Staff and facilities

3 (1) The Secretary of State may provide staff, facilities or other assistance to the Commissioner.

(2) The Commissioner may authorise any member of staff to exercise any of the Commissioner's functions.

Remuneration etc

4 (1) The Secretary of State may pay remuneration to the Commissioner.

(2) The Secretary of State may pay such pensions or allowances as they may determine to or in respect of the Commissioner.

Annual reports

5 (1) The Commissioner must, as soon as possible after the end of each financial year, publish a report on the exercise of their functions during that year.

(2) The Secretary of State may give the Commissioner directions as to matters that must be addressed in the annual report.

(3) The Commissioner must send a copy of their annual report to the Secretary of State.

(4) The Secretary of State must lay a copy of the annual report before Parliament.

(5) In this paragraph, "financial year" means—

(a) the period beginning with the day on which the first Commissioner takes office and ending with the following 31 March, and

(b) each successive period of 12 months.

Business plans

6 (1) The Commissioner must publish a business plan which sets out—

(a) the main activities that the Commissioner proposes to undertake during the period covered by the plan, and

(b) the Commissioner's strategic priorities for that period.

(2) A business plan must cover a period of at least 12 months beginning with the date of publication.

(3) The Commissioner must publish a new business plan before the end of the period covered by the preceding business plan.

(4) The Commissioner must send a copy of the business plan to the Secretary of State before it is published."

Member's explanatory statement
This Schedule would contain detailed provisions relating to the functioning of the Maternity and Neonatal Commissioner for England.

Clause 74

BARONESS MERRON

Clause 74, page 52, line 12, at end insert—

"(4) After section 8, insert—

"8A Offences relating to information

(1) A person to whom information is disclosed under section 8 commits an offence if the person uses or discloses that information in contravention of subsection (3C) of that section.

(2) A person guilty of an offence under subsection (1) is liable—

(a) on summary conviction in England and Wales, to imprisonment for a term not exceeding the maximum term for summary offences or a fine (or both), or

(b) on summary conviction in Scotland or Northern Ireland, to imprisonment for a term not exceeding 6 months or a fine not exceeding level 5 on the standard scale (or both).

(3) In subsection (2)(a) "the maximum term for summary offences" means—

(a) if the offence is committed before the time when section 281(5) of the Criminal Justice Act 2003 comes into force, six months;

(b) if the offence is committed after that time, 51 weeks.""

Member's explanatory statement
This amendment would make it an offence to disclose information received from a relevant authority without that authority's agreement or a court or tribunal order. The offence mirrors the existing offence of disclosing information in relation to medical devices under section 40 of the Medicines and Medical Devices Act 2021.

After Clause 78

BARONESS RITCHIE OF DOWNPATRICK
BARONESS GOUDIE

After Clause 78, insert the following new Clause—

"Reclassification of injectable medicinal products

(1) The Human Medicines Regulations 2012 (S.I. 2012/1916) are amended as follows.

(2) In regulation 62 (classification of UK marketing authorisation or parallel import licence), after paragraph (3), insert—

"(3A) Paragraph (3)(d) does not prevent the licensing authority from considering or granting an application to vary a UK marketing authorisation so as to classify a medicinal product intended and authorised for self-administration by parenteral administration as a pharmacy medicine, where the licensing authority is satisfied that the product does not meet any of the criteria for prescription-only classification specified in paragraph (3)(a) to (c).

(3B) Any application for reclassification under paragraph (3A) must be assessed individually by the licensing authority in accordance with the applicable regulatory requirements."

(3) In Schedule 1 (further provisions for classification of medicinal products), in Part 1, paragraph 1(a), after "administration" insert ", unless the licensing authority is satisfied that the conditions in regulation 62(3A) are met"."

Member's explanatory statement
This new clause would amend the Human Medicines Regulations 2012 to enable medicines intended and authorised for self-administration by parenteral administration, e.g. self-injectable medicines, to be considered for reclassification from prescription-only to pharmacy status on a case-by-case basis. Any reclassification would remain subject to assessment and approval by the licensing authority under the applicable regulatory requirements.

BARONESS BOYCOTT

★ After Clause 78, insert the following new Clause—

"Infant feeding bottles: materials

(1) A relevant NHS body must, when procuring or supplying infant feeding bottles for use by infants in its care, procure or supply bottles which are not made wholly or partly of plastic.

(2) The duty in subsection (1) does not apply where the responsible clinician considers that the use of a bottle not made of plastic would be contrary to the clinical interests of a particular infant.

(3) A relevant NHS body satisfies the duty in subsection (1) by procuring or supplying bottles the container of which is made of a safe alternative material.

(4) The Secretary of State may by regulations specify a material as a safe alternative material, or remove a material previously so specified, but may only specify a material where satisfied, on the basis of the best available scientific and clinical evidence and applying a precautionary approach, that in normal conditions of use the material does not release into the contents of the bottle—

(a) microplastic particles,
(b) bisphenols or their derivatives,
(c) phthalates or other plasticisers, or

(d) any other substance having endocrine-disrupting properties,

in quantities which may pose a risk to the health of an infant.

(5) In subsection (4), "normal conditions of use" includes sterilisation, the preparation of feed with water at temperatures used in clinical and domestic settings, repeated washing, and the expected service life of the bottle.

(6) The Secretary of State must make the first regulations under subsection (4) within 12 months of the day on which this section comes into force.

(7) Before making regulations under subsection (4), the Secretary of State must consult—

(a) the United Kingdom Health Security Agency,

(b) the Food Standards Agency,

(c) the Health and Safety Executive,

(d) such organisations representing paediatric, neonatal and maternity clinicians as the Secretary of State considers appropriate, and

(e) such other persons as the Secretary of State considers appropriate.

(8) The Secretary of State must issue guidance to relevant NHS bodies about the discharge of the duty in subsection (1), including guidance on cleaning, sterilisation and safe handling, and a relevant NHS body must have regard to that guidance.

(9) Within 12 months of the day on which this section comes into force, and annually thereafter, the Secretary of State must lay before Parliament a report on compliance with the duty in subsection (1), including an estimate of the number of infant feeding bottles procured or supplied by relevant NHS bodies in the reporting period and the materials of which they were made.

(10) In this section—

"infant" means a child under the age of 24 months;

"infant feeding bottle" means the container from which an infant is fed, and does not include the teat, valve or collar;

"relevant NHS body" means—

(a) an integrated care board,

(b) an NHS trust, or

(c) an NHS foundation trust;

"responsible clinician" means the registered medical practitioner or registered nurse with responsibility for the care of the infant"

After Clause 84

BARONESS HAYTER OF KENTISH TOWN
BARONESS PIDGEON
BARONESS CASS
LORD BLACK OF BRENTWOOD

After Clause 84, insert the following new Clause—

"Fracture prevention services: implementation plan and reporting

(1) The Secretary of State must, within six months of the passing of this Act, publish and lay before Parliament an implementation plan for securing universal access in England by 2030 to services for the prevention of secondary fragility fractures.

(2) The implementation plan must include—
  (a) a baseline assessment of current access to, and quality of, such services in each integrated care board area,
  (b) the minimum standards expected of such services,
  (c) measurable annual milestones towards universal access by 2030, including milestones relating to the identification, assessment, treatment and follow-up of people who have sustained a fragility fracture,
  (d) the steps the Secretary of State proposes to take to reduce unwarranted variation in access to, and quality of, such services, and
  (e) the outcomes by reference to which the effectiveness of implementation will be assessed, including the incidence of further fragility fractures and hip fractures.

(3) The Secretary of State must, within six months of the publication of the implementation plan under subsection (1), and at intervals of no more than 12 months thereafter until 2030, lay before Parliament a report setting out—
  (a) progress against the milestones in the implementation plan,
  (b) changes in access to services for the prevention of secondary fragility fractures, and
  (c) the number and proportion of eligible people identified, assessed, treated and followed up through such services, including variation between integrated care board areas.

(4) In this section, "services for the prevention of secondary fragility fractures" means services which provide for the systematic identification, assessment, treatment and follow-up of people who have sustained a fragility fracture, including services commonly known as fracture liaison services."

