Health and Care Act 2022

2022 CHAPTER 31

An Act to make provision about health and social care. [28th April 2022]

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

PART 1

HEALTH SERVICE IN ENGLAND: INTEGRATION, COLLABORATION AND OTHER CHANGES

NHS England

1 NHS Commissioning Board renamed NHS England

(1) The National Health Service Commissioning Board is renamed NHS England.

(2) Schedule 1 contains consequential amendments.

Commencement Information

I1 S. 1 not in force at Royal Assent, see **s. 186(6)**

I2 S. 1(1) in force at 9.5.2022 for specified purposes by S.I. 2022/515, **reg. 2(a)**

I3 S. 1(1) in force at 1.7.2022 in so far as not already in force by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I4 S. 1(2) in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

2 Power to require commissioning of specialised services

(1) Section 3B of the National Health Service Act 2006 (Secretary of State's power to require commissioning of services) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) For subsection (2) substitute—

"(2) A service or facility may be prescribed under subsection (1)(d) only if the Secretary of State considers that it would be appropriate for NHS England to arrange for the provision of that service or facility (whether by NHS England making arrangements itself or by giving directions under section 13YB or making arrangements under section 65Z5)."

(3) In subsection (3), omit paragraph (d).

(4) After subsection (4) insert—

"(4A) If the Secretary of State refuses a request by NHS England to revoke provision made by regulations under subsection (1)(d) prescribing a service or facility, the Secretary of State must explain why to NHS England."

Commencement Information

I5 S. 2 not in force at Royal Assent, see **s. 186(6)**

I6 S. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

3 Spending on mental health

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

(2) After section 12E insert—

"**12F Expected mental health spending**

(1) The Secretary of State must, in respect of each financial year, publish and lay before Parliament a document—

(a) stating, by comparison with the previous financial year—

(i) whether the Secretary of State expects there to be an increase in the amount of expenditure incurred by NHS England and integrated care boards (taken together) in relation to mental health, and

(ii) whether the Secretary of State expects there to be an increase in the proportion of the expenditure incurred by NHS England and integrated care boards (taken together) that relates to mental health, and

(b) explaining why.

(2) The Secretary of State must publish and lay the document before the financial year to which it relates."

(3) In section 13U (annual report), after subsection (2A) (inserted by section 34 of this Act) insert—

"(2B) The annual report must include—

(a) a statement of the amount of expenditure incurred by NHS England and integrated care boards during the year (taken together) in relation to mental health,

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(b) a calculation of the proportion of the expenditure incurred by NHS England and integrated care boards during the year (taken together) that relates to mental health, and

(c) an explanation of the statement and calculation."

Commencement Information

I7 S. 3 not in force at Royal Assent, see **s. 186(6)**

I8 S. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

4 NHS England mandate: general

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

(2) In section 13A (mandate)—

(a) in subsection (1), omit "Before the start of each financial year,";

(b) in subsection (2), in paragraph (a), omit from "during that financial year" to the end of that paragraph (but not the final "and");

(c) omit subsections (3) and (4);

(d) in subsection (5), omit "in relation to the first financial year to which the mandate relates";

(e) after subsection (6) insert—

"(6A) The Secretary of State may revise the mandate.

(6B) If the Secretary of State revises the mandate, the Secretary of State must publish and lay before Parliament the mandate as revised."

(3) In section 13B (the mandate: supplementary provision)—

(a) for the heading substitute "Review of NHS England's performance in implementing the mandate";

(b) omit subsections (2) to (5).

(4) In section 13T (business plan)—

(a) in subsection (3), omit "for the first financial year to which the plan relates";

(b) after subsection (3) insert—

"(3A) The fact that the mandate is revised during the period to which a business plan relates does not require NHS England to revise the plan."

(5) In section 13U (annual report), in subsection (2), for paragraph (a) substitute—

"(a) the extent to which, in that year, it met any objectives or requirements specified in the mandate,".

Commencement Information

I9 S. 4 not in force at Royal Assent, see **s. 186(6)**

I10 S. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

5 NHS England mandate: cancer outcome targets

(1) Section 13A of the National Health Service Act 2006 (mandate) is amended in accordance with subsection (2).

(2) After subsection (2), insert the following new subsection—

"(2A) The objectives specified by the Secretary of State under subsection (2)(a) for NHS England must include objectives relating to outcomes for cancer patients, and those objectives are to be treated by NHS England as having priority over any other objectives relating specifically to cancer."

Commencement Information

I11 S. 5 not in force at Royal Assent, see **s. 186(6)**

I12 S. 5 in force at 14.6.2023 by S.I. 2023/648, **reg. 2**

6 Duties as to reducing inequalities

In section 13G of the National Health Service Act 2006 (NHS England's duties in relation to the reduction of inequalities)—

(a) in paragraph (a), for "patients" substitute "persons";

(b) in paragraph (b), after "services" insert "(including the outcomes described in section 13E(3))".

Commencement Information

I13 S. 6 not in force at Royal Assent, see **s. 186(6)**

I14 S. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

7 Duties in respect of research: business plan and annual report etc

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

(2) In section 13L (duty in respect of research), after "functions," insert "facilitate or otherwise".

(3) In section 13T (business plan), in subsection (2)(a), after "13G" insert ", 13L".

(4) In section 13U (annual report), in subsection (2)(c) (as amended by section 78(4) of this Act), at the appropriate place insert—

"section 13L;".

Commencement Information

I15 S. 7 not in force at Royal Assent, see **s. 186(6)**

I16 S. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

8 NHS England: wider effect of decisions

After section 13N of the National Health Service Act 2006 insert—

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"**13NA Duty to have regard to wider effect of decisions**

(1) In making a decision about the exercise of its functions, NHS England must have regard to all likely effects of the decision in relation to—

(a) the health and well-being of the people of England;

(b) the quality of services provided to individuals—

(i) by relevant bodies, or

(ii) in pursuance of arrangements made by relevant bodies,

for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

(2) In subsection (1)—

(a) the reference to a decision does not include a reference to a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness;

(b) the reference to effects of a decision in relation to the health and well-being of the people of England includes a reference to its effects in relation to inequalities between the people of England with respect to their health and well-being;

(c) the reference to effects of a decision in relation to the quality of services provided to individuals includes a reference to its effects in relation to inequalities between individuals with respect to the benefits that they can obtain from those services.

(3) In discharging the duty under this section, NHS England must have regard to guidance published by it under section 13NB.

(4) In this section "relevant bodies" means—

(a) NHS England,

(b) integrated care boards,

(c) NHS trusts established under section 25, and

(d) NHS foundation trusts.

13NB Guidance about discharge of duty

(1) NHS England may publish guidance about the discharge of—

(a) the duty imposed on it by section 13NA;

(b) the duty imposed on integrated care boards by section 14Z43;

(c) the duty imposed on NHS trusts by section 26A;

(d) the duty imposed on NHS foundation trusts by section 63A.

(2) NHS England must consult any persons NHS England considers it appropriate to consult—

(a) before first publishing guidance under this section, and

(b) before publishing any revised guidance containing changes that are, in the opinion of NHS England, significant."

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I17 S. 8 not in force at Royal Assent, see **s. 186(6)**

I18 S. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

9 NHS England: duties in relation to climate change etc

After section 13NB of the National Health Service Act 2006 (inserted by section 8 of this Act) insert—

"**13NC Duties as to climate change etc**

(1) NHS England must, in the exercise of its functions, have regard to the need to—

(a) contribute towards compliance with—

(i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and

(ii) section 5 of the Environment Act 2021 (environmental targets), and

(b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

(2) In discharging the duty under this section, NHS England must have regard to guidance published by it under section 13ND.

13ND Guidance about discharge of duty under section 13NC etc

NHS England may publish guidance about the discharge of—

(a) the duty imposed on it by section 13NC;

(b) the duty imposed on integrated care boards by section 14Z44;

(c) the duty imposed on NHS trusts by section 26B;

(d) the duty imposed on NHS foundation trusts by section 63B."

Commencement Information

I19 S. 9 not in force at Royal Assent, see **s. 186(6)**

I20 S. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

10 Public involvement: carers and representatives

In section 13Q of the National Health Service Act 2006 (public involvement and consultation), in subsection (2), after "individuals to whom the services are being or may be provided" insert ", and their carers and representatives (if any),".

Commencement Information

I21 S. 10 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I22 S. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

11 Information about inequalities

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

(2) After section 13S insert—

"**13SA Information about inequalities**

(1) NHS England must publish a statement setting out—

(a) a description of the powers available to relevant NHS bodies to collect, analyse and publish information relating to—

(i) inequalities between persons with respect to their ability to access health services;

(ii) inequalities between persons with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 13E(3)); and

(b) the views of NHS England about how those powers should be exercised in connection with such information.

(2) NHS England may from time to time publish a revised statement under subsection (1).

(3) In this section "relevant NHS bodies" means—

(a) integrated care boards,

(b) NHS trusts established under section 25, and

(c) NHS foundation trusts."

(3) In Schedule 4 (NHS trusts: constitution etc), in paragraph 12, after sub-paragraph (1A) (inserted by Schedule 4 to this Act) insert—

"(1B) The annual report must, in particular, review the extent to which the NHS trust has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised)."

(4) In Schedule 7 (constitution of public benefit corporations), in paragraph 26, after sub-paragraph (1A) (inserted by Schedule 4 to this Act) insert—

"(1B) The reports must, in particular, review the extent to which the public benefit corporation has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised)."

Commencement Information

I23 S. 11 not in force at Royal Assent, see **s. 186(6)**

I24 S. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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12 Support and assistance by NHS England

After section 13Y of the National Health Service Act 2006 insert—

"Assistance and support

13YA Power of NHS England to provide assistance and support

(1) NHS England may provide assistance or support to—

(a) any person providing or proposing to provide services as part of the health service;

(b) any person, not within paragraph (a), exercising functions in relation to the health service.

(2) The assistance that may be provided under subsection (1)(a) or (b) includes making available the services of NHS England's employees or any other resources of NHS England.

(3) The assistance that may be provided under subsection (1)(a), or that may be provided under subsection (1)(b) to integrated care boards, also includes financial assistance.

(4) Assistance or support provided under this section may be provided on such terms, including terms as to payment, as NHS England considers appropriate."

Commencement Information

I25 S. 12 not in force at Royal Assent, see **s. 186(6)**

I26 S. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

13 Exercise of functions relating to provision of services

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

(2) After section 13YA (inserted by section 12 of this Act) insert—

"Discharge of functions

13YB Directions in respect of functions relating to provision of services

(1) NHS England may by direction provide for any of its relevant functions to be exercised by one or more integrated care boards.

(2) In this section "relevant function" means—

(a) any function of NHS England under section 3B(1) (commissioning functions);

(b) any function of NHS England, not within paragraph (a), that relates to the provision of—

(i) primary medical services,

(ii) primary dental services,

(iii) primary ophthalmic services, or

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(iv) services that may be provided as pharmaceutical services, or as local pharmaceutical services, under Part 7;

(c) any function of NHS England by virtue of section 7A or 7B (exercise of Secretary of State's public health functions);

(d) any other functions of NHS England so far as exercisable in connection with any functions within paragraphs (a) to (c).

(3) Regulations may—

(a) provide that the power in subsection (1) does not apply, or applies only to a prescribed extent, in relation to a prescribed function;

(b) impose conditions on the exercise of the power.

(4) A direction under subsection (1) may include provision prohibiting or restricting the integrated care board from making delegation arrangements in relation to a function that is exercisable by it by virtue of the direction.

(5) In subsection (4) "delegation arrangements" means arrangements made by a person for the exercise of a function by someone else.

(6) NHS England may make payments to an integrated care board in respect of the exercise by it of a function by virtue of a direction under subsection (1).

(7) NHS England may give directions to an integrated care board as to the exercise by it of any functions in pursuance of a direction under subsection (1).

(8) As soon as reasonably practicable after giving a direction under subsection (1), NHS England must publish it.

(9) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by an integrated care board of any function by virtue of this section are enforceable by or against it (and no other person)."

(3) In section 73 (directions and regulations under Part 2), in subsection (1), after paragraph (b) insert—

"(ba) section 13YB,".

Commencement Information

I27 S. 13 not in force at Royal Assent, see **s. 186(6)**

I28 S. 13 in force at 1.4.2023 by S.I. 2023/371, **reg. 2(a)**

14 Preparation of consolidated accounts for providers

Before section 66 of the National Health Service Act 2006 (and the italic heading before it) insert—

"Consolidated accounts

65Z4 Consolidated accounts for NHS trusts and NHS foundation trusts

(1) NHS England must, in respect of each financial year, prepare a set of accounts that consolidates the annual accounts of—

(a) all NHS trusts established under section 25, and

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) all NHS foundation trusts.

(2) The Secretary of State may give NHS England directions as to—
(a) the content and form of the consolidated accounts, and
(b) the methods and principles to be applied in preparing them.

(3) NHS England must, within such period as the Secretary of State may direct, send a copy of the consolidated accounts to—
(a) the Secretary of State, and
(b) the Comptroller and Auditor General.

(4) The accounts must be accompanied by such reports or other information as the Secretary of State may direct.

(5) The Comptroller and Auditor General must—
(a) examine, certify and report on the consolidated accounts, and
(b) send a copy of the report to the Secretary of State and NHS England.

(6) NHS England must lay before Parliament a copy of—
(a) the consolidated accounts, and
(b) the Comptroller and Auditor General's report on them."

Commencement Information
I29 S. 14 not in force at Royal Assent, see **s. 186(6)**
I30 S. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 15, 29, 30)

15 Funding for service integration

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

(2) In section 223B (funding of NHS England)—
(a) for subsection (6) substitute—

"(6) The Secretary of State may direct NHS England—
(a) that an amount of the sums paid to it under this section in respect of a financial year is to be used for purposes relating to service integration;
(b) about the use by NHS England of that amount for those purposes.";

(b) in subsection (7)—
(i) for "subsection (6)" substitute "subsection (6)(a)";
(ii) in paragraph (b), for "mandate" substitute "direction";

(c) after subsection (7) insert—

"(7A) The power under subsection (6)(b) includes power to give NHS England directions about the exercise of any of its functions under or by virtue of section 223GA (including directions requiring consultation with the Secretary of State or other specified persons).

(7B) The Secretary of State must publish any direction under subsection (6)."

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) In section 223GA (expenditure on integration)—

(a) for subsections (1) and (2) substitute—

"(1) Where the Secretary of State has given NHS England a direction under section 223B(6)(a) about sums paid to it in respect of a financial year, NHS England may direct an integrated care board that an amount (a "designated amount") of the sums paid to the board under section 223G in respect of that year is to be used for purposes relating to service integration.

(2) The designated amount—

(a) is to be determined in such manner as NHS England considers appropriate, and

(b) must be specified in the direction under subsection (1).";

(b) in subsection (6), for paragraph (a) (but not the "and" at the end) substitute—

"(a) it may use the amount for any purposes relating to service integration,";

(c) omit subsection (7).

Commencement Information

I31 S. 15 not in force at Royal Assent, see **s. 186(6)**

I32 S. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

16 Payments in respect of quality

In section 223K of the National Health Service Act 2006, omit subsections (4) and (5) (power of Secretary of State to make regulations about payments by NHS England in respect of quality).

Commencement Information

I33 S. 16 not in force at Royal Assent, see **s. 186(6)**

I34 S. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

17 Secondments to NHS England

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

(2) In section 272 (orders, regulations, rules and directions), in subsection (6)—

(a) omit the "or" at the end of paragraph (b);

(b) after paragraph (c) insert—

"(d) regulations under paragraph 9A(5) of Schedule A1, or".