Member's explanatory statement
This new clause would require the Secretary of State to publish an implementation plan for securing universal access in England by 2030 to services which systematically identify, assess, treat and follow up people who have sustained a fragility fracture, including fracture liaison services, and to report annually to Parliament on progress.

LORD HUNT OF KINGS HEATH
BARONESS BLACKSTONE
BARONESS FINLAY OF LLANDAFF

After Clause 84, insert the following new Clause—

"Review of Organ Donation (Deemed Consent) Act 2019

Within twelve months of the day on which this Act is passed, the Secretary of State must publish a review on progress made in increasing organ transplants since the passage of the Organ Donation (Deemed Consent) Act 2019."

Member's explanatory statement
This new clause would require the Secretary of State to undertake a review of the Organ Donation (Deemed Consent) Act 2019.

LORD HUNT OF KINGS HEATH
BARONESS BLACKSTONE

After Clause 84, insert the following new Clause—

"Standards of care for NHS transplant patients' services

(1) Within twelve months of the day on which this Act is passed, the Secretary of State must publish a review on the standards of NHS care for transplant patients.

(2) The review under subsection (1) may cover the following matters—
  (a) analysis of the comparative performance, outcomes, waiting times and organ utilisation, including variation between transplant centres and international comparisons in relation to lung transplants, hearts transplants, kidney transplants, liver transplants and other appropriate transplants;
  (b) analysis of workforce requirements and funding for 24/7 on call teams and centres providing transplant services;
  (c) such other matters as may be specified by the Secretary of State.

(3) The review under subsection (1) must be taken in collaboration with patients, and families of patients together with practising clinicians in transplant services.

(4) The review under subsection (1) must be laid before both Houses of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to undertake a review of NHS transplantation services.

LORD HUNT OF KINGS HEATH
BARONESS BLACKSTONE
LORD PATEL

After Clause 84, insert the following new Clause—

"Human Tissue Authority: guidance and code of practice

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, by order under section 14(4) of the Human Tissue Act 2004, require the Authority to amend its guidance and codes of practice to ensure they—
  (a) reflect the passage of the Organ Donation (Deemed Consent) Act 2019, and
  (b) adopt a best interests decision-making approach in relation to a potential donor.

(2) Best interests decision-making approach in (1) is defined as a duty to seek out and consider a person's wishes, feelings, beliefs, and values."

Member's explanatory statement
This amendment is designed to ensure that the approach of the Human Tissue Authority on consent for retrieval of organs and tissues is consistent with the Organ Donation (Deemed Consent) Act 2019.

LORD HUNT OF KINGS HEATH

After Clause 84, insert the following new Clause—

"Report on the duty to cooperate

(1) Within twelve months of the day on which this Act is passed, the Secretary of State must lay a report before both Houses of Parliament on—
  (a) the operation of the duty to co-operate under section 72 of the National Health Service Act 2006 (co-operation between NHS bodies) and section 82 of that Act (co-operation between NHS bodies and local authorities), and
  (b) the impact of those duties on the integration of health and social care in England.

(2) The report under subsection (1) must consider co-operation between—
  (a) relevant NHS bodies, and
  (b) relevant NHS bodies and local authorities in the delivery and commissioning of health and social care.

(3) Within twelve months of the report under subsection (1) being laid, the Secretary of State must—
  (a) make provision to update guidance on the duty to co-operate, and
  (b) implement actions to strengthen integration in the report which the Secretary of State considers most appropriate."

Member's explanatory statement
The amendment would place a requirement on the Secretary of State to report to Parliament, within six months of the Act passing, on how well NHS bodies and local authorities are working together to integrate health and social care in England, and would require the Secretary of State to update the related guidance six months later.

LORD HUNT OF KINGS HEATH
BARONESS FINLAY OF LLANDAFF

After Clause 84, insert the following new Clause—

"Value-based procurement

The Secretary of State must produce an annual report to Parliament on progress made in the adoption in England of value-based procurement of medical devices, consumables and services by the National Health Service and the social care sector."

Member's explanatory statement
The amendment would require the Secretary of State to produce an annual report to parliament on progress made in the adoption of value-based procurement.

LORD HUNT OF KINGS HEATH
LORD PATEL

After Clause 84, insert the following new Clause—

"National wheelchairs standards

(1) The Secretary of State must, within twelve months of the day on which this Act is passed, publish a set of national standards for wheelchair commissioning and provision to be implemented by integrated care boards in their commissioning of wheelchair services.

(2) The national standards for wheelchair commissioning and provision must be revised at least once every five years from the date of the previous publication.

(3) The national standards for wheelchair commissioning and provision may cover the following areas as determined by the Secretary of State—
  (a) wheelchair pathways embracing assessment and provision of wheelchairs, including seating and associated accessories to support people's mobility and postural needs;
  (b) the steps to be taken to engage with users of wheelchair services to ensure that lived experience is fully taken account;
  (c) steps to be taken to ensure that responsive roadside assistance is available to ensure that no user is left stranded when away from their place of residence;
  (d) the principles of quality to be used to develop local service specifications and to benchmark current commissioning and provision;

(e) such other matters as may be specified by the Secretary of State."

Member's explanatory statement
This new clause would require the Secretary of State to publish a set of national standards for wheelchair commissioning and provision to be followed by Integrated Care Boards in their commissioning of wheelchair services.

LORD HUNT OF KINGS HEATH
BARONESS PIDGEON

After Clause 84, insert the following new Clause—

"State of NHS dentistry report

(1) The Secretary of State must publish and lay before Parliament a report on the state of NHS dentistry in England ("the State of Dentistry Report") at least once every three years.

(2) The State of Dentistry Report must include an assessment of—
  (a) access to NHS dental services and levels of unmet need,
  (b) the adequacy, distribution and sustainability of the NHS dental workforce, including general dental services, community dental services, hospital dental services, dental public health consultants and dental academia,
  (c) geographical inequalities in access to NHS dental services and oral health outcomes,
  (d) inequalities in access to NHS dental services and oral health outcomes between different socioeconomic groups and populations, including but not limited to people living in care homes and people experiencing homelessness,
  (e) demand and waiting times for dental treatment in community dental services and secondary care,
  (f) the extent to which inadequate access to NHS dental services contributes to avoidable pressure on other parts of the NHS, including primary medical care, urgent and emergency care, hospital services and the prescribing of medicines, and
  (g) the measures required to address any deficiencies or inequalities identified under paragraphs (a) to (f).

(3) The report must include such indicators as the Secretary of State considers appropriate for assessing each of the matters set out in subsection (2), and those indicators must, wherever appropriate, be presented in a manner that enables comparisons to be made between different areas and populations and over time, including by reference to population size, full-time equivalent workforce and other relevant measures.

(4) In preparing the report, the Secretary of State must have regard to the need to ensure that NHS dental services are sufficient to meet the current and projected need for dental care in England.

(5) The Secretary of State must, within six months of publishing a State of Dentistry Report, set out the measures the Government intends to take in response to the findings of the report.

(6) The Secretary of State must make arrangements for each State of Dentistry Report, and the Government's response to it, to be debated in each House of Parliament.

(7) The first State of Dentistry Report must be published within 24 months of the day on which this Act is passed."

Member's explanatory statement
This new clause would require the Secretary of State to publish and lay before Parliament a regular report on the state of NHS dentistry in England and require the Government to respond to each report and ensure that both the report and response are debated in Parliament.

LORD HUNT OF KINGS HEATH
THE LORD BISHOP OF NEWCASTLE
BARONESS FINLAY OF LLANDAFF

After Clause 84, insert the following new Clause—

"Health and care partners

After section 242A National Health Service Act 2006 insert—

"242B Involvement of health and care partners

(1) A service user has a right to personal contact, without physical barriers or time limits, including contact in private, and to be accompanied in person by at least one health and care partner.

(2) Each health and care provider must make arrangements, as respects health or care services for which it is responsible, which secure that users of those services may be accompanied by at least one health and care partner during any period during which health or care services are provided to the service user or the service user is under the care or supervision of the health and care provider.

(3) For the purposes of this section a "health and care partner" is a named person chosen by the service user who provides care and support whether unpaid or paid to the service user.

(4) The following are "health and care providers" for the purposes of this section—

(a) an NHS Trust or NHS Foundation Trust,
(b) an integrated care board,
(c) an English local authority,
(d) a care home in England within the meaning of section 8 (3) Care Act 2014,
(e) a person or company providing health care or care services registered with the Care Quality Commission, or

(f) a person or company who provides care services to another person in return for payment.""

Member's explanatory statement
This amendment is aimed at offering all users of health and care services the opportunity to nominate someone close to them as their health and care partner. This would be a purely voluntary role, distinct from the role of visitor. The access of the health and care partner would be protected and their opinion respected when health and care decisions are being made.

BARONESS PIDGEON

After Clause 84, insert the following new Clause—

"Independence of appointments

The Secretary of State must make provision to ensure that operational decisions regarding the appointment, suspension or removal of—

(a) chairs, directors and non-executive directors of NHS trusts and NHS foundation trusts, and

(b) chief executives of integrated care boards,

are made exclusively by persons employed in the Civil Service, upon strictly merit-based criteria."

Member's explanatory statement
This new clause would ensure that any decisions over NHS trusts and ICB leadership are made by civil servants, rather than the Secretary of State, and are made on merit.

BARONESS PIDGEON

After Clause 84, insert the following new Clause—

"Access to dental provision: dental deserts

(1) Within six months beginning on the day on which this Act is passed, the Secretary of State must establish a scheme to improve access to dental provision ("the scheme").

(2) The purpose of the scheme is to end dental deserts.

(3) A "dental desert" is any local authority area with fewer than ten active dental practices per 100,000 people.

(4) The scheme must make provision to support integrated care boards to—

(a) guarantee emergency access to an NHS dentist,

(b) provide free dental check ups for—

(i) children,

(ii) mothers within one year of having given birth,

(iii) pregnant women, and

(iv) low-income households, and

(c) guarantee dental appointments for persons commencing—

(i) surgery,
(ii) chemotherapy, or
(iii) transplant procedures.

(5) The Secretary of State must, before publishing the scheme, issue a reformed dental contract.

(6) The Secretary of State must, within six months of the establishment of the scheme, publish a dental workforce plan to support delivery of the scheme."

Member's explanatory statement
This new clause seeks to establish a scheme to support integrated care boards to end dental deserts.

BARONESS PIDGEON
BARONESS MORGAN OF DREFELIN

After Clause 84, insert the following new Clause—

"Cancer survival research programme

(1) Within 12 months beginning on the day on which this Act is passed, the Secretary of State must by regulations made by statutory instrument establish a Cancer Survival Research Programme.

(2) Regulations under this section must—
(a) require government co-ordination and funding for research into cancers with a five-year survival rate below 20%, and
(b) establish a fellowship programme for foreign academics in cancer research.

(3) Any programme established under paragraph (2)(b) must make provision to waive visa fees for entry into the UK for participating academics.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to introduce regulations requiring the government to coordinate research into cancers with the lowest survival rate.

BARONESS PIDGEON

After Clause 84, insert the following new Clause—

"Right to a GP appointment

(1) The Secretary of State must by regulations made by statutory instrument, within six months of the day on which this Act is passed, establish a scheme to provide every patient with the right to receive a GP appointment within seven days of seeking one, or 24 hours if urgent.

(2) The Secretary of State must, by regulations made by statutory instrument, amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (S.I. 2012/2996) to make the right described in subsection (1) a right in the NHS constitution.

(3) The Secretary of State may review the scheme every three years from the day on which this Act is passed and amend it through regulations made by statutory instrument.

(4) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament.

(5) For the purposes of this section—

"GP appointment" means an appointment with an appropriate clinician within a GP practice;

"urgent" has the current definition provided under general practitioner triaging protocols."

Member's explanatory statement

This new clause requires the Secretary of State to give patients a new right in the NHS constitution to receive a GP appointment in 7 days, or 24 hours if urgent, and to establish a scheme to deliver this.

BARONESS PIDGEON
BARONESS GERADA

After Clause 84, insert the following new Clause—

"Corridor care

(1) The Secretary of State must end the practice of corridor care in NHS hospitals within one year of the day on which this Act is passed.

(2) If the requirement under subsection (1) is not met, the Secretary of State must commission an independent inquiry into the Government's handling of corridor care.

(3) The inquiry under subsection (2) must—

(a) investigate the effectiveness of policies, funding and guidance relating to corridor care in the Department of Health and Social Care,

(b) assess the impact on patient safety and staff morale of the continued practice of corridor care, and

(c) recommend steps the Secretary of State should take to end the practice of corridor care.

(4) The inquiry under subsection (1) should be supported by patient safety professionals from the Health Services Safety Investigations Body and the Care Quality Commission.

(5) The inquiry must publish and lay before Parliament a final report within 6 months of the day on which the inquiry is established."

Member's explanatory statement
This new clause places a duty on the Secretary of State to end corridor care within 12 months; if they fail to do so they must order an independent inquiry into corridor care and the failure to eradicate the practice.

LORD CLEMENT-JONES
BARONESS GERADA

After Clause 84, insert the following new Clause—

"Prioritising British citizens for the UK foundation programme

(1) Section 4 of the Medical Training (Prioritisation) Act 2026 is amended as follows.

(2) In subsection (2) for "(4)" substitute "(4A)"

(3) After subsection (4) insert—

"(4A) A person is within this subsection if they—

(a) are a British citizen,

(b) have indefinite leave to remain under the Immigration Act 1971, or

(c) have settled status under the EU Settlement Scheme, and

hold a primary medical qualification from an international branch campus of a higher education institution in the United Kingdom.""

Member's explanatory statement
This new clause amends the Medical Training (Prioritisation) Act 2026 so that British citizens, people with indefinite leave to remain, or settled status who have studied at international branch campuses of UK higher education institutions can be prioritised for foundation programme training places.

LORD SCRIVEN
BARONESS BROWNING

After Clause 84, insert the following new Clause—

"Health strategy for people with learning disabilities

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, publish a health strategy for people with learning disabilities in England.

(2) The Secretary of State must appoint a co-national director with a learning disability to lead on its development.

(3) The strategy must be set out in, and aligned to, a new modern service framework, comprising—

(a) an evidence-based description of the standards of care that should be available across the health service in England for people with learning disabilities of all ages,

(b) the interventions and service models that must be implemented to improve outcomes for people with learning disabilities, including in particular (but not limited to)—

(i) the steps to be taken to reduce early and avoidable mortality and close the gap in life expectancy for people with learning disabilities,

(ii) the steps to be taken to reduce variation in the quality of and access to healthcare experienced by people with learning disabilities across integrated care board areas,

(iii) the steps to be taken to improve the outcomes and experiences of people with learning disabilities, including their experiences of joined-up health and social care, being able to live healthier lives, and the support available to unpaid carers of people with learning disabilities, and

(iv) the workforce requirements for delivering high-quality care, and the actions to be taken on workforce capacity, capability and training standards relevant to learning disability healthcare,

(c) measurable outcomes and milestones against which progress will be assessed, including the collection and publication of an annual dataset at national and local level covering the matters in paragraph (b), and

(d) clear accountability for delivery at national and local level, including the appointment of one or more members of each integrated care board with responsibility for people with learning disabilities, and the publication of their details.

(4) The strategy must be accompanied by a plan for research to develop the evidence base for improving the health and life expectancy of people with learning disabilities.

(5) In preparing the strategy the Secretary of State must consult—

(a) people with learning disabilities, their carers and supporters, and organisations representing the interests of people with learning disabilities,

(b) clinicians from across the healthcare system and across all professional groups with expertise in supporting people with learning disabilities,

(c) integrated care boards,

(d) NHS trusts and NHS foundation trusts, and

(e) such other persons as the Secretary of State considers appropriate.

(6) The Secretary of State must lay the strategy before Parliament on the day on which it is published.

(7) The Secretary of State must publish a report on national and local progress against the strategy at intervals of not more than 12 months following its initial publication."