(3) In Schedule A1 (constitution of NHS England), after paragraph 9 insert—

"9A (1) NHS England may make arrangements for a person to be seconded to NHS England to serve as a member of NHS England's staff.

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(2) A period of secondment to NHS England does not affect the continuity of a person's employment with the employer from whose service the person is seconded.

(3) In paragraphs 9, 10, and 13 a reference to an employee of NHS England includes a person seconded to NHS England.

(4) In paragraph 3(3) the reference to an employee of NHS England includes any of the following seconded to NHS England—

(a) a person employed in the civil service of the State, or

(b) a person employed by—

(i) an integrated care board,

(ii) an NHS trust established under section 25,

(iii) an NHS foundation trust,

(iv) a Special Health Authority performing functions only or mainly in respect of England,

(v) the Care Quality Commission,

(vi) the Health and Social Care Information Centre,

(vii) the Health Services Safety Investigations Body,

(viii) the Human Tissue Authority,

(ix) the Human Fertilisation and Embryology Authority, or

(x) NICE.

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

Commencement Information

I35 S. 17 not in force at Royal Assent, see **s. 186(6)**

I36 S. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Integrated care boards

18 Role of integrated care boards

For section 1I of the National Health Service Act 2006 and the italic heading before it substitute—

"Role of integrated care boards in the health service in England

1I General functions of integrated care boards

An integrated care board established under Chapter A3 of Part 2 has the function of arranging for the provision of services for the purposes of the health service in England in accordance with this Act."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I37 S. 18 not in force at Royal Assent, see **s. 186(6)**

I38 S. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

19 Establishment of integrated care boards

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

(2) In Part 2, after Chapter A2 insert—

"CHAPTER A3

INTEGRATED CARE BOARDS

"Establishment of integrated care boards (including by re-purposing clinical commissioning groups)

14Z25 Duty to establish integrated care boards

(1) NHS England must establish bodies called integrated care boards in accordance with this Chapter.

(2) Each integrated care board is to be established by order made by NHS England for an area within England.

(3) The area for which an integrated care board is established must not coincide or overlap with the area of any other integrated care board.

(4) NHS England must ensure that, at all times on and after the appointed day, the areas of integrated care boards together cover the whole of England.

(5) An order establishing an integrated care board must provide for the constitution of the board, either by setting out the constitution or by making provision by reference to a published document where it is set out.

(6) In Schedule 1B—

(a) Part 1 is about the constitution of an integrated care board (including its area);

(b) Part 2 is about the status and powers of an integrated care board and its accounts.

(7) Before varying or revoking an order under this section NHS England must consult any integrated care board that it considers likely to be affected.

(8) NHS England must publish orders under this section.

(9) In this section "the appointed day" means a day appointed under this subsection by regulations made by the Secretary of State.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

14Z26 Process for establishing initial integrated care boards

(1) NHS England must publish a list of the initial areas for which integrated care boards are to be established (each of which is referred to in this section as an "initial area").

(2) The relevant clinical commissioning group or groups for an initial area must propose the constitution of the first integrated care board to be established for that area.

(3) Before making a proposal under subsection (2), the relevant clinical commissioning group or groups must consult any persons they consider it appropriate to consult (and it is immaterial for this purpose whether the consultation is carried out before or after this section comes into force).

(4) When establishing the first integrated care board under section 14Z25 for an initial area, NHS England must give effect to any proposal under subsection (2) unless it considers that—

(a) the proposal is inappropriate, or

(b) the relevant clinical commissioning group or groups have not carried out an appropriate consultation under subsection (3),

and in that case NHS England must determine the terms of the constitution itself.

(5) Nothing in this section—

(a) prevents NHS England from establishing the first integrated care board for an initial area in a case where the relevant clinical commissioning group or groups have failed within a reasonable period to make a proposal under subsection (2), or

(b) limits the re-exercise of the power in section 14Z25.

(6) NHS England may publish guidance for clinical commissioning groups about the exercise of their functions under this section.

(7) A clinical commissioning group must have regard to guidance published under this section.

(8) In this section "the relevant clinical commissioning group or groups" means—

(a) in relation to an area that coincides with the area of a clinical commissioning group, that group;

(b) in relation to an area that includes the whole or part of the area of more than one clinical commissioning group, those groups acting jointly.

14Z27 Abolition of clinical commissioning groups

(1) Any clinical commissioning group in existence immediately before the appointed day is abolished at the beginning of that day.

(2) In this section "the appointed day" has the same meaning as in section 14Z25.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

14Z28 Transfer schemes in connection with integrated care boards

(1) NHS England may, in connection with the abolition of a clinical commissioning group under section 14Z27, make a scheme for the transfer of the group's property, rights or liabilities to NHS England or an integrated care board.

(2) NHS England may, in connection with the establishment of an integrated care board, make a scheme for the transfer of property, rights or liabilities to the board from—

(a) NHS England,

(b) an NHS trust established under section 25,

(c) an NHS foundation trust, or

(d) a Special Health Authority established under section 28.

(3) NHS England may, in connection with the variation of the constitution of an integrated care board or the abolition of an integrated care board, make a scheme for the transfer of the board's property, rights or liabilities to NHS England or an integrated care board.

(4) The reference in subsection (3) to the variation of the constitution of an integrated care board is to its variation by order under section 14Z25 or under provision included in its constitution by virtue of paragraph 14 of Schedule 1B.

(5) NHS England must exercise its powers under subsection (1) or (3) so as to ensure that—

(a) on the abolition of a clinical commissioning group whose area coincides with that of an integrated care board, all of the group's property, rights and liabilities (other than criminal liabilities) are transferred to that board;

(b) on the abolition of a clinical commissioning group whose area does not coincide with that of an integrated care board, all of the group's property, rights and liabilities (other than criminal liabilities) are transferred to one or more integrated care boards;

(c) on the abolition of an integrated care board, all of the board's liabilities (other than criminal liabilities) are transferred.

(6) The things that may be transferred under a transfer scheme include—

(a) property, rights and liabilities that could not otherwise be transferred;

(b) property acquired, and rights and liabilities arising, after the making of the scheme;

(c) criminal liabilities.

(7) A transfer scheme may—

(a) create rights, or impose liabilities, in relation to property or rights transferred;

(b) make provision about the continuing effect of things done by, on behalf of or in relation to the transferor in respect of anything transferred;

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(c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;

(d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee;

(e) make provision for the shared ownership or use of property;

(f) make provision which is the same as or similar to the TUPE regulations;

(g) make other consequential, supplementary, incidental or transitional provision.

(8) A transfer scheme may provide—

(a) for modifications by agreement;

(b) for modifications to have effect from the date when the original scheme came into effect.

(9) In subsection (7)(f), "the TUPE regulations" means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).

(10) In this section—

(a) references to rights and liabilities include rights and liabilities relating to a contract of employment;

(b) references to the transfer of property include the grant of a lease.

Constitution: publication

14Z29 Duty for integrated care board to publish constitution

Each integrated care board must publish its constitution (as varied from time to time by order under section 14Z25 or under provision included in its constitution by virtue of paragraph 15 of Schedule 1B).

Conflicts of interest

14Z30 Register of interests and management of conflicts of interests

(1) Each integrated care board must maintain one or more registers of the interests of—

(a) members of the board,

(b) members of its committees or sub-committees, and

(c) its employees.

(2) Each integrated care board must publish the registers maintained under subsection (1) or make arrangements to ensure that members of the public have access to the registers on request.

(3) Each integrated care board must make arrangements to ensure—

(a) that a person mentioned in subsection (1) declares any conflict or potential conflict of interest that the person has in relation to a

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decision to be made in the exercise of the commissioning functions of the integrated care board,

(b) that any such declaration is made as soon as practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days of the person becoming aware, and

(c) that any such declaration is included in the registers maintained under subsection (1).

(4) Each integrated care board must make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the board's decision-making processes.

(5) For the purposes of this section, the commissioning functions of an integrated care board are the functions of the board in arranging for the provision of services as part of the health service."

(3) In section 272 (orders, regulations, rules and directions), in subsection (1), before paragraph (a) insert—

"(za) section 14Z25(2),".

(4) Schedule 2 inserts into the National Health Service Act 2006 a new Schedule 1B (integrated care boards: constitution etc) and contains a consequential amendment.

Commencement Information

I39 S. 19 not in force at Royal Assent, see **s. 186(6)**

I40 S. 19(1) in force at 9.5.2022 by S.I. 2022/515, **reg. 2(b)**

I41 S. 19(2) in force at 9.5.2022 for specified purposes by S.I. 2022/515, **reg. 2(c)**

I42 S. 19(2)(4) in force at 1.7.2022 in so far as not already in force by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I43 S. 19(3) in force at 9.5.2022 by S.I. 2022/515, **reg. 2(d)**

I44 S. 19(4) in force at 9.5.2022 for specified purposes by S.I. 2022/515, **reg. 2(e)**

20 People for whom integrated care boards have responsibility

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

(2) After section 14Z30 (inserted by section 19 of this Act) insert—

"People for whom integrated care board has responsibility

14Z31 People for whom integrated care board has responsibility

(1) NHS England must from time to time publish rules for determining the group of people for whom each integrated care board has core responsibility.

(2) The rules must ensure that the following are allocated to at least one group—

(a) everyone who is provided with NHS primary medical services, and

(b) everyone who is usually resident in England and is not provided with NHS primary medical services.

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(3) Regulations may create exceptions to subsection (2) in relation to people of a prescribed description (which may include a description framed by reference to the primary medical services with which the people are provided).

(4) References in this Act to the group of people for whom an integrated care board has core responsibility are to be read in accordance with this section.

(5) In this section, "NHS primary medical services" means services provided by a person, other than NHS England or an integrated care board, in pursuance of—

(a) a general medical services contract to provide primary medical services of a prescribed description,

(b) arrangements under section 83(2) for the provision of primary medical services of a prescribed description, or

(c) section 92 arrangements for the provision of primary medical services of a prescribed description."

(3) In section 272 (orders, regulations, rules and directions)—

(a) in subsection (1), after paragraph (za) (inserted by section 19 of this Act) insert—

"(zb) section 14Z31(1),";

(b) in subsection (6), after paragraph (zb) insert—

"(zba) regulations under section 14Z31(3),".

(4) The Secretary of State may by regulations—

(a) substitute the following section for section 14Z31 of the National Health Service Act 2006 (as inserted by subsection (2) of this section)—

"**14Z31 People for whom integrated care board has responsibility**

(1) References in this Act to the group of people for whom an integrated care board has core responsibility are to the people who usually reside in its area.

(2) Regulations may create exceptions to subsection (1) in relation to people of a prescribed description.",

(b) repeal section 272(1)(zb) of that Act (as inserted by subsection (3) of this section), and

(c) amend section 272(6)(zba) of that Act (as inserted by subsection (3) of this section), so as to substitute "14Z31(2)" for "14Z31(3)".

Commencement Information

I45 S. 20 not in force at Royal Assent, see **s. 186(6)**

I46 S. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
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Integrated care boards: functions

21 Commissioning hospital and other health services

For sections 3 and 3A of the National Health Service Act 2006 substitute—

"**3 Duties of integrated care boards as to commissioning certain health services**

(1) An integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility—

(a) hospital accommodation,

(b) other accommodation for the purpose of any service provided under this Act,

(c) medical services other than primary medical services (for primary medical services, see Part 4),

(d) dental services other than primary dental services (for primary dental services, see Part 5),

(e) ophthalmic services other than primary ophthalmic services (for primary ophthalmic services, see Part 6),

(f) nursing and ambulance services,

(g) such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as the board considers are appropriate as part of the health service,

(h) such other services or facilities for palliative care as the board considers are appropriate as part of the health service,

(i) such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as the board considers are appropriate as part of the health service, and

(j) such other services or facilities as are required for the diagnosis and treatment of illness.

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

(a) the group of people for whom it has core responsibility (see section 14Z31), and

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

(3) The duty imposed on an integrated care board by subsection (1) to arrange for the provision of services or facilities does not apply to the extent that—

(a) NHS England has a duty to arrange for their provision;

(b) another integrated care board has a duty to arrange for their provision by virtue of subsection (2)(b).

(4) In exercising its functions under this section, an integrated care board must act consistently with—

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(a) the discharge by the Secretary of State and NHS England of their duty under section 1(1) (duty to promote a comprehensive health service), and

(b) the objectives and requirements for the time being specified in the mandate published under section 13A.

3A Power of integrated care boards to commission certain health services

(1) Each integrated care board may arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service that relate to securing improvement—

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

(b) in the prevention, diagnosis and treatment of illness in those people.

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

(a) the group of people for whom it has core responsibility (see section 14Z31), and

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

(3) An integrated care board may not arrange for the provision of a service or facility under subsection (1) if NHS England has a duty to arrange for its provision by virtue of section 3B or 4.

(4) In exercising its functions under this section, an integrated care board must act consistently with—

(a) the discharge by the Secretary of State and NHS England of their duty under section 1(1) (duty to promote a comprehensive health service), and

(b) the objectives and requirements for the time being specified in the mandate published under section 13A."

Commencement Information

I47 S. 21 not in force at Royal Assent, see **s. 186(6)**

I48 S. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

22 Commissioning primary care services etc

Schedule 3 confers functions on integrated care boards in relation to primary care services and contains other amendments relating to primary care services.

Commencement Information

I49 S. 22 not in force at Royal Assent, see **s. 186(6)**

I50 S. 22 in force at 1.7.2022 for specified purposes by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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PROSPECTIVE

23 Transfer schemes in connection with transfer of primary care functions

(1) NHS England may, in connection with the amendments made by Schedule 3, make one or more schemes for the transfer of its property, rights and liabilities to an integrated care board.

(2) The things that may be transferred under a transfer scheme include—

(a) property, rights and liabilities that could not otherwise be transferred;

(b) property acquired, and rights and liabilities arising, after the making of the scheme;

(c) criminal liabilities.

(3) A transfer scheme may—

(a) create rights, or impose liabilities, in relation to property or rights transferred;

(b) make provision about the continuing effect of things done by, on behalf of or in relation to the transferor in respect of anything transferred;

(c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;

(d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee;

(e) make provision for the shared ownership or use of property;

(f) make provision which is the same as or similar to the TUPE regulations;

(g) make other consequential, supplementary, incidental or transitional provision.

(4) A transfer scheme may provide—

(a) for modifications by agreement;

(b) for modifications to have effect from the date when the original scheme came into effect.

(5) In subsection (3)(f), "the TUPE regulations" means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).

(6) For the purposes of this section—

(a) references to rights and liabilities include rights and liabilities relating to a contract of employment;

(b) references to the transfer of property include the grant of a lease.

Commencement Information

I51 S. 23 not in force at Royal Assent, see **s. 186(6)**

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

24 Commissioning arrangements: conferral of discretions

In section 12ZA of the National Health Service Act 2006 (commissioning arrangements by NHS England and integrated care boards), after subsection (2) insert—

"(2A) The arrangements may confer discretions on a person with whom they are made in relation to anything to be provided under the arrangements."

Commencement Information

I52 S. 24 not in force at Royal Assent, see **s. 186(6)**

I53 S. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

25 General functions

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

(2) After section 14Z31 (inserted by section 20 of this Act) insert—

"General duties of integrated care boards

14Z32 Duty to promote NHS Constitution

(1) Each integrated care board must, in the exercise of its functions—

(a) act with a view to securing that health services are provided in a way which promotes the NHS Constitution, and

(b) promote awareness of the NHS Constitution among patients, staff and members of the public.

(2) In this section, "patients" and "staff" have the same meaning as in Chapter 1 of Part 1 of the Health Act 2009 (see section 3(7) of that Act).

14Z33 Duty as to effectiveness, efficiency etc

Each integrated care board must exercise its functions effectively, efficiently and economically.

14Z34 Duty as to improvement in quality of services

(1) Each integrated care board must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.

(2) In discharging its duty under subsection (1), an integrated care board must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services.

(3) The outcomes relevant for the purposes of subsection (2) include, in particular, outcomes which show—

(a) the effectiveness of the services,

(b) the safety of the services, and

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(c) the quality of the experience undergone by patients.

14Z35 Duties as to reducing inequalities

Each integrated care board must, in the exercise of its functions, have regard to the need to—

(a) reduce inequalities between persons with respect to their ability to access health services, and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 14Z34(3)).

14Z36 Duty to promote involvement of each patient

Each integrated care board must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to—

(a) the prevention or diagnosis of illness in the patients, or

(b) their care or treatment.

14Z37 Duty as to patient choice

Each integrated care board must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.

14Z38 Duty to obtain appropriate advice

Each integrated care board must obtain advice appropriate for enabling it effectively to discharge its functions 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.

14Z39 Duty to promote innovation

Each integrated care board must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).

14Z40 Duty in respect of research

Each integrated care board must, in the exercise of its functions, facilitate or otherwise promote—

(a) research on matters relevant to the health service, and

(b) the use in the health service of evidence obtained from research.

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14Z41 Duty to promote education and training

Each integrated care board must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State and Health Education England in the discharge of the duty under that section.

14Z42 Duty to promote integration

(1) Each integrated care board must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would—

(a) improve the quality of those services (including the outcomes that are achieved from their provision),

(b) reduce inequalities between persons with respect to their ability to access those services, or

(c) reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

(2) Each integrated care board must exercise its functions with a view to securing that the provision of health services is integrated with the provision of health-related services or social care services where it considers that this would—

(a) improve the quality of the health services (including the outcomes that are achieved from the provision of those services),

(b) reduce inequalities between persons with respect to their ability to access those services, or

(c) reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

(3) In this section—

"health-related services" means services that may have an effect on the health of individuals but are not health services or social care services;

"social care services" means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970 or for the purposes of the Social Services and Well-being (Wales) Act 2014).

(4) For the purposes of this section, the provision of housing accommodation is a health-related service.

14Z43 Duty to have regard to wider effect of decisions

(1) In making a decision about the exercise of its functions, an integrated care board must have regard to all likely effects of the decision in relation to—

(a) the health and well-being of the people of England;

(b) the quality of services provided to individuals—

(i) by relevant bodies, or

(ii) in pursuance of arrangements made by relevant bodies,

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for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

(2) In subsection (1)—

(a) the reference to a decision does not include a reference to a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness;

(b) the reference to effects of a decision in relation to the health and well-being of the people of England includes a reference to its effects in relation to inequalities between the people of England with respect to their health and well-being;

(c) the reference to effects of a decision in relation to the quality of services provided to individuals includes a reference to its effects in relation to inequalities between individuals with respect to the benefits that they can obtain from those services.

(3) In discharging the duty under this section, integrated care boards must have regard to guidance published by NHS England under section 13NB.

(4) In this section "relevant bodies" means—

(a) NHS England,

(b) integrated care boards,

(c) NHS trusts established under section 25, and

(d) NHS foundation trusts.

14Z44 Duties as to climate change etc

(1) Each integrated care board must, in the exercise of its functions, have regard to the need to—

(a) contribute towards compliance with—

(i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and

(ii) section 5 of the Environment Act 2021 (environmental targets), and

(b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

(2) In discharging the duty under this section, integrated care boards must have regard to guidance published by NHS England under section 13ND.

Involvement of the public

14Z45 Public involvement and consultation by integrated care boards

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by an integrated care board in the exercise of its functions ("commissioning arrangements").

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(2) The integrated care board must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the integrated care board,

(b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on—

(i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or

(ii) the range of health services available to them, and

(c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) This section does not require an integrated care board to make arrangements in relation to matters to which a trust special administrator's draft or final report under section 65F or 65I relates before—

(a) in a case where the administrator's report relates to an NHS trust, NHS England and the Secretary of State have made their decisions under section 65K(1) and (2), or

(b) in a case where the administrator's report relates to an NHS foundation trust, the Secretary of State is satisfied as mentioned in section 65KB(1) or 65KD(1) or makes a decision under section 65KD(9).

Joint exercise of functions with Local Health Boards

14Z46 Joint exercise of functions with Local Health Boards

(1) Regulations may provide for any prescribed functions of an integrated care board to be exercised jointly with a Local Health Board.

(2) The regulations may permit or require any functions that are exercisable jointly by an integrated care board and a Local Health Board by virtue of the regulations to be exercised by a joint committee of those bodies.

(3) Arrangements made by virtue of this section do not affect the liability of an integrated care board for the exercise of any of its functions.

Additional powers of integrated care boards

14Z47 Raising additional income

(1) An integrated care board has power to do anything specified in section 7(2)(a), (b) and (e) to (h) of the Health and Medicines Act 1988 (provision of goods etc) for the purpose of making additional income available for improving the health service.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) An integrated care board may exercise a power conferred by subsection (1) only to the extent that its exercise does not to any significant extent interfere with the exercise by the board of its other functions.

14Z48 Power to make grants

(1) An integrated care board may make payments—

(a) by way of grant to any of its partner NHS trusts or NHS foundation trusts;

(b) by way of grant or loan to a voluntary organisation which provides or arranges for the provision of services which are similar to the services in respect of which the integrated care board has functions.

(2) The payments may be made subject to such terms as the integrated care board considers appropriate.

(3) For the purposes of this Act an NHS trust or NHS foundation trust is a "partner" of an integrated care board if the trust—

(a) provides services for the purposes of the health service within the integrated care board's area, and

(b) has the function, under the integrated care board's constitution, of participating in the nomination of members as a result of falling within a description prescribed for the purposes paragraph 8(2)(a) of Schedule 1B.

Experience of members

14Z49 Duty to keep experience of members under review etc

An integrated care board must—

(a) keep under review the skills, knowledge and experience that it considers necessary for members of the board to possess (when taken together) in order for the board effectively to carry out its functions, and

(b) if it considers that the board as constituted lacks the necessary skills, knowledge and experience, take such steps as it considers necessary to address or mitigate that shortcoming.

NHS England's functions in relation to integrated care boards

14Z50 Responsibility for payments to providers

(1) NHS England may publish a document specifying—

(a) circumstances in which an integrated care board is liable to make a payment to a person in respect of services provided by that person in pursuance of arrangements made by another integrated care board in the discharge of commissioning functions, and

(b) how the amount of any such payment is to be determined.

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(2) An integrated care board is required to make payments in accordance with any document published under subsection (1).

(3) Where an integrated care board is required to make a payment by virtue of subsection (2), no other integrated care board is liable to make it.

(4) Accordingly, any obligation of another integrated care board to make the payment ceases to have effect.

(5) Any sums payable by virtue of subsection (2) may be recovered summarily as a civil debt (but this does not affect any other method of recovery).

(6) NHS England may publish guidance for integrated care boards for the purpose of assisting them in understanding and applying any document published under subsection (1).

(7) In this section "commissioning functions" means the functions of integrated care boards in arranging for the provision of services as part of the health service.

14Z51 Guidance by NHS England

(1) NHS England must publish guidance for integrated care boards on the discharge of their functions.

(2) Each integrated care board must have regard to guidance under this section.

Forward planning and reports

14Z52 Joint forward plans for integrated care board and its partners

(1) Before the start of each financial year, an integrated care board and its partner NHS trusts and NHS foundation trusts must prepare a plan setting out how they propose to exercise their functions in the next five years.

(2) The plan must, in particular—

(a) describe the health services for which the integrated care board proposes to make arrangements in the exercise of its functions by virtue of this Act;

(b) explain how the integrated care board proposes to discharge its duties under—

(i) sections 14Z34 to 14Z45 (general duties of integrated care boards), and

(ii) sections 223GB to 223N (financial duties);

(c) set out any steps that the integrated care board proposes to take to implement any joint local health and wellbeing strategy to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007;

(d) set out any steps that the integrated care board proposes to take to address the particular needs of children and young persons under the age of 25;

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

(3) The integrated care board and its partner NHS trusts and NHS foundation trusts must publish the plan.

(4) The integrated care board and its partner NHS trusts and NHS foundation trusts must give a copy of the plan to—

(a) the integrated care partnership for the board's area,

(b) each relevant Health and Wellbeing Board, and

(c) NHS England.

(5) NHS England may give a direction as to the date by which subsection (4) must be complied with.

(6) An integrated care board and its partner NHS trusts and NHS foundation trusts must have regard to the plan under subsection (1).

(7) In this Chapter "relevant Health and Wellbeing Board", in relation to an integrated care board (or an integrated care board and its partner NHS trusts and NHS foundation trusts), means a Health and Wellbeing Board established by a local authority whose area coincides with, or includes the whole or any part of, the area of the integrated care board.

(8) In this Act "financial year", in relation to an integrated care board, means—

(a) the period beginning with the date on which the integrated care board is established and ending with the 31 March following that date, and

(b) each successive period of twelve months.

14Z53 Revision of forward plans

(1) An integrated care board and its partner NHS trusts and NHS foundation trusts may revise a plan published under section 14Z52.

(2) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in a way that they consider to be significant, section 14Z52(3) and (4) apply in relation to the revised plan as they applied in relation to the original plan.

(3) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in any other way they must—

(a) publish a document setting out the changes, and

(b) give a copy of the document to—

(i) the integrated care partnership for the board's area,

(ii) each relevant Health and Wellbeing Board, and

(iii) NHS England.

14Z54 Consultation about forward plans

(1) This section applies where an integrated care board and its partner NHS trusts and NHS foundation trusts are—

(a) preparing a plan under section 14Z52, or

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) revising a plan under section 14Z53 in a way that they consider to be significant.

(2) The integrated care board and its partner NHS trusts and NHS foundation trusts must consult—

(a) the group of people for whom the integrated care board has core responsibility, and

(b) any other persons they consider it appropriate to consult.

(3) The integrated care board and its partner NHS trusts and NHS foundation trusts must involve each relevant Health and Wellbeing Board in preparing or revising the plan.

(4) The integrated care board and its partner NHS trusts and NHS foundation trusts must, in particular—

(a) give each relevant Health and Wellbeing Board a draft of the plan or (as the case may be) the plan as revised, and

(b) consult each relevant Health and Wellbeing Board on whether the draft takes proper account of each joint local health and wellbeing strategy published by it which relates to the period (or any part of the period) to which the plan relates.

(5) Where a Health and Wellbeing Board is consulted under subsection (4)(b)—

(a) it must respond with its opinion on the matter mentioned there;

(b) it may also give that opinion to NHS England.

(6) Where a Health and Wellbeing Board gives its opinion to NHS England under subsection (5)(b) it must inform the integrated care board and its partner NHS trusts and NHS foundation trusts that it has done so (unless it informed them, in advance, that it was planning to do so).

(7) If an integrated care board and its partner NHS trusts and NHS foundation trusts revise or further revise a draft after it has been given to each relevant Health and Wellbeing Board under subsection (4), subsections (4) and (5) apply in relation to the revised draft as they applied in relation to the original draft.

(8) An integrated care board and its partner NHS trusts and NHS foundation trusts must include in a plan published under section 14Z52(3)—

(a) a summary of the views expressed by anyone consulted under subsection (2),

(b) an explanation of how they took account of those views, and

(c) a statement of the final opinion of each relevant Health and Wellbeing Board consulted in relation to the plan under subsection (4).

(9) In this section, "joint local health and wellbeing strategy" means a strategy under section 116A of the Local Government and Public Involvement in Health Act 2007.

14Z55 Opinion of Health and Wellbeing Boards on forward plan

(1) A relevant Health and Wellbeing Board—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) may give NHS England its opinion on whether a plan published by an integrated care board and its partner NHS trusts and NHS foundation trusts under section 14Z52(3) takes proper account of each joint local health and wellbeing strategy published by the Health and Wellbeing Board which relates to the period (or any part of the period) to which the plan relates, and

(b) if it does so, must give the integrated care board and its partner NHS trusts and NHS foundation trusts a copy of its opinion.

(2) In this section, "joint local health and wellbeing strategy" has the same meaning as in section 14Z54(9).

14Z56 Joint capital resource use plan for integrated care board and its partners

(1) Before the start of each financial year, an integrated care board and its partner NHS trusts and NHS foundation trusts must prepare a plan setting out their planned capital resource use.

(2) The plan must relate to such period as may be specified in a direction by the Secretary of State.

(3) The Secretary of State must publish any direction under subsection (2).

(4) The integrated care board and its partner NHS trusts and NHS foundation trusts must publish the plan.

(5) The integrated care board and its partner NHS trusts and NHS foundation trusts must give a copy of the plan to—

(a) the integrated care partnership for the board's area,

(b) each relevant Health and Wellbeing Board, and

(c) NHS England.

(6) NHS England may give a direction as to the date by which subsection (5) must be complied with.

(7) NHS England may publish guidance about the discharge by an integrated care board and its partner NHS trusts and NHS foundation trusts of their functions under this section.

(8) An integrated care board and its partner NHS trusts and NHS foundation trusts must have regard to any guidance published under subsection (7).

(9) NHS England may give directions, in relation to a financial year—

(a) specifying descriptions of resources which must, or must not, be treated as capital resources for the purposes of this section;

(b) specifying uses of capital resources which must, or must not, be taken into account for the purposes of this section.

(10) The reference in subsection (1) to the use of capital resources is a reference to its expenditure, consumption or reduction in value.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

14Z57 Revision of joint capital resource use plans

(1) An integrated care board and its partner NHS trusts and NHS foundation trusts may revise a plan published under section 14Z56.

(2) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in a way that they consider to be significant, section 14Z56(4) and (5) apply in relation to the revised plan as they applied in relation to the original plan.

(3) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in any other way, they must—

(a) publish a document setting out the changes, and

(b) give a copy of the document to—

(i) the integrated care partnership for the board's area,

(ii) each relevant Health and Wellbeing Board, and

(iii) NHS England.

14Z58 Annual report

(1) An integrated care board must, in each financial year, prepare a report (an "annual report") on how it has discharged its functions in the previous financial year.

(2) An annual report must, in particular—

(a) explain how the integrated care board has discharged its duties under sections 14Z34 to 14Z45 and 14Z49 (general duties of integrated care boards),

(b) review the extent to which the board has exercised its functions in accordance with the plans published under—

section 14Z52 (forward plan), and

section 14Z56 (capital resource use plan),

(c) review the extent to which the board has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and

(d) review any steps that the board has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

(3) In undertaking the review required by subsection (2)(d), an integrated care board must consult each relevant Health and Wellbeing Board.

(4) An annual report must include—

(a) a statement of the amount of expenditure incurred by the integrated care board during the financial year in relation to mental health,

(b) a calculation of the proportion of the expenditure incurred by the integrated care board during the financial year that relates to mental health, and

(c) an explanation of the statement and calculation.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(5) NHS England may give directions to integrated care boards as to the form and content of an annual report.

(6) An integrated care board must—

(a) give a copy of its annual report to NHS England before the date specified by NHS England in a direction, and

(b) publish a copy of the annual report.

Performance assessment of integrated care boards

14Z59 Performance assessment of integrated care boards

(1) NHS England must conduct a performance assessment of each integrated care board in respect of each financial year.

(2) A performance assessment is an assessment of how well the integrated care board has discharged its functions during that year.