Member's explanatory statement

This amendment would require the Secretary of State to publish a health strategy for people with learning disabilities, focused on reducing the health inequalities and life expectancy gap they experience.

LORD SCRIVEN
LORD BIRT

After Clause 84, insert the following new Clause—

"Non-therapeutic male circumcision

(1) The Secretary of State must, within six months of the day on which this Act is passed, make regulations made by statutory instrument relating to non-therapeutic male circumcision (NTMC).

(2) Regulations made under subsection (1) must make provision for—
  (a) a requirement that NTMC may only be performed by a suitably qualified healthcare professional regulated by the Care Quality Commission,
  (b) the inclusion of NTMC as a regulated activity under the Health and Social Care Act 2008,
  (c) the creation of a statutory duty for Integrated Care Boards to produce annual data on prevalence and complications of NTMC,
  (d) a requirement that NTMC be included in the Single Patient Record, and
  (e) any other matter that the Secretary of State deems appropriate.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment would require the Secretary of State to introduce regulation of non-therapeutic male circumcision, following several prevention of future death reports issued by coroners as a result of deaths arising from this procedure.

BARONESS WALMSLEY

After Clause 84, insert the following new Clause—

"Annual report on immunisation programmes

(1) The Secretary of State must, in respect of each financial year, prepare a report on the performance of the national immunisation programme.

(2) The report must be laid before Parliament, and published, in a timely and comprehensive manner.

(3) The report must cover the performance of—
  (a) routine immunisation programmes,
  (b) seasonal immunisation programmes, and
  (c) targeted immunisation programmes,
forming part of the national immunisation programme.

(4) The report must cover the performance of those programmes in relation to all cohorts eligible for immunisation under the national immunisation programme.

(5) The report must use consistent measures of performance across the programmes reported on under this section.

(6) The report must include information that enables the tracking of inequalities in immunisation coverage and uptake—

(a) between different geographical areas in England, and

(b) between different population groups.

(7) In this section "national immunisation programme" means the programme of immunisation for England provided for in the exercise of functions of the Secretary of State, NHS England or an integrated care board (however the programme is described)."

Member's explanatory statement
This amendment would require the Secretary of State to report annually to Parliament on the performance of routine, seasonal and targeted immunisation programmes, covering all eligible cohorts, using consistent measures across programmes, and enabling tracking of inequalities by geography and population group.

BARONESS WALMSLEY

After Clause 84, insert the following new Clause—

"Duty to promote public health

All Ministers of the Crown have a duty to consider health outcomes and the promotion and protection of public health when exercising their duties."

Member's explanatory statement
This new clause will place a duty on all ministers to consider health outcomes and the promotion of public health when exercising their duties.

LORD RENNARD

After Clause 84, insert the following new Clause—

"Continuity of specified national diabetes programmes

(1) The Secretary of State must secure that the programmes listed in subsection (2) continue to be provided, to at least the same extent as immediately before the abolition of NHS England.

(2) The programmes referred to in subsection (1) are—

(a) the NHS Diabetes Prevention Programme;

(b) the NHS Type 2 Diabetes Path to Remission Programme;

(c) national provision for continuous glucose monitoring (CGM) for people with diabetes;

(d) the national roll-out of hybrid closed loop ("artificial pancreas") technology for people with type 1 diabetes;

(e) the National Diabetes Audit Programme, including the National Diabetes Footcare Audit and the National Diabetes Inpatient Safety Audit;

(f) any other programme specified for the purposes of this section in regulations made by statutory instrument made by the Secretary of State.

(3) Before making a scheme under section 2 for the transfer of property, rights or liabilities relating to a programme listed in subsection (2) the Secretary of State must publish a statement explaining how continuity of that programme is to be maintained.

(4) Before the end of the period of 12 months beginning with the day on which this section comes into force, and at least once every subsequent period of 12 months, the Secretary of State must lay before Parliament a report on the provision of the programmes listed in subsection (2), including information on patient access, waiting times and outcomes.

(5) A statutory instrument containing regulations under subsection (2)(f) is subject to annulment in pursuance of a resolution of either House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to maintain existing national diabetes prevention, treatment and audit programmes following the abolition of NHS England, to explain how continuity will be secured before transferring related functions, and to report annually to Parliament on their provision.

LORD RENNARD

After Clause 84, insert the following new Clause—

"Report on effect of abolition of NHS England on diabetes services

(1) Before the end of the period of 12 months beginning with the day on which section 1 comes into force, and no less frequently than every 12 months thereafter for the following 3 years, the Secretary of State must publish and lay before Parliament a report assessing the effect of the abolition of NHS England on the planning, funding and delivery of diabetes prevention, treatment and care services in England.

(2) A report under subsection (1) must include an assessment of—

(a) any change in funding allocated to diabetes prevention, treatment and care programmes;

(b) any change to the operation or continuation of national clinical audits relating to diabetes;

(c) the impact on patient access to diabetes technology, including glucose monitoring and insulin delivery systems;

(d) the impact on workforce capacity in specialist diabetes services."

Member's explanatory statement
This new clause would require the Government to monitor and report to Parliament on the impact of NHS England's abolition specifically on diabetes services.

LORD HUNT OF KINGS HEATH

After Clause 84, insert the following new Clause—

"Wheelchair services: standards, performance and outcomes

(1) Each integrated care board must adopt national standards in accordance with section (*National wheelchairs standards*) which apply in its area in relation to the assessment for and supply of wheelchair services.

(2) Each integrated care board must monitor its performance against the standards under subsection (1).

(3) Each integrated care board must publish an annual report including—
  (a) its performance against the standards under subsection (1),
  (b) waiting times for the assessment for and supply of NHS wheelchair services,
  (c) the number and proportion of people waiting longer than 18 weeks for such equipment or services,
  (d) outcomes achieved for people by the provision of NHS wheelchair services, and
  (e) steps taken by the integrated care board to improve the assessment for, and supply of, NHS wheelchair services."

Member's explanatory statement
This new clause would require each integrated care board to adopt national standards which apply in its area in relation to the assessment for and supply of wheelchair services and publish an annual report on their adherence to these.

BARONESS PIDGEON
BARONESS MORGAN OF DREFELIN
LORD PATEL

After Clause 84, insert the following new Clause—

"Cancer treatment: waiting times

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must make provision for every patient to have access to cancer treatment within 62 days following referral for such treatment.

(2) Provision under subsection (1) must by regulations made by statutory instrument amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 to place a right in the NHS constitution for England for every patient to have access to cancer treatment within 62 days following referral for such treatment.

(3) The Secretary of State must establish a scheme to support NHS hospital trusts in meeting the requirement under subsection (1).

(4) As part of the scheme, the Secretary of State must expand the capacity of the Medicines and Healthcare products Regulatory Agency.

(5) The Secretary of State must make an annual statement to Parliament on progress on meeting the requirement under subsection (1).

(6) Any statement made under subsection (5) should be made as close as reasonably practicable to 4 February.

(7) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would give patients a right under the NHS constitution to start cancer treatment within 62 days of referral and requires the Secretary of State to establish a scheme to deliver this. It also requires the Secretary of State to update the House on progress against the target on or around the time of World Cancer Day.

BARONESS PIDGEON

After Clause 84, insert the following new Clause—

"Accident and Emergency: waiting times

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must make provision relating to Accident and Emergency Department admission.

(2) Provision under subsection (1) must by regulations made by statutory instrument amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 to place a right in the NHS Constitution for England for every patient to be admitted into an Accident and Emergency Department within 12 hours of approval of their admission being made.

(3) The Secretary of State must establish and implement an Accident and Emergency Scheme ("the Scheme") to support NHS hospital trusts to achieve the requirement referred to in subsection (2).

(4) The Scheme must consider—
  (a) creating safety-net social care beds,
  (b) increasing step-down care,
  (c) publishing a dedicated accident and emergency care workforce plan, and
  (d) mandating that a qualified clinician must be present in every Accident and Emergency waiting room.

(5) The Secretary of State must have due regard to the final report of the Independent Commission on Adult Social Care in establishing the scheme.