(3) The assessment must, in particular, include an assessment of how well the integrated care board has discharged its duties under—

(a) section 14Z34 (improvement in quality of services),

(b) section 14Z35 (reducing inequalities),

(c) section 14Z38 (obtaining appropriate advice),

(d) section 14Z40 (duty in respect of research),

(e) section 14Z43 (duty to have regard to effect of decisions),

(f) section 14Z45 (public involvement and consultation),

(g) sections 223GB to 223N (financial duties), and

(h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

(4) In conducting a performance assessment, NHS England must consult each relevant Health and Wellbeing Board as to its views on any steps that the board has taken to implement any joint local health and wellbeing strategy to which the board was required to have regard under section 116B(1) of that Act of 2007.

(5) In conducting a performance assessment, NHS England must, in particular, have regard to—

(a) any guidance published by the Secretary of State for the purposes of this section, and

(b) any guidance published under section 14Z51.

(6) NHS England must publish a report in respect of each financial year containing a summary of the results of each performance assessment conducted by NHS England in respect of that year.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Power of NHS England to obtain information

14Z60 Power of NHS England to obtain information

(1) NHS England may require an integrated care board to provide NHS England with information.

(2) The information must be provided in such form, and at such time or within such period, as NHS England may require.

Intervention powers

14Z61 Power to give directions to integrated care boards

(1) This section applies if NHS England is satisfied that—

(a) an integrated care board is failing or has failed to discharge any of its functions, or

(b) there is a significant risk that an integrated care board will fail to do so.

(2) NHS England may direct the integrated care board to discharge such of those functions in such manner and within such period or periods as may be specified in the direction.

(3) NHS England may direct—

(a) the integrated care board, or

(b) the chief executive of the integrated care board,

to cease to perform any functions for such period or periods as may be specified in the direction.

(4) NHS England may—

(a) terminate the appointment of the integrated care board's chief executive, and

(b) direct the chair of the board as to which individual to appoint as a replacement and on what terms.

(5) Where a direction is given under subsection (3)(a) NHS England may—

(a) exercise, on behalf of the integrated care board, any of the functions that are the subject of the direction;

(b) direct another integrated care board to perform any of those functions on behalf of the integrated care board, in such manner and within such period or periods as may be specified in the direction.

(6) A direction under subsection (5)(b) may include provision prohibiting or restricting the integrated care board from making delegation arrangements in relation to a function that is exercisable by it by virtue of the direction.

(7) In subsection (6) "delegation arrangements" means arrangements made by a person for the exercise of a function by someone else.

(8) Where a direction is given under subsection (3)(b) NHS England may—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) exercise, on behalf of the chief executive, any of the functions that are the subject of the direction;

(b) direct the chief executive of another integrated care board to perform any of those functions on behalf of the chief executive, in such manner and within such period or periods as may be specified in the direction.

(9) For the purposes of this section—

(a) a failure to discharge a function includes a failure to discharge it properly, and

(b) a failure to discharge a function properly includes a failure to discharge it consistently with what NHS England considers to be the interests of the health service.

14Z62 Section 14Z61 directions: consultation and cooperation

(1) Before exercising the power conferred by section 14Z61(5)(b) or (8)(b) NHS England must consult the integrated care board to which it is proposing to give the direction or to whose chief executive it is proposing to give the direction.

(2) Where a direction is given under section 14Z61(3)(b) to the chief executive of an integrated care board, that board must co-operate with any chief executive to whom a direction is given under subsection (8)(b).

Disclosure of information

14Z63 Permitted disclosures of information

(1) An integrated care board may disclose information obtained by it in the exercise of its functions if—

(a) the information has previously been lawfully disclosed to the public,

(b) the disclosure is made under or pursuant to regulations under section 113 or 114 of the Health and Social Care (Community Health and Standards) Act 2003 (complaints about health care or social services),

(c) the disclosure is made in accordance with any enactment or court order,

(d) the disclosure is necessary or expedient for the purposes of protecting the welfare of any individual,

(e) the disclosure is made to any person in circumstances where it is necessary or expedient for the person to have the information for the purpose of exercising functions of that person under any enactment,

(f) the disclosure is made for the purpose of facilitating the exercise of any of the integrated care board's functions,

(g) the disclosure is made in connection with the investigation of a criminal offence (whether or not in the United Kingdom), or

(h) the disclosure is made for the purpose of criminal proceedings (whether or not in the United Kingdom).

(2) Subsection (1)(a) to (c) and (h) have effect notwithstanding any rule of common law which would otherwise prohibit or restrict the disclosure.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Interpretation

14Z64 Interpretation

In this Chapter—

"the health service" means the health service in England;

"health services" means services provided as part of the health service;

"integrated care partnership" has the meaning given by section 116ZA(1) of the Local Government and Public Involvement in Health Act 2007;

"relevant Health and Wellbeing Board", in relation to an integrated care board, has the meaning given by section 14Z52(7)."

(3) In section 48 (power to obtain information from NHS foundation trust)—

(a) after subsection (1) insert—

"(1A) An integrated care board may require any of its partner NHS foundation trusts to provide it with any information that it requires.";

(b) for subsection (2) substitute—

"(2) Information required under this section must be provided in such form, and at such time or within such period, as may be specified by the person imposing the requirement."

(4) In Schedule 4 (NHS trusts: constitution etc), in paragraph 13—

(a) the existing provision becomes sub-paragraph (1);

(b) after that sub-paragraph insert—

"(2) An integrated care board may require any of its partner NHS trusts to provide it with any information that it requires.

(3) Information required under sub-paragraph (2) must be provided in such form, and at such time or within such period, as may be specified by the integrated care board."

Commencement Information

I54 S. 25 not in force at Royal Assent, see **s. 186(6)**

I55 S. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30, 33)

Integrated care partnerships

26 Integrated care partnerships and strategies

(1) The Local Government and Public Involvement in Health Act 2007 is amended in accordance with subsections (2) to (6).

(2) In section 104 (interpretation: partner authorities), in subsection (2), for paragraph (ja) substitute—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(ja) an integrated care board;".

(3) In section 116 (health and social care: joint strategic needs assessments)—

(a) in subsection (4), for paragraph (b) substitute—

"(b) each of its partner integrated care boards,";

(b) after subsection (5) insert—

"(5A) The responsible local authority must give a copy of each assessment of relevant needs prepared under this section to any integrated care partnership established under section 116ZA whose area coincides with or includes the whole or part of the area of the responsible local authority.";

(c) in subsections (6) and (7), for "clinical commissioning group", in each place it occurs, substitute "integrated care board";

(d) in subsection (8), for "clinical commissioning groups" substitute "integrated care boards";

(e) in subsections (8A) and (9), for "clinical commissioning group", in each place it occurs, substitute "integrated care board".

(4) After section 116 insert—

"**116ZA Integrated care partnerships**

(1) An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area (an "integrated care partnership").

(2) The integrated care partnership for an area is to consist of—

(a) one member appointed by the integrated care board,

(b) one member appointed by each of the responsible local authorities, and

(c) any members appointed by the integrated care partnership.

(3) An integrated care partnership may determine its own procedure (including quorum).

116ZB Integrated care strategies

(1) An integrated care partnership must prepare a strategy (an "integrated care strategy") setting out how the assessed needs in relation to its area are to be met by the exercise of functions of—

(a) the integrated care board for its area,

(b) NHS England, or

(c) the responsible local authorities whose areas coincide with or fall wholly or partly within its area.

(2) In preparing a strategy under this section, an integrated care partnership must, in particular, consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006 (rather than in any other way).

(3) In preparing a strategy under this section, an integrated care partnership must have regard to—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006, and

(b) any guidance issued by the Secretary of State.

(4) In preparing a strategy under this section, an integrated care partnership must—

(a) involve the Local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area, and

(b) involve the people who live or work in that area.

(5) An integrated care partnership may include in a strategy under this section a statement of its views on how arrangements for the provision of health-related services in its area could be more closely integrated with arrangements for the provision of health services and social care services in that area.

(6) Each time that an integrated care partnership receives an assessment of relevant needs under section 116(5A) it must—

(a) consider whether the current integrated care strategy should be revised, and

(b) if so, prepare a revised integrated care strategy under subsection (1).

(7) An integrated care partnership must—

(a) publish each integrated care strategy, and

(b) give a copy of each integrated care strategy to—

(i) each responsible local authority whose area coincides with or falls wholly or partly within its area, and

(ii) each partner integrated care board of those responsible local authorities.

(8) In this section—

(a) "assessed needs", in relation to the area of an integrated care partnership, means the needs assessed under section 116 in relation to the areas of the responsible local authorities so far as those needs relate to the integrated care partnership's area;

(b) "partner integrated care board", in relation to a responsible local authority, has the same meaning as in section 116;

(c) "health services", "health-related services" and "social care services" have the same meaning as in section 195 of the Health and Social Care Act 2012."

(5) In section 116A (health and social care: joint health and wellbeing strategies)—

(a) in the heading, after "joint" insert "local";

(b) for subsections (1) and (2) substitute—

"(1) This section applies where a responsible local authority and each of its partner integrated care boards receive an integrated care strategy under section 116ZB(7)(b).

(2) The responsible local authority and each of its partner integrated care boards must prepare a strategy ("a joint local health and wellbeing strategy") setting out how the assessed needs in relation to the responsible local authority's area are to be met by the exercise of functions of—

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(a) the responsible local authority,
(b) its partner integrated care boards, or
(c) NHS England.

(2A) But the responsible local authority and its partner integrated care boards need not prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that the existing joint local health and wellbeing strategy is sufficient.";

(c) in subsection (3)—
(i) for "clinical commissioning groups" substitute "integrated care boards";
(ii) after "the extent to which the" insert "assessed";

(d) in subsection (4)—
(i) for "clinical commissioning groups" substitute "integrated care boards";
(ii) before paragraph (a) insert—
"(za) the integrated care strategy prepared under section 116ZB,";

(e) in subsections (5) and (7), for "clinical commissioning groups" substitute "integrated care boards";

(f) in subsection (8), for paragraph (a) (including the "and" at the end) substitute—
"(a) "partner integrated care board", in relation to a responsible local authority, has the same meaning as in section 116,
(aa) "assessed needs", in relation to the area of a local authority, means the needs assessed in relation to its area under section 116, and".

(6) For section 116B substitute—

"**116B Duty to have regard to assessments and strategies**

(1) A responsible local authority and each of its partner integrated care boards must, in exercising any functions, have regard to the following so far as relevant—
(a) any assessment of relevant needs prepared under section 116 in relation to the responsible local authority's area,
(b) any integrated care strategy prepared under section 116ZB in relation to an area that coincides with or includes the whole or part of the responsible local authority's area, and
(c) any joint local health and wellbeing strategy prepared under section 116A by the responsible local authority and its partner integrated care boards.

(2) NHS England must, in exercising any functions in arranging for the provision of health services in relation to the area of a responsible local authority, have regard to the following so far as relevant—
(a) any assessment of relevant needs prepared under section 116 in relation to that area,

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(b) any integrated care strategy prepared under section 116ZB in relation to an area that coincides with or includes the whole or part of that area, and

(c) any joint local health and wellbeing strategy prepared under section 116A by the responsible local authority and its partner integrated care boards."

(7) In the following provisions after "joint" insert "local"—

(a) section 17(6)(g) and (h) of the National Health Service (Wales) Act 2006;

(b) sections 26(7) and 27(4) of the Children and Families Act 2014.

Commencement Information

I56 S. 26 not in force at Royal Assent, see **s. 186(6)**

I57 S. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Integrated care system: financial controls

27 NHS England's financial responsibilities

For sections 223C to 223E of the National Health Service Act 2006 substitute—

"**223C Financial duties of NHS England: expenditure**

(1) NHS England must exercise its functions with a view to ensuring that expenditure incurred by the following bodies in a financial year (taken together) does not exceed the aggregate of any sums received by them in the year—

(a) NHS England;

(b) integrated care boards.

(2) The Secretary of State may by direction—

(a) specify descriptions of expenditure that are, or are not, to be treated for the purposes of this section as expenditure incurred by a body, or expenditure incurred by it in a particular financial year;

(b) specify descriptions of sums that are, or are not, to be treated for the purposes of this section as having been received by a body, or as having been received by it in a particular financial year;

(c) provide for sums received by NHS England under section 223B in a year but not spent to be treated for the purposes of this section as expenditure incurred by it in a particular financial year;

(d) provide for sums received by an integrated care board under section 223G in a year but not spent to be treated for the purposes of this section as expenditure incurred by it in a particular financial year.

(3) For the purposes of this section any sum allotted to NHS England for a year under section 223B is to be treated as received by it in that year (subject to any direction under subsection (2)(b)).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

223CA NHS England: banking facilities

The Secretary of State may by direction require NHS England to use banking facilities specified in the direction for any purposes so specified.

223D Financial duties of NHS England: controls on total resource use

(1) NHS England must exercise its functions with a view to ensuring that, in respect of each financial year—

(a) total capital resource use does not exceed the limit specified in a direction by the Secretary of State;

(b) total revenue resource use does not exceed the limit specified in a direction by the Secretary of State.

(2) In subsection (1) "total capital resource use" and "total revenue resource use" means the use of capital resources or (as the case may be) revenue resources by relevant NHS bodies, other than use that consists of the transfer of resources between relevant NHS bodies.

(3) In subsection (2) "relevant NHS bodies" means—

(a) NHS England,

(b) integrated care boards,

(c) NHS trusts established under section 25, and

(d) NHS foundation trusts.

(4) A direction under subsection (1)(a) or (b) specifying a limit in relation to a financial year may be varied by a subsequent direction only if—

(a) NHS England agrees to the change,

(b) a parliamentary general election takes place, or

(c) the Secretary of State considers that there are exceptional circumstances which make the variation necessary.

(5) The Secretary of State must publish and lay before Parliament any directions under this section.

(6) Any reference in this Chapter to the use of capital resources or revenue resources is a reference to their expenditure, consumption or reduction in value.

223E Financial duties of NHS England: additional controls on resource use

(1) The Secretary of State may direct NHS England to ensure—

(a) that relevant capital resource use in a financial year which is attributable to matters specified in the direction does not exceed an amount so specified;

(b) that relevant revenue resource use in a financial year which is attributable to matters specified in the direction does not exceed an amount so specified.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (1) "relevant capital resource use" and "relevant revenue resource use" means the use of capital resources or (as the case may be) revenue resources by NHS England and integrated care boards.

(3) The Secretary of State may direct NHS England to ensure that NHS England's use of revenue resources in a financial year which is attributable to such matters relating to administration as are specified in the direction does not exceed an amount so specified."

Commencement Information
I58 S. 27 not in force at Royal Assent, see **s. 186(6)**
I59 S. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 34)

PROSPECTIVE

28 Expansion of NHS England's duties in respect of expenditure

In section 223C of the National Health Service Act 2006 (as substituted by section 27 of this Act), in subsection (1), after paragraph (b) insert—

"(c) NHS trusts established under section 25;

(d) NHS foundation trusts."

Commencement Information
I60 S. 28 not in force at Royal Assent, see **s. 186(6)**

29 Financial responsibilities of integrated care boards and their partners

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

(2) For the italic heading before section 223G substitute—

"Integrated care boards".

(3) After section 223GA insert—

"**223GB Power to impose financial requirements on integrated care boards**

(1) NHS England may give integrated care boards directions about their management or use of financial or other resources.

(2) The directions that may be given include a direction imposing limits on expenditure or resource use by integrated care boards.

(3) NHS England must publish any directions under this section.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

223GC Financial duties of integrated care boards: expenditure limits

(1) An integrated care board must exercise its functions with a view to ensuring that expenditure incurred by the board in a financial year does not exceed the sums received by it in that year.

(2) NHS England may by direction—

(a) specify descriptions of expenditure that are, or are not, to be treated for the purposes of this section as expenditure incurred by an integrated care board, or expenditure incurred by it in a particular financial year;

(b) specify descriptions of sums that are, or are not, to be treated for the purposes of this section as having been received by an integrated care board, or as having been received by it in a particular financial year;

(c) provide for sums received by an integrated care board under section 223G in a year but not spent to be treated for the purposes of this section as expenditure incurred by it in a particular financial year.

(3) For the purposes of this section any sum allotted to an integrated care board for a year under section 223G is to be treated as received by it in that year (subject to any direction under subsection (2)(b)).

223GD Integrated care boards: banking facilities

The Secretary of State may give integrated care boards directions requiring them to use specified banking facilities for any specified purposes."

(4) Omit sections 223H to 223J (financial duties of clinical commissioning groups).

(5) After section 223K insert—

"Joint duties of an integrated care board and its partner NHS trusts and NHS foundation trusts

223L Joint financial objectives for integrated care boards etc

(1) NHS England may set joint financial objectives for integrated care boards and their partner NHS trusts and NHS foundation trusts.

(2) An integrated care board and its partner NHS trusts and NHS foundation trusts must seek to achieve any financial objectives set under this section.

(3) Financial objectives under this section may apply to—

(a) integrated care boards and their partner NHS trusts and NHS foundation trusts generally,

(b) a particular integrated care board and its partner NHS trusts and NHS foundation trusts, or

(c) an integrated care board of a particular description and its partner NHS trusts and NHS foundation trusts.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

223M Financial duties of integrated care boards etc: use of resources

(1) Each integrated care board and its partner NHS trusts and NHS foundation trusts must exercise their functions with a view to ensuring that, in respect of each financial year—

(a) local capital resource use does not exceed the limit specified in a direction by NHS England;

(b) local revenue resource use does not exceed the limit specified in a direction by NHS England.

(2) In this section "local capital resource use" and "local revenue resource use" means the use of capital resources or (as the case may be) revenue resources by the integrated care board and its partner NHS trusts and NHS foundation trusts, other than use that consists of the transfer of resources between those bodies.

(3) Where an NHS trust or NHS foundation trust is the partner of more than one integrated care board, its use of capital resources or revenue resources is to be apportioned for the purposes of this section to one or more of the integrated care boards in such manner as may be provided for in a direction by NHS England.

(4) NHS England may by direction make provision for determining to which integrated care board, NHS trust or NHS foundation trust a use of capital resources or revenue resources is to be attributed for the purposes of this section.

223N Financial duties of integrated care boards etc: additional controls on resource use

(1) NHS England may direct an integrated care board and its partner NHS trusts and NHS foundation trusts to exercise their functions with a view to—

(a) ensuring that local capital resource use in a financial year which is attributable to matters specified in the direction does not exceed an amount so specified;

(b) ensuring that local revenue resource use in a financial year which is attributable to matters specified in the direction does not exceed an amount so specified.

(2) A direction under subsection (1) may—

(a) specify descriptions of resources which must, or must not, be treated as local capital resources or local revenue resources for the purposes of the direction;

(b) specify uses of local capital resources or local revenue resources which must, or must not, be taken into account for the purposes of the direction.

(3) Any directions given under section 223M(3) or (4) apply for the purposes of this section as they apply for the purposes of section 223M.

(4) In this section "local capital resource use" and "local revenue resource use" have the meaning given by section 223M(2).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Directions about resources etc to be taken into account

223O Resources etc relevant to section 223D, 223E or 223M

The Secretary of State may give directions, in relation to a financial year—

(a) specifying descriptions of resources which must, or must not, be treated as capital resources or revenue resources for the purposes of section 223D, 223E or 223M;

(b) specifying uses of capital resources or revenue resources which must, or must not, be taken into account for the purposes of section 223D, 223E or 223M."

Commencement Information

I61 S. 29 not in force at Royal Assent, see **s. 186(6)**

I62 S. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 34)

PROSPECTIVE

30 Expansion of financial duties of integrated care boards and their partners

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

(2) Omit section 223GC (inserted by section 29 of this Act).

(3) After section 223L (inserted by section 29 of this Act) insert—

"**223LA Financial duties of integrated care boards etc: expenditure limits**

(1) An integrated care board and its partner NHS trusts and NHS foundation trusts must exercise their functions with a view to ensuring that their expenditure in a financial year (taken together) does not exceed the aggregate of any sums received by them in the year.

(2) Where an NHS trust or NHS foundation trust is the partner of more than one integrated care board its receipts and expenditure are to be apportioned for the purposes of this section to one or more of the integrated care boards in such manner as may be provided for in a direction by NHS England.

(3) NHS England may by direction—

(a) specify descriptions of expenditure that are, or are not, to be treated for the purposes of this section as expenditure incurred by a body, or expenditure incurred by it in a particular financial year;

(b) specify descriptions of sums that are, or are not, to be treated for the purposes of this section as having been received by a body, or as having been received by it in a particular financial year;

(c) provide for sums received by an integrated care board under section 223G in a year but not spent to be treated for the purposes of this section as expenditure by it in a particular financial year.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(4) For the purposes of this section any sum allotted to an integrated care board for a year under section 223G is to be treated as received by it in that year (subject to any direction under subsection (3)(b)).”

Commencement Information

I63 S. 30 not in force at Royal Assent, see **s. 186(6)**

Integrated care system: reviews and further amendments

31 Care Quality Commission reviews etc of integrated care system

(1) Chapter 3 of Part 1 of the Health and Social Care Act 2008 (quality of health and social care) is amended as follows.

(2) After section 46A (inserted by section 163 of this Act) insert—

“**46B Reviews and performance assessments: integrated care system**

(1) The Commission must, in accordance with this section—

(a) conduct reviews of—

(i) the provision of relevant health care, and adult social care, within the area of each integrated care board, and

(ii) the exercise of the functions of the following in relation to the provision of that care within the area of each integrated care board: the board; its partner local authorities; and registered service providers,

(b) assess the functioning of the system for the provision of relevant health care, and adult social care, within the area of each integrated care board (taking into account, in particular, how those mentioned in paragraph (a)(ii) work together), and

(c) publish a report of its assessment.

(2) The Secretary of State—

(a) must set, and may from time to time revise, objectives and priorities for the Commission in relation to assessments under this section, and

(b) must inform the Commission of the objectives and priorities.

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

(4) The Commission—

(a) must determine, and may from time to time revise, indicators of quality for the purposes of assessments under this section, and

(b) must obtain the approval of the Secretary of State in relation to the indicators.

(5) The Secretary of State may direct the Commission to revise the indicators under subsection (4).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(6) Different objectives and priorities may be set, and different indicators of quality may be determined, for different cases.

(7) The Commission—

(a) must prepare, and may from time to time revise, a statement—

(i) setting out the frequency with which reviews under this section are to be conducted and the period to which they are to relate, and

(ii) describing the method that it proposes to use in assessing and evaluating the functioning of the system for the provision of relevant health care, and adult social care, within the area of an integrated care board, and

(b) must obtain the approval of the Secretary of State in relation to the statement.

(8) The statement may—

(a) make different provision about frequency and period of reviews for different cases, and

(b) describe different methods for different cases.

(9) Before preparing or revising a statement under subsection (7) the Commission must consult—

(a) NHS England, and

(b) any other persons it considers appropriate.

(10) The Secretary of State may direct the Commission to revise the statement under subsection (7).

(11) The Commission must publish—

(a) the objectives and priorities under subsection (2),

(b) the indicators of quality under subsection (4), and

(c) the statement under subsection (7).

(12) For the purposes of this section—

"adult social care" means social care for individuals aged 18 or over;

"partner local authority", in relation to an integrated care board, means any English local authority whose area coincides with, or includes the whole or any part of, the area of the integrated care board;

"registered service provider" means a person registered under Chapter 2 as a service provider;

"relevant health care" means—

(a) NHS care, or

(b) the promotion and protection of public health.

(13) Regulations may amend the definition of "relevant health care" to include health care which is provided or commissioned by a public authority (but which does not amount to NHS care)."

(3) In section 48 (special reviews and investigations), in subsection (2), after "46A" (inserted by section 163 of this Act) insert "or 46B".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(4) In section 50 (failings by English local authorities), in subsection (1), after "46A" (inserted by section 163 of this Act) insert "or 46B".

(5) In section 162 (orders and regulations: parliamentary control), in subsection (3), after paragraph (c) insert—

"(c) regulations under section 46B(13) (amendment of definition of relevant health care),".

Commencement Information

I64 S. 31 not in force at Royal Assent, see **s. 186(6)**

I65 S. 31 in force at 1.4.2023 by S.I. 2023/371, **reg. 2(b)**

32 Integrated care system: further amendments

Schedule 4 contains minor and consequential amendments.

Commencement Information

I66 S. 32 not in force at Royal Assent, see **s. 186(6)**

I67 S. 32 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Merger of NHS bodies etc

33 Abolition of Monitor and transfer of functions to NHS England

(1) Monitor is abolished.

(2) Schedule 5 contains amendments to transfer Monitor's functions to NHS England and related amendments.

Commencement Information

I68 S. 33 not in force at Royal Assent, see **s. 186(6)**

I69 S. 33 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

34 Exercise by NHS England of new regulatory functions

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

(2) After section 13SA (inserted by section 11 of this Act) insert—

"Regulatory functions

13SB Minimising conflicts between regulatory and other functions

(1) NHS England must make arrangements for—

(a) minimising the risk of conflicts between the exercise of its regulatory functions and its other functions;

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) managing any conflicts that arise.

(2) In this Act "regulatory functions", in relation to NHS England, means—

(a) its functions under the provisions listed in subsection (3),

(b) its functions under Chapter 5A of Part 2 (trust special administrators) in relation to NHS foundation trusts, except for any functions that are conferred on it under section 65DA, 65F or 65G as a commissioner, and

(c) any other functions of NHS England so far as exercisable in connection with functions within paragraph (a) or (b).

(3) Those provisions are—

(a) in Part 2 of this Act, Chapter 5 (NHS foundation trusts);

(b) in Part 3 of the Health and Social Care Act 2012—

(i) Chapter 3 (licensing);

(ii) Chapter 4 (NHS payment scheme);

(iii) Chapter 5 (health special administration);

(iv) Chapter 6 (financial assistance in special administration cases)."

(3) In section 13U (annual report), after subsection (2) insert—

"(2A) The annual report must include a statement explaining what NHS England has done, during the financial year, to comply with its duties under section 13SB."

(4) In section 275 (interpretation), in subsection (1), at the appropriate place insert—

""regulatory functions", in relation to NHS England, has the meaning given by section 13SB,".

Commencement Information

I70 S. 34 not in force at Royal Assent, see **s. 186(6)**

I71 S. 34 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 19(1)(2), 29, 30)

35 Modification of standard licence conditions

(1) Section 100 of the Health and Social Care Act 2012 (modification of standard conditions) is amended as follows.

(2) After subsection (1) insert—

"(1A) Before making modifications under subsection (1) that NHS England consider to be a major change, NHS England must—

(a) carry out an assessment of the likely impact of the modifications, or

(b) publish a statement setting out its reasons for concluding that such assessment is not needed."

(3) In subsection (2), for "such modifications" substitute "modifications under subsection (1)".

(4) In subsection (4), after paragraph (b) insert—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(ba) set out any impact assessment carried out by NHS England under subsection (1A)(a),".

Commencement Information

I72 S. 35 not in force at Royal Assent, see **s. 186(6)**

I73 S. 35 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

36 Abolition of NHS Trust Development Authority

(1) The Special Health Authority called the National Health Service Trust Development Authority is abolished.

(2) The following are revoked—

(a) the National Health Service Trust Development Authority (Establishment and Constitution) Order 2012 (S.I. 2012/901);

(b) the National Health Service Trust Development Authority Regulations 2012 (S.I. 2012/922);

(c) the National Health Service Trust Development Authority (Directions and Miscellaneous Amendments etc.) Regulations 2016 (S.I. 2016/214).

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

(4) In section 15 of the Domestic Abuse Act 2021 (duty to co-operate with the Domestic Abuse Commissioner), in subsection (7), omit paragraph (e) of the definition of "NHS body in England".

Commencement Information

I74 S. 36 not in force at Royal Assent, see **s. 186(6)**

I75 S. 36 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 12, 13, 29)

37 Merger of bodies: consequential amendment

In section 1H of the National Health Service Act 2006 (NHS England and its general functions), in subsection (3)(b), before "so as to secure" insert ", NHS trusts established under section 25 and NHS foundation trusts".

Commencement Information

I76 S. 37 not in force at Royal Assent, see **s. 186(6)**

I77 S. 37 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

38 Transfer schemes in connection with abolished bodies

(1) The Secretary of State may make one or more schemes for the transfer of property, rights and liabilities from Monitor or the National Health Service Trust Development Authority to NHS England.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) The things that may be transferred under a transfer scheme include—

(a) property, rights and liabilities that could not otherwise be transferred;

(b) property acquired, and rights and liabilities arising, after the making of the scheme;

(c) criminal liabilities.

(3) A transfer scheme may—

(a) create rights, or impose liabilities, in relation to property or rights transferred;

(b) make provision about the continuing effect of things done by the transferor in respect of anything transferred;

(c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;

(d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee;

(e) make provision which is the same as or similar to the TUPE regulations;

(f) make other consequential, supplementary, incidental or transitional provision.

(4) In subsection (3)(e), "the TUPE regulations" means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).

(5) In this section references to rights and liabilities include rights and liabilities relating to a contract of employment.

Commencement Information

I78 S. 38 not in force at Royal Assent, see **s. 186(6)**

I79 S. 38 in force at 9.5.2022 by S.I. 2022/515, **reg. 2(f)**

I80 S. 38, to the extent, if any, that it is not already in force, in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

39 Transfer schemes under section 38: taxation

(1) The Treasury may by regulations make provision varying the way in which a relevant tax has effect in relation to—

(a) anything transferred under a scheme under section 38, or

(b) anything done for the purposes of, or in relation to, a transfer under such a scheme.

(2) The provision which may be made under subsection (1)(a) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything transferred;

(b) anything transferred to be treated in a specified way for the purposes of a tax provision;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything transferred.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) The provision which may be made under subsection (1)(b) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything done for the purposes of or in relation to the transfer;

(b) anything done for the purposes of, or in relation to, the transfer to have or not have a specified consequence or be treated in a specified way;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything done for the purposes of, or in relation to, the transfer.

(4) Regulations under this section are subject to annulment in pursuance of a resolution of the House of Commons.

(5) In this section—

"relevant tax" means income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax;

"tax provision" means a provision of an enactment about a relevant tax.

Commencement Information

I81 S. 39 not in force at Royal Assent, see **s. 186(6)**

I82 S. 39 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Secretary of State's functions

40 Duties in respect of research

In section 1E of the National Health Service Act 2006 (duty as to research), after "must" insert "facilitate or otherwise".

Commencement Information

I83 S. 40 not in force at Royal Assent, see **s. 186(6)**

I84 S. 40 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

41 Report on assessing and meeting workforce needs

After section 1G of the National Health Service Act 2006 (but before the italic heading after it) insert—

"**1GA Secretary of State's duty to report on workforce systems**

(1) The Secretary of State must, at least once every five years, publish a report describing the system in place for assessing and meeting the workforce needs of the health service in England.