(6) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause gives patients a new right in the NHS constitution to be admitted into A&E within 12 hours from a decision to admit and requires the Secretary of State to introduce a scheme to achieve this.

BARONESS PIDGEON

After Clause 84, insert the following new Clause—

"Terminal illness: end of life care needs

(1) The Secretary of State must by regulations made by statutory instrument impose a duty on integrated care boards to make provision for any person with a terminal illness diagnosis to be offered a conversation with a relevant healthcare professional about their needs for end-of-life care, including their—
  (a) mental and physical health support needs, and
  (b) financial support needs.

(2) For the purposes of subsection (1), if a person with a terminal illness diagnosis is unable to have the conversation, an integrated care board must ensure that the person's next-of-kin are offered a conversation.

(3) Regulations under this section must make provision for any relevant authorities to have regard to the needs identified in a conversation under subsection (1).

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment would require the Secretary of State to make regulations which make provision for the any person with a terminal illness diagnosis to be offered a conversation with a relevant authority about their needs for end-of-life care.

BARONESS WALMSLEY
BARONESS CASS

After Clause 84, insert the following new Clause—

"Medical disinformation strategy

(1) The Secretary of State must, within six months beginning with the day on which this Act is passed, publish a strategy on anti-vaccine and medical disinformation ("the strategy").

(2) The strategy must consider support for medical professionals to build trust and engage with patients who are vaccine-hesitant or have questions about vaccination.

(3) The Secretary of State must lay a copy of this strategy before Parliament upon publication."

Member's explanatory statement
This new clause places a duty on the Secretary of State to publish a strategy to combat anti-vaccine and medical disinformation.

BARONESS TYLER OF ENFIELD

After Clause 84, insert the following new Clause—

"Reporting on outcomes for children

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

(2) In section 14Z58 (integrated care boards: annual report), after subsection (4) insert—

"(4A) An annual report must also include—

(a) a statement of outcomes for children in the board's area during the financial year, by reference to the indicators specified under section (*Reporting on outcomes for children*)(4)(a) of the Health Act 2026,

(b) a statement of the targeted investment made by the board during the financial year, by reference to the guidance specified under section (*Reporting on outcomes for children*)(4)(b) of the Health Act 2026, setting out the purposes for which it was allocated and the indicators to which it relates,

(c) an explanation of the statement under paragraphs (a) and (b), including changes to outcomes and targeted investment from the previous financial year and any steps the board proposes to take as a result, and

(d) an explanation of the relationship between the board's targeted investment and outcomes for children.

(4B) In subsection (4A)—

"children" means persons under the age of 18;

"targeted investment" means expenditure allocated by the Secretary of State or an integrated care board for the purpose of improving outcomes for children by reference to the indicators specified under subsection (4) of section (*Reporting on outcomes for children*) of the Health Act 2026."

(3) The Secretary of State must, as soon as practicable after the end of each financial year, prepare and lay before Parliament a report on health-related outcomes of and targeted investment for children in England.

(4) The Secretary of State must specify and publish—

(a) indicators of outcomes for children, and

(b) the expenditure that is, or is not, to be treated as targeted investment,

for the purposes of this section and section 14Z58(4A) of the National Health Service Act 2006.

(5) A report under subsection (3) must include—

(a) a statement of outcomes for children in England, and in each integrated care board area, by reference to the indicators specified under subsection (4),

(b) a statement of the amount of targeted investment made during the financial year by the Secretary of State and by each integrated care board, and of the change from the previous financial year,

(c) an assessment of the relationship between targeted investment and outcomes for children,

(d) an assessment of variation in outcomes and targeted investment between integrated care board areas, and of changes since the previous financial year, and

(e) a statement of any steps the Secretary of State proposes to take as a result.

(6) Before specifying indicators under subsection (4)(a) or publishing guidance under subsection (4)(b), the Secretary of State must consult such persons as the Secretary of State considers appropriate, including persons with expertise in child health.

(7) The first report under subsection (3) must relate to the first full financial year beginning after the day on which this section comes into force."

Member's explanatory statement
This new clause would require integrated care boards and the Secretary of State to report annually on outcomes for children in their area against nationally specified indicators and on the investment they make specifically to improve those outcomes.

BARONESS ROYALL OF BLAISDON
LORD MOTT

After Clause 84, insert the following new Clause—

"Prostate cancer early detection programme: implementation plan

The Secretary of State must, within 12 months of the day on which this Act is passed, lay before Parliament a prostate cancer early detection programme implementation plan, including a funding assessment, service specification, workforce implications, and an equality impact assessment."

Member's explanatory statement
This amendment would require the Secretary of State to lay before Parliament, within 12 months, an implementation plan for a prostate cancer early detection programme. It would not commit to a single screening method.

LORD HUNT OF KINGS HEATH

After Clause 84, insert the following new Clause—

"National Wheelchairs Commissioner

(1) The Secretary of State must, within six months of the day on which this Act is passed, appoint a National Wheelchairs Commissioner.

(2) The functions of the National Wheelchairs Commissioner are to—

(a) advise the Secretary of State on matters relating to the safety, quality, procurement and provision of NHS wheelchair services;

(b) provide leadership to NHS wheelchair services;

(c) maintain a database of the NHS provision of wheelchairs;

(d) monitor integrated care boards' adoption of national standards established by the Secretary of State under section (*National wheelchairs standards*);

(e) encourage the adoption of good practices in NHS wheelchair commissioning;

(f) encourage the introduction of innovative wheelchair equipment in the NHS;

(g) liaise with the National Wheelchairs Advisory committee as established under section (*National Wheelchairs Advisory Committee*);

(h) perform such other duties as may be prescribed in regulations made by the Secretary of State by statutory instrument.

(3) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to appoint a National Wheelchairs Commissioner to oversee NHS wheelchair services.

LORD HUNT OF KINGS HEATH

After Clause 84, insert the following new Clause—

"National Wheelchairs Advisory Committee

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, establish an independent advisory committee for NHS wheelchair commissioning and provision to be known as the National Wheelchairs Advisory Committee ("the Committee").

(2) The responsibilities of the Committee are to advise the Secretary of State and the National Wheelchairs Commissioner on all aspects of NHS wheelchair commissioning and provision, as prescribed in regulations made by the Secretary of State by statutory instrument.

(3) The Secretary of State may refer specific matters to the Committee for consideration and advice.

(4) Schedule (*National Wheelchairs Advisory Committee*) sets out the arrangements regarding membership, terms of office and other governance matters.

(5) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament."

BARONESS RITCHIE OF DOWNPATRICK

After Clause 84, insert the following new Clause—

"Fixed recoverable costs in clinical negligence claims

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must decide whether to proceed with the introduction of fixed recoverable costs for clinical negligence claims in which the value of damages is £25,000 or less.

(2) Within the period specified in subsection (1), the Secretary of State must lay before each House of Parliament a statement setting out the decision made under that subsection.

(3) The statement must confirm that the Secretary of State has decided either—
  (a) to proceed with the introduction of fixed recoverable costs for such claims, or
  (b) not to proceed with the introduction of fixed recoverable costs for such claims.

(4) Where the Secretary of State has decided to proceed with the introduction of fixed recoverable costs, the statement must set out—
  (a) the principal features of the proposed scheme, and
  (b) the proposed timetable for its implementation.

(5) In this section, "fixed recoverable costs" means provision fixing the amount of legal costs recoverable in respect of a clinical negligence claim."

Member's explanatory statement
This would require the Secretary of State, within six months of Royal Assent, to decide whether to proceed with the introduction of fixed recoverable costs for NHS clinical negligence claims in which the value of damages is £25,000 or less, and to lay a statement setting out that decision before both Houses of Parliament. If the Secretary of State decides to proceed, the statement must also set out the principal features of the proposed scheme and the proposed timetable for its implementation.

BARONESS HOLLINS
LORD HAMILTON OF EPSOM

After Clause 84, insert the following new Clause—

"Research into innovative treatments involving controlled substances

(1) The Secretary of State must by regulations made by statutory instrument take steps to enable and support the development of research relating to innovative treatments, which use substances listed in Schedule 1 to the Misuse of Drugs Regulations 2001 (S.I. 2001/3998).