(2) NHS England and Health Education England must assist in the preparation of a report under this section, if requested to do so by the Secretary of State."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I85 S. 41 not in force at Royal Assent, see **s. 186(6)**

I86 S. 41 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

42 Arrangements for exercise of public health functions

For section 7A of the National Health Service Act 2006 substitute—

"**7A Exercise of Secretary of State's public health functions**

(1) The Secretary of State may arrange for any of the public health functions of the Secretary of State to be exercised by one or more relevant bodies.

(2) In this section "relevant body" means—

(a) NHS England,

(b) an integrated care board,

(c) a local authority (within the meaning of section 2B),

(d) a combined authority, or

(e) such other body as may be prescribed.

(3) Arrangements under this section may be made on such terms as may be agreed between the parties including—

(a) terms as to payment;

(b) terms prohibiting or restricting a relevant body from making delegation arrangements in relation to a function that is exercisable by it by virtue of arrangements under this section.

(4) In subsection (3)(b) "delegation arrangements" means arrangements made by a person for the exercise of a function by someone else.

(5) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by a relevant body of any function by virtue of this section are enforceable by or against that body (and no other person).

(6) The reference in subsection (1) to the public health functions of the Secretary of State includes any functions of the Secretary of State exercisable in connection with those functions (including the powers conferred by section 12)."

Commencement Information

I87 S. 42 not in force at Royal Assent, see **s. 186(6)**

I88 S. 42 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

43 Power of direction: public health functions

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

(2) After section 7A (inserted by section 42 of this Act) insert—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"**7B Directions requiring NHS bodies to exercise public health functions**

(1) The Secretary of State may by direction provide for any of the public health functions of the Secretary of State to be exercised by one or more relevant bodies.

(2) In this section "relevant body" means—

(a) NHS England, or

(b) an integrated care board.

(3) A direction under subsection (1) may include provision prohibiting or restricting the relevant body from making delegation arrangements in relation to a function that is exercisable by it by virtue of the direction.

(4) In subsection (3) "delegation arrangements" means arrangements made by a person for the exercise of a function by someone else.

(5) The Secretary of State may make payments to a relevant body in respect of the exercise by it of a function by virtue of a direction under subsection (1).

(6) The Secretary of State may give directions to an integrated care board as to the exercise by it of any functions by virtue of this section.

(7) For power to give directions to NHS England as to the exercise of functions, see section 13ZC.

(8) As soon as reasonably practicable after giving a direction under subsection (1) or (6), the Secretary of State must publish it.

(9) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by a relevant body of any function by virtue of this section are enforceable by or against it (and no other person).

(10) The reference in subsection (1) to the public health functions of the Secretary of State includes any functions of the Secretary of State exercisable in connection with those functions (including the powers conferred by section 12)."

(3) In section 73 (directions and regulations under Parts 1 and 2), in subsection (1), after paragraph (a) insert—

"(aa) section 7B,".

Commencement Information

I89 S. 43 not in force at Royal Assent, see **s. 186(6)**

I90 S. 43 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

44 Power of direction: investigation functions

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

(2) After section 7B (inserted by section 43 of this Act) insert—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"**7C Power of direction: investigation functions**

(1) The Secretary of State may direct—

(a) NHS England, or

(b) any other public body,

to exercise any of the investigation functions which are specified in the direction.

(2) A direction under subsection (1) may include provision prohibiting or restricting the body directed from making delegation arrangements in relation to a function that is exercisable by it by virtue of the direction.

(3) In subsection (2) "delegation arrangements" means arrangements made by a person for the exercise of a function by someone else.

(4) The Secretary of State may make payments to NHS England or any other body in respect of the exercise by it of a function by virtue of a direction under subsection (1).

(5) The Secretary of State may give directions to any body on whom functions are conferred by virtue of subsection (1)(b) as to the exercise of those functions.

(6) For power to give directions to NHS England as to the exercise of functions, see section 13ZC.

(7) As soon as reasonably practicable after giving a direction under subsection (1) or (5), the Secretary of State must publish it.

(8) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by NHS England or any other body of any function by virtue of this section are enforceable by or against it (and no other person).

(9) In this section "the investigation functions" are functions which, immediately before the coming into force of section 36 of the Health and Care Act 2022, were exercised by the Special Health Authority called the National Health Service Trust Development Authority pursuant to—

(a) the National Health Service Trust Development Authority (Healthcare Safety Investigation Branch) Directions 2016 made under sections 7 and 8 of the National Health Service Act 2006, or

(b) the National Health Service Trust Development Authority (Healthcare Safety Investigation Branch) (Additional Investigatory Functions in respect of Maternity Cases) Directions 2018 made under sections 7 and 8 of the National Health Service Act 2006.

7D Transfer schemes in connection with a direction under section 7C

(1) The Secretary of State may, in connection with a direction under section 7C, make one or more transfer schemes.

(2) A "transfer scheme" is a scheme for the transfer to NHS England or any other public body of any property, rights or liabilities relating to the discharge of functions pursuant to any directions made by the Secretary of State under the power conferred by section 7C.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) The things that may be transferred under a transfer scheme include—

(a) property, rights and liabilities that could not otherwise be transferred;

(b) property acquired, and rights and liabilities arising, after the making of the scheme;

(c) criminal liabilities.

(4) A transfer scheme may—

(a) create rights, or impose liabilities, in relation to property or rights transferred;

(b) make provision about the continuing effect of things done by, or on behalf of or in relation to the transferor in respect of anything transferred;

(c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;

(d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee;

(e) make provision for the shared ownership or use of property;

(f) make provision which is the same as or similar to the TUPE regulations;

(g) make other consequential, supplementary, incidental or transitional provision.

(5) A transfer scheme may provide—

(a) for modifications by agreement;

(b) for modifications to have effect from the date when the original scheme came into effect.

(6) In subsection (4)(f), "the TUPE regulations" means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).

(7) For the purposes of this section—

(a) references to rights and liabilities include rights and liabilities relating to a contract of employment;

(b) references to the transfer of property include the grant of a lease.

(8) For the purposes of subsection (7)(a)—

(a) an individual who holds employment in the civil service of the State is to be treated as employed by virtue of a contract of employment, and

(b) the terms of the individual's employment in the civil service are to be regarded as constituting the terms of the contract of employment.

7E Transfer schemes under section 7D: taxation

(1) The Treasury may by regulations make provision varying the way in which a relevant tax has effect in relation to—

(a) anything transferred under a scheme under section 7D, or

(b) anything done for the purposes of, or in relation to, a transfer under such a scheme.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) The provision which may be made under subsection (1)(a) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything transferred;

(b) anything transferred to be treated in a specified way for the purposes of a tax provision;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything transferred.

(3) The provision which may be made under subsection (1)(b) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything done for the purposes of or in relation to the transfer;

(b) anything done for the purposes of, or in relation to, the transfer to have or not have a specified consequence or be treated in a specified way;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything done for the purposes of, or in relation to, the transfer.

(4) In this section references to the transfer of property include the grant of a lease.

(5) In this section—

"relevant tax" means income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax;

"tax provision" means a provision of an enactment about a relevant tax."

(3) In section 73 (directions and regulations under Parts 1 and 2), in subsection (1), after paragraph (aa) (inserted by section 43 of this Act) insert—

"(ab) section 7C,".

(4) In section 272 (orders, regulations, rules and directions)—

(a) in subsection (4), after "subsections" insert "(4A),", and

(b) after that subsection insert—

"(4A) A statutory instrument containing regulations under section 7E(1) is subject to annulment in pursuance of a resolution of the House of Commons."

Commencement Information

I91 S. 44 not in force at Royal Assent, see **s. 186(6)**

I92 S. 44 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

45 General power to direct NHS England

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

(2) Before section 13Z1 (and the italic heading before it) insert—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"Powers of direction

13ZC Secretary of State directions as to exercise of NHS England functions

(1) The Secretary of State may give NHS England directions as to the exercise of any of its functions.

(2) The directions that may be given include a direction as to whether a power is to be exercised or not.

(3) The directions that may be given include a direction as to—

(a) when or how a function is, or is not, to be exercised;

(b) conditions that must be met before a function is exercised (for example, conditions relating to the provision of information, consultation or approval);

(c) matters to be taken into account in exercising a function.

(4) For exceptions to the power to give directions under subsection (1), see section 13ZD.

(5) A direction under subsection (1) must include a statement that the Secretary of State considers the direction to be in the public interest.

(6) As soon as reasonably practicable after giving a direction under subsection (1), the Secretary of State must publish it.

(7) The fact that the Secretary of State has a function under any other enactment in relation to NHS England's exercise of functions is not to be read as limiting the power conferred by subsection (1).

(8) The reference in subsection (7) to a function of the Secretary of State does not include a function of making subordinate legislation.

13ZD Power to give directions: exceptions

(1) A direction under section 13ZC may not be given in relation to a function relating to the appointment or employment of a person.

(2) A direction under section 13ZC may not be given in relation to a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness.

(3) A direction under section 13ZC may not be given in relation to the provision of any drug, medicine or other treatment, or the use of any diagnostic technique, unless NICE has made a recommendation or issued guidance as to its clinical and cost effectiveness and the direction is not inconsistent with that recommendation or guidance.

13ZE Compliance with directions: significant failure

(1) This section applies where—

(a) NHS England is given a direction under section 13ZC,

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) the direction —

(i) states that the Secretary of State considers that NHS England is failing or has failed to discharge any of its functions, and

(ii) states that the Secretary of State considers that the failure is significant and explains why,

(c) the direction states that it is given for the purposes of addressing that failure, and

(d) NHS England fails to comply with the direction.

(2) The Secretary of State may—

(a) discharge the functions to which the direction relates, or

(b) make arrangements for any other person to discharge them on the Secretary of State's behalf.

(3) Where the Secretary of State exercises the power under subsection (2), the Secretary of State must publish the reasons for doing so.

(4) For the purpose of this section—

(a) a failure to discharge a function includes a failure to discharge it properly, and

(b) a failure to discharge a function properly includes a failure to discharge it consistently with what the Secretary of State considers to be the interests of the health service.

13ZF Secretary of State directions to provide information

(1) The Secretary of State may direct NHS England to provide the Secretary of State with any documents or other information that may be specified in the direction.

(2) The directions that may be given include a direction to provide documents or other information that NHS England would need to obtain from others in the exercise of some other power.

(3) The directions may include provision as to—

(a) the form or manner in which the documents or information must be provided;

(b) the time at which or period within which the documents or information must be provided."

(3) Omit section 13Z2 (failure to discharge functions) and the italic heading before it.

(4) In Schedule A1 (constitution of NHS England), omit paragraph 14 and the italic heading before it.

Commencement Information

I93 S. 45 not in force at Royal Assent, see **s. 186(6)**

I94 S. 45 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

46 Reconfiguration of services: intervention powers

(1) After section 68 of the National Health Service Act 2006 insert—

"Reconfiguration of NHS services

68A Reconfiguration of NHS services

Schedule 10A confers intervention powers on the Secretary of State in relation to the reconfiguration of NHS services."

(2) Schedule 6 inserts into the National Health Service Act 2006 a new Schedule 10A to that Act (intervention powers in relation to the reconfiguration of NHS services).

Commencement Information

I95 S. 46 not in force at Royal Assent, see **s. 186(6)**

I96 S. 46(1) in force at 31.1.2024 by S.I. 2023/1431, **reg. 4(a)**

I97 S. 46(2) in force at 31.1.2024 for specified purposes by S.I. 2023/1431, **reg. 4(b)**

47 Review into NHS supply chains

(1) The Secretary of State must carry out a review into the risk of slavery and human trafficking taking place in relation to people involved in NHS supply chains.

(2) The Secretary of State may determine which NHS supply chains to consider as part of the review or otherwise limit the scope of the review.

(3) But the review must at least consider a significant proportion of NHS supply chains for cotton-based products in relation to which companies formed under section 223 of the National Health Service Act 2006 (taken as a whole) exercise functions.

(4) The Secretary of State must publish and lay before Parliament a report on the outcome of the review before the end of the period of 18 months beginning with the day on which this section comes into force.

(5) The report must describe—

(a) the scope of the review, and

(b) the methodology used in carrying out the review.

(6) The report must include any views of the Secretary of State as to steps that should be taken to mitigate the risk mentioned in subsection (1).

(7) NHS England must assist in the carrying out of the review or the preparation of the report under this section, if requested to do so by the Secretary of State.

(8) In this section—

"health service in England" means the health service continued under section 1(1) of the National Health Service Act 2006;

"NHS supply chain" means the supply chain for providing goods or services for the purposes of the health service in England;

"slavery and human trafficking" has the meaning given by section 54(12) of the Modern Slavery Act 2015.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I98 S. 47 not in force at Royal Assent, see **s. 186(6)**

I99 S. 47 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

NHS trusts

48 NHS trusts in England

In the Health and Social Care Act 2012, omit section 179 (abolition of NHS trusts in England).

Commencement Information

I100 S. 48 not in force at Royal Assent, see **s. 186(6)**

I101 S. 48 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

49 Removal of power to appoint trust funds and trustees

In Schedule 4 to the National Health Service Act 2006, omit paragraph 10 (power to appoint trustees for an NHS trust) and the italic heading before it.

Commencement Information

I102 S. 49 not in force at Royal Assent, see **s. 186(6)**

I103 S. 49 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 22, 29, 30)

50 Sections 48 and 49: consequential amendments

Schedule 7 contains amendments that are consequential on sections 48 and 49.

Commencement Information

I104 S. 50 not in force at Royal Assent, see **s. 186(6)**

I105 S. 50 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

51 Licensing of NHS trusts

(1) In the National Health Service (Licence Exemptions, etc) Regulations 2013 (S.I. 2013/2677), omit regulation 4 (which exempts NHS trusts in England from the requirement to hold a licence).

(2) After section 87 of the Health and Social Care Act 2012 insert—

"**87A Application and grant: NHS trusts**

(1) An NHS trust established under section 25 of the National Health Service Act 2006 is to be treated, on its establishment, as—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) having made an application for a licence under section 85, and

(b) having met the criteria for holding a licence for the time being published under section 86.

(2) An NHS trust established under section 25 of the National Health Service Act 2006 before the day on which section 51(1) of the Health and Care Act 2022 comes into force is to be treated, for the purposes of subsection (1), as having been established on that day."

Commencement Information

I106 S. 51 not in force at Royal Assent, see **s. 186(6)**

I107 S. 51 in force at 1.4.2023 by S.I. 2023/371, **reg. 2(c)**

52 NHS trusts: wider effect of decisions

After section 26 of the National Health Service Act 2006 insert—

"**26A Duty to have regard to wider effect of decisions**

(1) In making a decision about the exercise of its functions, an NHS trust established under section 25 must have regard to all likely effects of the decision in relation to—

(a) the health and well-being of the people of England;

(b) the quality of services provided to individuals—

(i) by relevant bodies, or

(ii) in pursuance of arrangements made by relevant bodies,

for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

(2) In subsection (1)—

(a) the reference to a decision does not include a reference to a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness;

(b) the reference to effects of a decision in relation to the health and well-being of the people of England includes a reference to its effects in relation to inequalities between the people of England with respect to their health and well-being;

(c) the reference to effects of a decision in relation to the quality of services provided to individuals includes a reference to its effects in relation to inequalities between individuals with respect to the benefits that they can obtain from those services.

(3) In discharging the duty under this section, NHS trusts must have regard to guidance published by NHS England under section 13NB.

(4) In this section "relevant bodies" means—

(a) NHS England,

(b) integrated care boards,

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(c) NHS trusts established under section 25, and
(d) NHS foundation trusts."

Commencement Information
I108 S. 52 not in force at Royal Assent, see **s. 186(6)**
I109 S. 52 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

53 NHS trusts: duties in relation to climate change

After section 26A of the National Health Service Act 2006 (inserted by section 52 of this Act) insert—

"**26B Duties in relation to climate change etc**

(1) An NHS trust established under section 25 must, in the exercise of its functions, have regard to the need to—
(a) contribute towards compliance with—
(i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and
(ii) section 5 of the Environment Act 2021 (environmental targets), and
(b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

(2) In discharging the duty under this section, NHS trusts must have regard to guidance published by NHS England under section 13ND."

Commencement Information
I110 S. 53 not in force at Royal Assent, see **s. 186(6)**
I111 S. 53 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

54 Oversight and support of NHS trusts

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

(2) After section 27 insert—

"**27A Oversight and support of NHS trusts**

NHS England must—
(a) monitor NHS trusts established under section 25 in the carrying out of their functions, and
(b) provide such advice, guidance or other support as it considers appropriate to help NHS trusts established under section 25 in the carrying out of their functions."

(3) In Schedule 4—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) in paragraph 12 (reports etc), in sub-paragraph (1), for "the Secretary of State", in both places it occurs, substitute "NHS England";

(b) in paragraph 13 (provision of information by NHS trusts), in sub-paragraph (1) (as created by section 25(4) of this Act)—

(i) after "the Secretary of State" insert "or NHS England";

(ii) for "he" substitute "the Secretary of State or NHS England".

Commencement Information

I112 S. 54 not in force at Royal Assent, see **s. 186(6)**

I113 S. 54 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 16(a), 29)

55 Directions to NHS trusts

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

(2) After section 27A (inserted by section 54 of this Act) insert—

"**27B NHS England's directions to NHS trusts**

(1) NHS England may give directions to an NHS trust established under section 25 about its exercise of any functions.

(2) In so far as a direction under this section conflicts with a direction under section 8 or paragraph 25(3) of Schedule 4, it is of no effect."

(3) In section 73 (directions and regulations under Parts 1 and 2), in subsection (1), after paragraph (ba) (inserted by section 13 of this Act) insert—

"(bb) section 27B,".

(4) In Schedule 4—

(a) in paragraph 20 (additional income), in sub-paragraph (2)—

(i) omit the "and" at the end of paragraph (a);

(ii) at the end of paragraph (b) insert ", and

(c) in circumstances specified in directions under section 27B, with the consent of NHS England.";

(b) in paragraph 25 (staff), in sub-paragraph (3), at the end insert "and any directions given by NHS England under section 27B".

Commencement Information

I114 S. 55 not in force at Royal Assent, see **s. 186(6)**

I115 S. 55 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

56 Recommendations about restructuring of NHS trusts

After section 27B of the National Health Service Act 2006 (inserted by section 55 of this Act) insert—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"**27C Recommendations about restructuring**

(1) NHS England may—

(a) make recommendations to NHS trusts for or in connection with the making of restructuring applications;

(b) take such other steps as it considers appropriate to facilitate restructuring applications involving NHS trusts.

(2) In this section "restructuring application", in relation to an NHS trust, means an application by the NHS trust under—

(a) section 56 (mergers involving NHS foundation trusts);

(b) section 56A (acquisitions by NHS foundation trusts);

(c) section 69A (transfer of property etc between NHS bodies);

(d) paragraph 28 of Schedule 4 (dissolution of NHS trusts)."

Commencement Information

I116 S. 56 not in force at Royal Assent, see **s. 186(6)**

I117 S. 56 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

57 Intervention in NHS trusts

After section 27C of the National Health Service Act 2006 (inserted by section 56 of this Act) insert—

"**27D Intervention in NHS trusts: recommendations etc by NHS England**

(1) If NHS England considers that Secretary of State ought to make an order under section 66(2) or 68(2) in relation to an NHS trust established under section 25, NHS England must—

(a) make a recommendation to that effect,

(b) set out its reasons for the recommendation, and

(c) make any recommendations it considers appropriate as to the contents of the order.

(2) NHS England must make any inquiries, and provide any other assistance, that the Secretary of State may require in connection with deciding whether to make an order under section 66(2) or 68(2) in relation to an NHS trust established under section 25 and, if so, on what terms."

Commencement Information

I118 S. 57 not in force at Royal Assent, see **s. 186(6)**

I119 S. 57 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

58 NHS trusts: conversion to NHS foundation trusts and dissolution

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

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In section 33 (application by NHS trusts to become NHS foundation trusts), in subsection (1), omit ", if the application is supported by the Secretary of State".

(3) In section 35 (authorisation of NHS foundation trusts), in subsection (1), after "if" insert "the Secretary of State approves the authorisation and".

(4) In section 57 (supplementary provision in connection with mergers and acquisitions with NHS foundation trusts), in subsection (5), after "Secretary of State" insert "or NHS England".

(5) In Schedule 4—

(a) in paragraph 28 (power to dissolve NHS trusts)—

(i) in sub-paragraph (1), after "Secretary of State" insert "or NHS England";

(ii) after sub-paragraph (1) insert—

"(1A) An order under this paragraph may be made by NHS England only with the approval of the Secretary of State.";

(iii) in sub-paragraphs (2)(b) and (3), after "the Secretary of State" insert "or NHS England";

(b) in paragraph 29 (transfers), for sub-paragraph (1) substitute—

"(1) If an NHS trust is dissolved under paragraph 28, the Secretary of State or NHS England may by order transfer, or provide for the transfer of, the property and liabilities of the NHS trust to the Secretary of State or an NHS body; and such an order may include provisions corresponding to those of paragraph 9.";

(c) in paragraph 30 (transfers: pensions etc), in sub-paragraph (1), after "he" insert "or NHS England".

Commencement Information

I120 S. 58 not in force at Royal Assent, see **s. 186(6)**

I121 S. 58 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

59 Appointment of chair of NHS trusts

In paragraph 3(1)(a) of Schedule 4 to the National Health Service Act 2006 (appointment of chair of board of directors of NHS trust), for "the Secretary of State" substitute "NHS England".

Commencement Information

I122 S. 59 not in force at Royal Assent, see **s. 186(6)**

I123 S. 59 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

60 Financial objectives for NHS trusts

In paragraph 2 of Schedule 5 of the National Health Service Act 2006 (financial obligations of NHS trusts), for sub-paragraphs (2) and (3) substitute—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(2) NHS England may set financial objectives for NHS trusts.

(3) An NHS trust must achieve any financial objectives set under sub-paragraph (2).

(4) Financial objectives under sub-paragraph (2) may apply to NHS trusts generally, or to a particular NHS trust or NHS trusts of a particular description."

Commencement Information

I124 S. 60 not in force at Royal Assent, see **s. 186(6)**

I125 S. 60 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 14, 29)

NHS foundation trusts

61 Licensing of NHS foundation trusts

In section 88 of the Health and Social Care Act 2012 (application and grant of licenses: NHS foundation trusts), for subsection (1) substitute—

"(1) This section applies where—

(a) an NHS trust becomes an NHS foundation trust in pursuance of section 36 of the National Health Service Act 2006 (effect of authorisation of NHS foundation trust), or

(b) an NHS foundation trust is established under sections 56 or 56B of that Act (mergers and separations)."

Commencement Information

I126 S. 61 not in force at Royal Assent, see **s. 186(6)**

I127 S. 61 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

62 Capital spending limits for NHS foundation trusts

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

(2) After section 42A insert—

"**42B Limits on capital expenditure**

(1) NHS England may make an order imposing a limit on the capital expenditure of an NHS foundation trust in respect of a single financial year.

(2) The order must specify—

(a) the trust,

(b) the capital expenditure limit, and

(c) the financial year to which the limit relates.

(3) NHS England must consult the trust before making the order.

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(4) NHS England must publish each order under this section.

(5) An order under this section may be made at any time during or before the financial year to which it relates.

(6) A trust that is the subject of an order under this section must not exceed the capital expenditure limit imposed by the order during the financial year to which it relates.

(7) In this section "capital expenditure", in relation to an NHS foundation trust, means expenditure of the trust which falls to be capitalised in its annual accounts.

42C Guidance in relation to orders under section 42B

(1) NHS England must publish guidance about the exercise of its power to make orders under section 42B, including guidance about—

(a) the circumstances in which it is likely to make an order, and

(b) the method it will use to determine the capital expenditure limit.

(2) NHS England must consult the Secretary of State before it publishes guidance, or revised guidance, under this section.

(3) NHS England must have regard to the guidance in exercising its power to make orders under section 42B."

(3) In section 64 (orders and regulations under Chapter 5), in subsection (1), after "regulations" insert ", other than the power to make an order under section 42B,".

Commencement Information

I128 S. 62 not in force at Royal Assent, see **s. 186(6)**

I129 S. 62 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

63 Accounts, reports and forward plans

(1) In the National Health Service Act 2006—

(a) in section 43, omit subsections (3B) and (3C) (requirements relating to content etc of forward plan for NHS foundation trusts);

(b) in paragraph 27 of Schedule 7, omit sub-paragraphs (2) and (3) (which require the forward plan to be prepared by the directors etc).

(2) In the Health and Social Care Act 2012—

(a) omit section 155 (accounts: transfer of functions relating to accounts from the regulator to the Secretary of State);

(b) in section 156 omit—

(i) subsection (3) (power to provide for content of annual reports to be prescribed by regulations rather than determined by the regulator);

(ii) subsection (4) (duty to give forward plan to Secretary of State, rather than to the regulator).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I130 S. 63 not in force at Royal Assent, see **s. 186(6)**

I131 S. 63 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 17, 29)

64 NHS foundation trusts: joint exercise of functions

After section 47 of the National Health Service Act 2006 insert—

"**47A Joint exercise of functions**

An NHS foundation trust may enter into arrangements for the carrying out, on such terms as the NHS foundation trust considers appropriate, of any of its functions jointly with any other person."

Commencement Information

I132 S. 64 not in force at Royal Assent, see **s. 186(6)**

I133 S. 64 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

65 NHS foundation trusts: mergers, acquisitions and separations

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

(2) In section 56 (mergers)—

(a) in subsection (2), omit paragraph (a);

(b) for subsection (4) substitute—

"(4) NHS England must grant the application if—

(a) it is satisfied that such steps as are necessary to prepare for the dissolution of the trusts and the establishment of the new trust have been taken, and

(b) the Secretary of State approves the grant of the application,

and must otherwise refuse the application."

(3) In section 56A (acquisitions)—

(a) in subsection (3), omit paragraph (a) and the "and" at the end;

(b) for subsection (4) substitute—

"(4) NHS England must grant the application if—

(a) it is satisfied that such steps as are necessary to prepare for the acquisition have been taken, and

(b) the Secretary of State approves the grant of the application,

and must otherwise refuse the application."

(4) In section 56B (separations), for subsection (4) substitute—

"(4) NHS England must grant the application if—

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(a) it is satisfied that such steps as are necessary to prepare for the dissolution of the trust and the establishment of each of the proposed new trusts have been taken, and

(b) the Secretary of State approves the grant of the application,

and must otherwise refuse the application."

Commencement Information

I134 S. 65 not in force at Royal Assent, see **s. 186(6)**

I135 S. 65 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

66 Transfers on dissolution of NHS foundation trusts

In section 57A of the National Health Service Act 2006 (dissolution)—

(a) in subsection (3), omit paragraph (a) and the "and" at the end;

(b) in subsection (4), for paragraph (b) substitute—

"(b) transferring, or providing for the transfer of, the property and liabilities (including criminal liabilities) to another NHS foundation trust, an NHS trust established under section 25 or the Secretary of State.";

(c) after subsection (4) insert—

"(5) The order must include provision for the transfer of any employees of the NHS foundation trust that is dissolved."

Commencement Information

I136 S. 66 not in force at Royal Assent, see **s. 186(6)**

I137 S. 66 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

67 NHS foundation trusts: wider effect of decisions

In the National Health Service Act 2006, after section 63 insert—

"**63A Duty to have regard to wider effect of decisions**

(1) In making a decision about the exercise of its functions, an NHS foundation trust must have regard to all likely effects of the decision in relation to—

(a) the health and well-being of the people of England;

(b) the quality of services provided to individuals—

(i) by relevant bodies, or

(ii) in pursuance of arrangements made by relevant bodies,

for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

(2) In subsection (1)—

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(a) the reference to a decision does not include a reference to a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness;

(b) the reference to effects of a decision in relation to the health and well-being of the people of England includes a reference to its effects in relation to inequalities between the people of England with respect to their health and well-being;

(c) the reference to effects of a decision in relation to the quality of services provided to individuals includes a reference to its effects in relation to inequalities between individuals with respect to the benefits that they can obtain from those services.

(3) In discharging the duty under this section, NHS foundation trusts must have regard to guidance published by NHS England under section 13NB.

(4) In this section "relevant bodies" means—

(a) NHS England,

(b) integrated care boards,

(c) NHS trusts established under section 25, and

(d) NHS foundation trusts."

Commencement Information

I138 S. 67 not in force at Royal Assent, see **s. 186(6)**

I139 S. 67 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

68 NHS foundation trusts: duties in relation to climate change

After section 63A of the National Health Service Act 2006 (inserted by section 67 of this Act) insert—

"**63B Duties in relation to climate change etc**

(1) An NHS foundation trust must, in the exercise of its functions, have regard to the need to—

(a) contribute towards compliance with—

(i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and

(ii) section 5 of the Environment Act 2021 (environmental targets), and

(b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

(2) In discharging the duty under this section, NHS foundation trusts must have regard to guidance published by NHS England under section 13ND."

Commencement Information

I140 S. 68 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I141 S. 68 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

NHS trusts and NHS foundation trusts

69 Transfer schemes between trusts

After section 69 of the National Health Service Act 2006 insert—

"Transfer schemes

69A Transfer schemes: NHS trusts and NHS foundation trusts

(1) NHS England may make one or more schemes for the transfer of property, rights and liabilities from a relevant NHS body to another relevant NHS body on an application made to it under this section.

(2) The application must—
- (a) be made jointly by the relevant NHS bodies, and
- (b) state the property, rights or liabilities to be transferred.

(3) NHS England may grant an application under this section only if it is satisfied that such steps as are necessary to prepare for the transfer have been taken.

(4) The things that may be transferred under a transfer scheme include—
- (a) property, rights and liabilities that could not otherwise be transferred;
- (b) property acquired, and rights and liabilities arising, after the making of the scheme;
- (c) criminal liabilities.

(5) A transfer scheme may—
- (a) create rights, or impose liabilities, in relation to property or rights transferred;
- (b) make provision about the continuing effect of things done by the transferor in respect of anything transferred;
- (c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;
- (d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee;
- (e) make provision for the shared ownership or use of property;
- (f) make provision which is the same as or similar to the TUPE regulations;
- (g) make other consequential, supplementary, incidental or transitional provision.

(6) A transfer scheme may provide—
- (a) for modifications by agreement;
- (b) for modifications to have effect from the date when the original scheme came into effect.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(7) In this section—

(a) references to rights and liabilities include rights and liabilities relating to a contract of employment;

(b) references to the transfer of property include the grant of a lease.

(8) In this section—

"relevant NHS body" means—

(a) an NHS trust established under section 25;

(b) an NHS foundation trust;

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

Commencement Information

I142 S. 69 not in force at Royal Assent, see **s. 186(6)**

I143 S. 69 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

70 Trust special administrators

Schedule 8 contains amendments to Chapter 5A of the National Health Service Act 2006 (which transfer functions to NHS England in relation to trust special administrators).