(2) Regulations made under this section must make provision, for—
  (a) the lawful possession, supply, administration, production and importation of such substances for the purposes of clinical trials or other research activities approved in accordance with regulations made by the Secretary of State, notwithstanding any prohibition or restriction imposed by or under the Misuse of Drugs Act 1971 or the Misuse of Drugs Regulations 2001, and
  (b) proportionate and timely arrangements relating to the approval, licensing and oversight of authorised research activities under this section.

(3) Provision under subsection (2) applies to—
  (a) approved research bodies,
  (b) authorised researchers,
  (c) participating healthcare providers, and
  (d) specified substances used for approved research purposes,

and does not alter the schedule or classification of a substance.

(4) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to take steps to enable and support the development of research relating to innovative treatments, which use substances listed in Schedule 1 of the Misuse of Drugs Regulations 2001.

BARONESS HOLLINS

After Clause 84, insert the following new Clause—

"Compassionate access to innovative treatments

(1) In exercising their functions in relation to the health service, the Secretary of State must by regulations make provision for compassionate access to innovative treatments, involving substances listed in Schedule 1 of the Misuse of Drugs Regulations 2001 (S.I. 2001/3998), for patients with serious or life-threatening conditions in circumstances where conventional treatments have been unsuccessful, unsuitable, or unavailable.

(2) Regulations made by statutory instrument under this section must make provision for the authorisation, supply, possession, administration and supervision of such treatments, notwithstanding any restriction imposed by or under the Misuse of Drugs Act 1971 or the Misuse of Drugs Regulations 2001, including provision for—

(a) appropriate clinical and regulatory safeguards,

(b) approval arrangements for participating clinicians, providers and pharmacies, and

(c) case-by-case decision-making having regard to clinical need, patient safety, and available evidence.

(3) For the purposes of this section, a serious or life-threatening condition is defined as a condition involving a substantial risk to life or serious impairment of health or functioning.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to make provision for compassionate access to innovative treatments, involving substances listed in Schedule 1 of the Misuse of Drugs Regulations 2001, for patients with serious or life-threatening conditions in certain circumstances.

LORD SCRIVEN
BARONESS HOLLINS

After Clause 84, insert the following new Clause—

"Reducing inequalities in mortality for people with a learning disability and autistic people

(1) The Secretary of State must make and maintain arrangements under this section for identifying and reducing inequalities in life expectancy or avoidable mortality experienced by people with a learning disability or autistic people compared with the general population, including arrangements for—

(a) detailed reviews of the deaths of people with a learning disability and autistic people,

(b) the identification and annual publication, by each integrated care board, of themes, inequalities, service failures and learning arising from those reviews,

(c) the annual national aggregation, analysis and independent academic audit of findings from those reviews and integrated care board reports to identify national themes, systemic failures, opportunities for improvement and data gaps, and

(d) annual public reporting and oversight by the Secretary of State of the operation and effectiveness of arrangements under this section.

(2) The arrangements under subsection (1) must require integrated care boards to—

(a) identify deaths falling within the scope of the arrangements,

(b) ensure detailed reviews are carried out in accordance with the standard set out in subsection (3), covering at least a nationally specified minimum proportion of deaths set out in subsection (4),

(c) ensure deaths meeting the criteria for enhanced scrutiny set out in subsection (5) undergo detailed review,

(d) produce, publish, and implement an annual action plan specifying concrete steps and measurable targets to address learning and service failures,

(e) provide findings from reviews for national analysis, and

(f) publish an annual report in accordance with subsection (6).

(3) A detailed review must—

(a) be carried out by a reviewer who is independent of any body that provided health or social care to the person in the year before their death,

(b) be completed within six months of the integrated care board being notified of the death,

(c) include examination of the person's health and care records,

(d) seek the views of a family member, carer or advocate of the person,

(e) assess—

(i) the quality of the health and social care the person received,

(ii) whether reasonable adjustments were made to that care,

(iii) whether the death was potentially avoidable, and

(iv) any learning for the integrated care board, providers or other bodies, and

(f) be recorded in a format common to all integrated care boards, so that reviews are consistent and comparable nationally.

(4) In each financial year, each integrated care board must ensure that the number of deaths subject to detailed review is not less than one half of the deaths it identifies under subsection (2)(a), and deaths reviewed under subsection (2)(c) count towards that proportion.

(5) The criteria for enhanced scrutiny are that—

(a) the person was from an ethnic minority background,

(b) the person was autistic and did not have a learning disability,

(c) a family member, carer or advocate of the person has requested a detailed review,

(d) at the time of their death, the person was detained under the Mental Health Act 1983, deprived of their liberty under the Mental Capacity Act 2005, or an inpatient in a mental health or learning disability setting, or

(e) a concern has been raised by any person about the care or treatment the person received.

(6) Each integrated care board must produce and publish an annual report setting out in relation to deaths of people with a learning disability or autistic people—

(a) the number and proportion of identified deaths subject to detailed review,

(b) recurring themes, service failures, and health inequalities,

(c) measurable progress made against previous action plans, and

(d) significant data gaps and actions required to rectify them.

(7) The Secretary of State must ensure that—

(a) findings from individual reviews and integrated care board reports are aggregated and analysed nationally at least annually, and

(b) the national aggregated findings, data and analysis are audited by an independent academic body to verify their accuracy and ensure independent evaluation prior to publication.

(8) The Secretary of State must publish, at least annually, a national report setting out in relation to deaths of people with a learning disability or autistic people—

(a) national mortality data, recurring themes, systemic failures, and inequalities,

(b) the findings and verification assessment of the independent academic audit conducted under subsection (7)(b),

(c) national priorities, mandatory targets, and system-wide actions required for improvement,

(d) actions taken or proposed by the Secretary of State, NHS bodies, providers, and regulators, and

(e) steps taken to address identified data gaps.

(9) Where a report under subsection (6) or (8), or a performance assessment under section 14Z59 of the National Health Service Act 2006 (performance assessment of integrated care boards), indicates recurring service failures, persistent mortality inequalities, or a failure by an integrated care board or NHS body to implement required improvements, the Secretary of State may issue binding directions to that board or body specifying—

(a) the mandatory improvement actions required, and

(b) the time frame within which those actions must be completed.

(10) An integrated care board, NHS trust or NHS foundation trust must comply with any direction given under subsection (9).

(11) The Secretary of State must, in respect of each financial year—

(a) conduct a review of the operation, effectiveness and impact of arrangements under this section,

(b) assess the extent to which relevant bodies have implemented learning and complied with directions,

(c) lay the national report and statutory review before Parliament, and

(d) make an oral statement to Parliament on the findings of the review and overall progress in reducing avoidable mortality.

(12) In conducting a performance assessment of an integrated care board under section 14Z59 of the National Health Service Act 2006 (performance assessment of integrated care boards), the Secretary of State must evaluate the board's compliance with this section and its implementation of directions issued under subsection (9).

(13) The Secretary of State must issue statutory guidance on the operation of these arrangements, and integrated care boards and relevant NHS bodies must act in accordance with that guidance.

(14) Guidance under subsection (13)—

(a) must make provision about—

(i) the notification of deaths to integrated care boards,

(ii) the training and independence of reviewers,

(iii) support for families, carers and advocates during reviews, and

(iv) the common format required by subsection (3)(f)

(b) may make further provision about the matters in subsections (3) to (5), but may not disapply or reduce any requirement of those subsections,

(c) must be published following consultation with people with a learning disability, autistic people, their families and carers, and organisations representing them, and

(d) must be laid before Parliament."

Member's explanatory statement
This amendment requires independent reviews of the deaths of people with a learning disability and autistic people, with annual reporting by integrated care boards and the Secretary of State, to identify and reduce inequalities in avoidable mortality.

LORD BLENCATHRA

After Clause 84, insert the following new Clause—

"De-registration of doctors and health care professionals found to have committed sexual misconduct

(1) The Secretary of State must make regulations made by statutory instrument requiring a statutory regulator of a health or care profession to remove from its register any person found to have committed sexual misconduct.

(2) Regulations under subsection (1) must provide that removal from the register is the mandatory sanction and may not be replaced by a lesser sanction.

(3) In this section, "sexual misconduct" includes sexual abuse, sexual assault, sexual harassment, sexually motivated conduct, and any sexual conduct involving an abuse of a position of professional trust.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment seeks to require statutory regulators of health and care professions to permanently remove from their professional register any person found to have committed sexual misconduct and would prevent regulators from imposing a lesser sanction in such cases.

LORD PATEL

After Clause 84, insert the following new Clause—

"Periodic review of public health system

(1) The Secretary of State must ensure that an independent review of the state of the public health system is conducted at intervals of no more than three years.

(2) The Secretary of State must lay a report of each review before Parliament."

Member's explanatory statement
This amendment seeks to probe the Government on whether it would support a statutory requirement for regular independent reviews of the public health system in order to assess its overall condition, identify emerging provisions and ensure parliamentary scrutiny.

BARONESS FINLAY OF LLANDAFF
BARONESS HOLLINS

After Clause 84, insert the following new Clause—

"Integration of voluntary sector and health and social care services in the provision of palliative care

(1) An integrated care board must take all reasonable steps to integrate the specialist palliative care provided by the voluntary sector with such services provided by the NHS.

(2) Such integration must include, but is not limited to—
  (a) provision of specialist palliative care support,
  (b) provision of in-patient palliative care beds when required,
  (c) sharing of equipment,
  (d) availability of NHS pharmacy services and supply of medication,
  (e) collaboration in education and training of the health and social care workforce, and
  (f) provision of honorary contracts across different providers, to ensure staff mobility as required for patient care.

(3) An integrated care board must publish an annual statement specifying how it has complied with this section.

(4) The Secretary of State may issue guidance about the application of this section to which integrated care boards must have regard."

Member's explanatory statement
This amendment seeks to ensure streamlined provision of services for patients receiving specialist palliative care irrespective of where they are being cared for.

BARONESS FINLAY OF LLANDAFF

After Clause 84, insert the following new Clause—

"Communication with parents of children who are near to death

(1) The Secretary of State must, within the period of 12 months beginning with the day on which this Act is passed, publish guidance about communication between relevant NHS bodies and the parents of critically ill children in relation to decisions concerning their child's treatment and care.

(2) Guidance issued under subsection (1) must make provision for—

(a) parents to be consulted and informed, at all stages, about decisions concerning the care or treatment of their child and the reasons for those decisions,

(b) facilitating access to an independent specialist second opinion in cases involving potentially life-ending or life-changing decisions,

(c) access to an independent mediator where there is disagreement between parents and clinicians regarding the care or treatment of a child,

(d) the transfer of a child to another hospital where an independent specialist second opinion supports such transfer and appropriate clinical safeguards are satisfied, and

(e) arrangements to fulfil parent's wishes for family members to visit a child before the child's death, whether in the hospital, a children's hospice or under clinical or hospice supervision the family home.

(3) In preparing guidance under this section, the Secretary of State must have regard to Article 2 of the European Convention on Human Rights."

Member's explanatory statement
This new clause seeks to require the Secretary of State to issue guidance to integrated care boards and hospitals concerning their role in communicating with parents of critically ill children near to death, and involving them in decision-making.

BARONESS BLOOMFIELD OF HINTON WALDRIST

After Clause 84, insert the following new Clause—

"Review of interoperability of NHS digital applications across the United Kingdom

Within 12 months of the day on which this Act is passed, the Secretary of State must—

(a) undertake and publish a review of the interoperability of patient-facing digital applications used by the health services in England, Scotland, Wales and Northern Ireland,

(b) consult the relevant health authorities in each part of the United Kingdom regarding the interoperability of patient-facing digital applications, and

(c) lay before Parliament a report setting out the findings of the review and any proposals for improving interoperability."

Member's explanatory statement
This amendment seeks to require the Secretary of State to review the interoperability of patient-facing digital health applications used across the United Kingdom, and to report on opportunities to improve the sharing of information between them.

BARONESS GERADA

After Clause 84, insert the following new Clause—

"Integrated frailty pathways

(1) Integrated care boards must make arrangements to ensure the provision of an integrated frailty pathway for adults attending an accident and emergency department who are identified as living with, or at risk of, frailty.

(2) The pathway must support—
  (a) early identification of frailty,
  (b) timely assessment, including comprehensive geriatric assessment where clinically appropriate,
  (c) access to appropriate multidisciplinary care and coordination, and
  (d) effective coordination between hospital services, general practices, community health services and adult social care, including to support safe discharge and alternatives to hospital admission where clinically appropriate.

(3) In discharging its duty under this section, an integrated care board must have regard to relevant national guidance, standards and frameworks relating to frailty and urgent and emergency care."

Member's explanatory statement
This new clause seeks to require integrated care boards to ensure integrated frailty pathways, supporting early identification, appropriate assessment, coordinated multidisciplinary care and integration across hospital, primary, community and social care, having regard to relevant national guidance and future developments in frailty and urgent and emergency care policy.

BARONESS HODGSON OF ABINGER

★ After Clause 84, insert the following new Clause—

"Review of clinic negligence model

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must set up a commission to review the current framework and process used by the NHS to respond to clinical negligence claims.

(2) The review under subsection (1) must consider proposals for improving the process and framework used by the NHS to respond to clinical negligence claims, including—
  (a) reducing the time from incident to resolution,

(b) reducing legal costs for individuals and organisations, and

(c) providing support for patients and their families where an incident has occurred.

(3) The commission must consist of—

(a) an independent chair, and

(b) representative of patients, clinicians and legal entities.

(4) The commission must—

(a) complete its review within the period of 18 months beginning with the day on which this Act is passed, and

(b) publish a report which must be laid before Parliament."

Member's explanatory statement

This amendment seeks to require a review of the current clinical negligence system, looking particularly into proposals for reducing legal costs and providing an improved resolution for patients.

BARONESS FINLAY OF LLANDAFF

★ After Clause 84, insert the following new Clause—

"Cancer genomic testing and personalised medicines

(1) In exercising functions in relation to the health service in England, the Secretary of State must take all reasonable steps to ensure that—

(a) timely and comprehensive molecular and genomic testing (including for rarer actionable drivers) is provided as a standard part of cancer diagnostic pathways,

(b) integrated care boards and NHS providers have appropriate tissue collection, processing and storage facilities to facilitate personalised treatments,

(c) integrated care boards and NHS providers put in place consistent operational arrangements for the safe and effective delivery of personalised cancer medicines, and

(d) regional and demographic variation in access to genomic testing, specialist cancer treatments and supporting data infrastructure is reduced.

(2) In discharging the duty under subsection (1) the Secretary of State must have regard to the objectives of the National Cancer Plan for England."

Member's explanatory statement

This new clause would strengthen requirements on the Secretary of State to put in place timely, comprehensive molecular and genomic testing, to ensure integrated care boards put in place consistent operational arrangements for the delivery of personalised cancer treatments and to reduce regional and demographic variation, consistent with the National Cancer Plan's goals.

BARONESS BOYCOTT
BARONESS RITCHIE OF DOWNPATRICK
BARONESS SHEEHAN

★ After Clause 84, insert the following new Clause—

"Resilience to climate and environmental degradation risks

Each NHS trust and NHS foundation trust must publish plans setting out—

(a) an assessment of the risks to its premises, workforce and services from current and predicted impacts of climate change and environmental degradation, and

(b) details of plans to implement measures which can address those risks."

BARONESS CASS

★ After Clause 84, insert the following new Clause—

"Health improvement and health inequalities outcome targets for children

(1) Within six months of the day on which this Act is passed, the Secretary of State must—

(a) make regulations made by statutory instrument to set long term outcome targets for improving the health of children in England and reducing inequalities in health between children in England, and

(b) publish a cross-government strategy to set out how the target set by regulations under paragraph (a) will be achieved.

(2) In preparing the strategy under subsection (1)(b) the Secretary of State must consult any relevant bodies which they consider appropriate.

(3) A Minister of the Crown must have regard to the strategy when exercising functions of the Minister.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause requires the Secretary of State to set statutory long-term targets for improving children's health and reducing health inequalities, publish a cross-government strategy for meeting those targets, and secure parliamentary approval of the targets through the affirmative procedure.

BARONESS FINLAY OF LLANDAFF

★ After Clause 84, insert the following new Clause—

"Radiotherapy services: national planning and improvement

(1) The Secretary of State must exercise functions in relation to the health service in England with a view to securing effective arrangements for planning and delivering improvements to radiotherapy services.

(2) For the purposes of subsection (1), the Secretary of State must publish a national delivery programme, informed by an assessment of clinical need and service capacity, setting out measures to—

(a) improve access to radiotherapy services and reduce avoidable treatment delays,

(b) address shortfalls in workforce, equipment and treatment capacity, including geographical inequalities in access, and

(c) improve access to evidence-based modern radiotherapy techniques.

(3) The programme must identify the actions required, the bodies responsible for their delivery and the timescales for implementation.

(4) The Secretary of State must make arrangements for implementing the programme through the exercise of relevant statutory functions and keep the effectiveness of those arrangements under review.

(5) The programme may form part of the National Cancer Plan for England, or any successor plan, provided that the requirements of this section are met."

Member's explanatory statement
This new clause would require the Secretary of State to secure effective arrangements for planning and delivering improvements to radiotherapy services, supported by a national delivery programme addressing access, waiting times, capacity and modern treatments.

BARONESS YOUNG OF OLD SCONE

★ After Clause 84, insert the following new Clause—

"National strategy for inflammatory bowel disease

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, prepare and publish a national strategy for improving treatment, care and outcomes of persons living with inflammatory bowel disease.

(2) The strategy must—

(a) establish nationally consistent standards of care and performance measures, informed by nationally recognised clinical guidelines, quality standards and service specifications,

(b) set measurable objectives for improving patient outcomes and quality of life, supported by consistent data that enables comparison between areas and over time,

(c) promote workforce planning and training sufficient to meet the needs of persons living with inflammatory bowel disease, and

(d) address inequalities in access to care and outcomes.

(3) In preparing the strategy, the Secretary of State must consult—

(a) persons living with inflammatory bowel disease and their carers,

(b) organisations representing persons living with inflammatory bowel disease,

(c) healthcare professionals with expertise in inflammatory bowel disease, and

(d) such other persons as the Secretary of State considers appropriate.

(4) The Secretary of State must review and, if considered appropriate, revise the strategy at intervals not exceeding five years.

(5) In this section, "inflammatory bowel disease" includes Crohn's disease, ulcerative colitis and such related conditions as the Secretary of State may specify in regulations made by statutory instrument.

(6) Regulations under this section may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
The amendment seeks to establish a clear national framework for improving inflammatory bowel disease care, including an agreed set of standards and measures against which local performance can be assessed consistently.

Schedule 12

BARONESS MERRON

Schedule 12, page 150, line 8, at end insert—

"Public Records Act 1958

1A 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—

"Maternity and Neonatal Commissioner for England.""

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

Schedule 12, page 157, line 25, at end insert—

"(c) in Part 6 (other public bodies and offices: general), at the appropriate place insert—

"The Maternity and Neonatal Commissioner for England.""

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

Schedule 12, page 172, line 2, at end insert—

"(ba) after paragraph (ga), insert—

"(gb) the Maternity and Neonatal Commissioner for England,""

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

Schedule 12, page 186, line 8, at end insert—

"(c) at the appropriate place, insert "The Maternity and Neonatal Commissioner for England"."

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

Schedule 12, page 212, line 11, at end insert—

"400A In section 126 (co-operation with HSSIB), in subsection (3)—

(a) omit paragraph (b);

(b) after paragraph (n) insert—

"(o) the Maternity and Neonatal Commissioner for England."

400B (1) Section 127 (assistance of NHS bodies) is amended as follows.

(2) In subsection (1) omit paragraph (b).

(3) In subsection (2)—

(a) omit paragraph (c);

(b) after paragraph (d) insert—

"(e) a Special Health Authority."

400C In section 135 (interpretation of Part 4), in the definition of "NHS trust" omit "section 25 of"."

Member's explanatory statement
This adds consequential amendments to the Bill.

BARONESS MERRON

Schedule 12, page 212, line 12, at end insert—

"401A In Schedule 13 (the Health Services Safety Investigations Body), omit Part 2 (transfer schemes)."

Member's explanatory statement
This adds a consequential amendment to the Bill.

After Schedule 12

LORD HUNT OF KINGS HEATH

After Schedule 12, insert the following new Schedule—

"SCHEDULE Section

NATIONAL WHEELCHAIRS ADVISORY COMMITTEE

1 The Committee must consist of a chairman appointed by the Secretary of State and not less than 10 nor more than 13 other members so appointed.

2 Each member of the Committee may be appointed to hold office for such a period of not more than 5 years, nor less than 3 years, as the Secretary of State may determine.

3 The Secretary of State may, at any time before the expiration of the term of office of any member, extend or further extend that member's term of office, but no one extension may be for a period of more than 5 years from the date when the term of office would otherwise expire.

4 Any member—

(a) is eligible for reappointment from time to time on or after the expiration of their term of office;

(b) may by notice in writing to the Secretary of State resign office at any time, while remaining eligible for reappointment.

5 At least one third of the members of the Committee must be users of NHS wheelchair services.

6 The Secretary of State may remove a member of the Committee on the ground of incapacity or misbehaviour.

7 The Secretary of State must appoint a secretary to the Committee and may appoint such other officers as necessary to the Committee, and there may be paid to them by the Secretary of State such salaries and allowances as the Secretary of State may with the consent of the Treasury determine.

8 The expenses of the Committee to such an amount as approved by the Treasury must be paid by the Secretary of State.

9 There may be paid as part of the expenses of the Committee—

(a) to all or any of the members of the Committee, such salaries or other remuneration and travelling and other allowances, and

(b) to persons attending its meetings at the request of the Committee, such travelling and other allowances (including compensation for loss of remunerative time),

as the Secretary of State may with the consent of the Treasury determine.

10 The Secretary of State may pay or make provision for paying, to or in respect of any member of the Committee, such sums by way of pensions, superannuation allowances and gratuities as the Secretary of State may determine with the consent of the Treasury.

11 Where a person ceases to be a member of the Committee otherwise than on the expiry of their term of office and it appears to the Secretary of State that there are special circumstances which allow for the person to receive compensation, the Secretary of State may make to the person a payment of such amount as the Secretary of State may determine with the consent of the Treasury.

12 The Committee may act notwithstanding any vacancy among the members.

13 The Committee may make rules for regulating its procedure (including the quorum of the Committee)."

Member's explanatory statement
This new clause would require the Secretary of State to establish an advisory committee for NHS wheelchair commissioning and provision to be known as the National Wheelchairs Advisory Committee.

Clause 87

BARONESS MERRON

Clause 87, page 65, line 6, at end insert—

"(da) section 59(2) (arrangements to commission services for devolved authorities);"

Member's explanatory statement
This changes the extent of new section 295 of the Health and Social Care Act 2012 (inserted by clause 59) so as to allow the Secretary of State to make arrangements with the devolved administrations to commission services anywhere in the United Kingdom.

BARONESS MERRON

Clause 87, page 65, line 10, leave out paragraph (g)

Member's explanatory statement
This is consequential on my amendment to leave out Schedule 9.

Clause 88

LORD LANSLEY

★ Clause 88, page 65, line 22, at end insert—

"(za) section (*Cap on care costs*) (cap on care costs);"

Member's explanatory statement
This amendment is consequential on my amendment inserting a new clause after Clause 57 to commence the cap on care costs under the Care Act 2014. It provides for that clause to be brought into force two months after Royal Assent.

Health Bill

RUNNING LIST OF ALL

AMENDMENTS IN COMMITTEE OF THE WHOLE HOUSE

Tabled up to and including

22 October 2026

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22 October 2026

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