Commencement Information

I144 S. 70 not in force at Royal Assent, see **s. 186(6)**

I145 S. 70 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Joint working and delegation of functions

71 Joint working and delegation arrangements

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

(2) After section 65Z4 (inserted by section 14 of this Act) insert—

"Joint working arrangements and delegation

65Z5 Joint working and delegation arrangements

(1) A relevant body may arrange for any functions exercisable by it to be exercised by or jointly with any one or more of the following—

(a) a relevant body;

(b) a local authority (within the meaning of section 2B);

(c) a combined authority.

(2) In this section "relevant body" means—

(a) NHS England,

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) an integrated care board,
(c) an NHS trust established under section 25,
(d) an NHS foundation trust, or
(e) such other body as may be prescribed.

(3) Regulations may—
(a) provide that the power in subsection (1) does not apply, or applies only to a prescribed extent, in relation to prescribed functions;
(b) impose conditions on the exercise of the power.

(4) Arrangements under this section may be made on such terms as may be agreed between the parties, including—
(a) terms as to payment;
(b) terms prohibiting or restricting a body from making delegation arrangements in relation to a function that is exercisable by it by virtue of arrangements under this section.

(5) In subsection (4)(b) "delegation arrangements" means arrangements made by a body for the exercise of a function by someone else.

(6) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by a body of any function by virtue of this section are enforceable by or against that body (and no other person).

65Z6 Joint committees and pooled funds

(1) This section applies where a function is exercisable jointly (by virtue of section 65Z5 or otherwise) by a relevant body and any one or more of the following—
(a) a relevant body;
(b) a local authority (within the meaning of section 2B);
(c) a combined authority.

(2) The bodies by whom the function is exercisable jointly may—
(a) arrange for the function to be exercised by a joint committee of theirs;
(b) arrange for one or more of the bodies, or a joint committee of the bodies, to establish and maintain a pooled fund.

(3) A pooled fund is a fund—
(a) which is made up of payments received in accordance with the arrangements from relevant bodies that are party to the arrangements, and
(b) out of which payments may be made in accordance with the arrangements towards expenditure incurred in the exercise of functions in relation to which the arrangements are made.

(4) Arrangements under this section may be made on such terms as may be agreed between the parties, including terms as to payment.

(5) In this section "relevant body" has the meaning given by section 65Z5(2).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

65Z7 Joint working and delegation: guidance by NHS England

(1) NHS England may publish guidance for relevant bodies about the exercise of their powers under sections 65Z5 and 65Z6.

(2) A relevant body must have regard to any guidance published under this section.

(3) In this section "relevant body" has the meaning given by section 65Z5(2)."

(3) In section 75(7B)—

(a) at the end of paragraph (a) insert "or";

(b) for paragraphs (b) and (c) substitute—

"(b) section 65Z5 (joint working and delegation arrangements)."

(4) In consequence of subsection (2), omit sections 13Z to 13ZB and the italic heading before those sections.

Commencement Information

I146 S. 71 not in force at Royal Assent, see **s. 186(6)**

I147 S. 71 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

72 References to functions: treatment of delegation arrangements etc

(1) After section 275 of the National Health Service Act 2006 insert—

"**275A References to functions: delegation etc**

(1) A reference in this Act to the functions of a person includes functions of others that are exercisable by the person by virtue of any provision of any enactment (unless the context otherwise requires).

(2) Regulations may create exceptions to subsection (1)."

(2) Schedule 9 contains—

(a) amendments that are consequential on this section and other provisions of this Part, and

(b) other related amendments.

Commencement Information

I148 S. 72 not in force at Royal Assent, see **s. 186(6)**

I149 S. 72 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Collaborative working

73 Repeal of duties to promote autonomy

(1) In the National Health Service Act 2006 omit—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) section 1D (Secretary of State's duty to promote autonomy);
(b) section 13F (NHS Commissioning Board's duty to promote autonomy).

(2) In consequence of subsection (1), in the Health and Social Care Act 2012, omit section 5.

Commencement Information
I150 S. 73 not in force at Royal Assent, see **s. 186(6)**
I151 S. 73 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

74 Guidance about joint appointments

After section 13U of the National Health Service Act 2006 insert—

"Joint appointments

13UA Guidance about joint appointments

(1) NHS England may publish guidance for a relevant NHS body about the making of a joint appointment to which this section applies.

(2) A joint appointment to which this section applies is an appointment of a person to a position in—
(a) one or more relevant NHS commissioner and one or more relevant NHS provider,
(b) one or more relevant NHS body and one or more local authority, or
(c) one or more relevant NHS body and one or more combined authority.

(3) A relevant NHS body must have regard to guidance published under this section.

(4) NHS England must consult such persons as NHS England considers appropriate—
(a) before it first publishes guidance under this section, and
(b) before it publishes any revised guidance containing changes that are, in the opinion of NHS England, significant.

(5) In this section—
"local authority" has the same meaning as in section 2B;
"relevant NHS body" means—
(a) a relevant NHS commissioner;
(b) a relevant NHS provider;
"relevant NHS commissioner" means—
(a) NHS England;
(b) an integrated care board;
"relevant NHS provider" means—
(a) an NHS trust established under section 25;
(b) an NHS foundation trust."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I152 S. 74 not in force at Royal Assent, see **s. 186(6)**

I153 S. 74 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

75 Co-operation by NHS bodies etc

(1) The National Health Service Act 2006 is amended in accordance with subsections (2) and (3).

(2) In section 72 (co-operation between NHS bodies)—

(a) after subsection (1) insert—

"(1A) The Secretary of State may publish guidance on the discharge of the duty under subsection (1) in relation to England.

(1B) An NHS body other than a Welsh NHS body must have regard to any guidance published under subsection (1A).";

(b) after subsection (4) insert—

"(5) In this section "Welsh NHS body" means—

(a) an NHS trust established under the National Health Service (Wales) Act 2006,

(b) a Special Health Authority established under that Act, or

(c) a Local Health Board."

(3) In section 82 (co-operation between NHS bodies and local authorities)—

(a) the existing words become subsection (1);

(b) after that subsection insert—

"(2) The Secretary of State may publish guidance on the discharge of the duty under this section in relation to England.

(3) The following must have regard to any guidance published under subsection (2)—

(a) an NHS body other than a Welsh NHS body;

(b) a local authority in England.

(4) In this section "Welsh NHS body" means—

(a) an NHS trust established under the National Health Service (Wales) Act 2006,

(b) a Special Health Authority established under that Act, or

(c) a Local Health Board."

(4) In the Health and Social Care Act 2012, in section 96 (limits on functions to set or modify licence conditions)—

(a) in subsection (2), for paragraph (g) substitute—

"(g) for the purpose of enabling, promoting or securing co-operation between providers of health care services for the purposes of the NHS, or between such providers and—

(i) NHS bodies, within the meaning of section 72 of the National Health Service Act 2006, or

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(ii) local authorities in England (and for this purpose "local authority" has the meaning given by section 275(1) of the National Health Service Act 2006);";

(b) in subsection (3), in the words before paragraph (a), for "(f) and (g)" substitute "and (f)".

Commencement Information

I154 S. 75 not in force at Royal Assent, see **s. 186(6)**

I155 S. 75 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

76 Wider effect of decisions: licensing of health care providers

In section 96 of the Health and Social Care Act 2012 (limits on functions to set or modify licence conditions)—

(a) in subsection (2), after paragraph (d) insert—

"(da) for the purpose of ensuring that decisions relating to the provision of health care services for the purposes of the NHS are made with regard to all their likely effects in relation to the matters referred to in subsection (2A);";

(b) after subsection (2) insert—

"(2A) The matters referred to in subsection (2)(da) are—

(a) the health and well-being of the people of England;

(b) the quality of services provided to individuals—

(i) by relevant bodies, or

(ii) in pursuance of arrangements made by relevant bodies,

for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

(2B) For the purposes of subsection (2)(da) (as read with subsection (2A)) —

(a) a reference to the effects of decisions in relation to the health and well-being of the people of England includes a reference to the effects of the decisions in relation to inequalities between the people of England with respect to their health and well-being;

(b) a reference to effects of decisions in relation to the quality of services provided to individuals includes a reference to the effects of the decisions in relation to inequalities between individuals with respect to the benefits that they can obtain from those services.

(2C) In subsection (2A) "relevant bodies" means—

(a) NHS England,

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) integrated care boards,
(c) NHS trusts established under section 25, and
(d) NHS foundation trusts."

Commencement Information
I156 S. 76 not in force at Royal Assent, see **s. 186(6)**
I157 S. 76 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

NHS payment scheme

77 The NHS payment scheme

Schedule 10—
(a) replaces the national tariff with the NHS payment scheme, and
(b) makes provision relating to the NHS payment scheme.

Commencement Information
I158 S. 77 not in force at Royal Assent, see **s. 186(6)**
I159 S. 77 in force at 1.7.2022 for specified purposes by S.I. 2022/734, **reg. 2(b)** (with regs. 13, 29, 30)
I160 S. 77 in force at 1.4.2023 in so far as not already in force by S.I. 2023/371, **reg. 2(d)**

Patient choice and procurement

78 Regulations as to patient choice

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

(2) In section 6E (standing rules)—
(a) in subsection (1)—
(i) for "may" substitute "must";
(ii) for "or" substitute "and";
(b) after subsection (1) insert—

"(1A) The regulations must make provision as to the arrangements that NHS England and integrated care boards must make, in exercising their commissioning functions, for enabling persons to whom specified treatments or other specified services are to be provided to make choices with respect to specified aspects of them.

(1B) The regulations may make other provision for the purpose of securing that, in exercising their commissioning functions, NHS England and integrated care boards protect and promote the rights of persons to make choices in relation to treatments or other services, where those rights—
(a) arise by virtue of regulations under subsection (1A), or
(b) are described in the NHS Constitution.";
(c) omit subsection (2)(c).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) After section 6E insert—

"**6F Enforcement of section 6E regulations relating to patient choice**

(1) NHS England may investigate whether an integrated care board has failed or is likely to fail to comply with a requirement imposed by regulations under section 6E(1A) or (1B) (a "patient choice requirement").

(2) NHS England may direct an integrated care board—

(a) to put in place measures for the purpose of preventing failures to comply with patient choice requirements or mitigating the effect of such failures, or

(b) where an investigation under subsection (1) has been carried out, to remedy a failure to comply with patient choice requirements.

(3) Where an investigation under subsection (1) is being or has been carried out, NHS England may accept from the integrated care board an undertaking that it will take any action falling within subsection (2)(a) or (b) that is specified in the undertaking, within a period that is so specified.

(4) Where NHS England accepts an undertaking under subsection (3), NHS England may not—

(a) continue to carry out any ongoing investigation under subsection (1) so far as relating to matters to which the undertaking relates, or

(b) give a direction under subsection (2) in relation to those matters,

unless the integrated care board fails to comply with the undertaking.

(5) If an integrated care board from which NHS England has accepted an undertaking under subsection (3) complies partially with the undertaking, NHS England must take the partial compliance into account in deciding whether to do something mentioned in subsection (4)(a) or (b).

(6) Schedule 1ZA makes further provision about undertakings.

6G Guidance relating to patient choice

(1) NHS England must publish guidance about how it intends to exercise powers conferred on it by section 6F and Schedule 1ZA.

(2) Before publishing guidance under this section, NHS England must obtain the approval of the Secretary of State."

(4) In section 13U (annual report), in subsection (2)(c), for the words from "sections" to the end substitute "or by virtue of—

section 6E(1A) and (1B);

section 13E;

section 13G;

section 13I;

section 13Q."

(5) Schedule 11 inserts into the National Health Service Act 2006 a new Schedule 1ZA (undertakings by integrated care boards).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I161 S. 78 not in force at Royal Assent, see **s. 186(6)**

I162 S. 78 in force at 1.1.2024 by S.I. 2023/1431, **reg. 3(a)** (with reg. 5(1))

79 Procurement regulations

After section 12ZA of the National Health Service Act 2006 insert—

"Procurement

12ZB Procurement regulations

(1) Regulations may make provision in relation to the processes to be followed and objectives to be pursued by relevant authorities in the procurement of—

(a) health care services for the purposes of the health service in England, and

(b) other goods or services that are procured together with those health care services.

(2) Regulations under subsection (1) must include provision specifying steps to be taken when following a competitive tendering process.

(3) Regulations under subsection (1) must, in relation to the procurement of all health care services to which they apply, make provision for the purposes of—

(a) ensuring transparency;

(b) ensuring fairness;

(c) ensuring that compliance can be verified;

(d) managing conflicts of interest.

(4) NHS England must publish such guidance as it considers appropriate about compliance with the regulations.

(5) A relevant authority must have regard to guidance published under this section.

(6) Before publishing guidance under this section, NHS England must obtain the approval of the Secretary of State.

(7) In this section—

"health care service" has the same meaning as in Part 3 of the Health and Social Care Act 2012 (see section 150 of that Act);

"relevant authority" means—

(a) a combined authority;

(b) an integrated care board;

(c) a local authority in England;

(d) NHS England;

(e) an NHS foundation trust;

(f) an NHS trust established under section 25."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I163 S. 79 not in force at Royal Assent, see **s. 186(6)**

I164 S. 79 in force at 1.1.2024 by S.I. 2023/1431, **reg. 3(b)**

80 Procurement and patient choice: consequential amendments etc

(1) In the National Health Service Act 2006—

(a) in section 12E (Secretary of State's duty as respects variation in provision of health services), for subsection (2) substitute—

"(2) The functions mentioned in this subsection are the functions of the Secretary of State under—

(a) section 6E;

(b) section 12ZB;

(c) section 13A.";

(b) in section 272 (orders, regulations, rules and directions), in subsection (6), after paragraph (zzd), insert—

"(zze) regulations under section 12ZB,".

(2) Omit sections 75 to 78 of, and Schedule 9 to, the Health and Social Care Act 2012 (regulations etc relating to procurement, patient choice and competition).

(3) In section 40 of the Small Business, Enterprise and Employment Act 2015 (investigation of procurement functions), in subsection (7), omit paragraph (b) and the "or" before it.

(4) The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 (S.I. 2013/500) are revoked.

Commencement Information

I165 S. 80 not in force at Royal Assent, see **s. 186(6)**

I166 S. 80 in force at 1.1.2024 by S.I. 2023/1431, **reg. 3(c)** (with reg. 5(1)-(5))

81 Eradicating slavery and human trafficking in supply chains

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

(2) After section 12ZB (inserted by section 79) insert—

"**12ZC Eradicating slavery and human trafficking in supply chains**

(1) The Secretary of State must by regulations make such provision as the Secretary of State thinks appropriate with a view to eradicating the use in the health service in England of goods or services that are tainted by slavery and human trafficking.

(2) The regulations may, in particular, include—

(a) provision in connection with the processes to be followed by public bodies in the procurement of goods or services for the purposes of the

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

health service in England (including provision as to circumstances in which a supplier is excluded from consideration for the award of a contract);

(b) provision as to steps that must be taken by public bodies for assessing and addressing the risk of slavery and human trafficking taking place in relation to people involved in health service supply chains;

(c) provision as to matters for which provision must be made in contracts for goods or services entered into by public bodies for the purposes of the health service in England.

(3) In this section—

"health service supply chains" means supply chains for providing goods or services for the purposes of the health service in England;

"public body" means a body exercising functions of a public nature;

"slavery and human trafficking" has the meaning given by section 54(12) of the Modern Slavery Act 2015;

"tainted": goods or services are "tainted" by slavery and human trafficking if slavery and human trafficking takes place in relation to anyone involved in the supply chain for providing those goods or services."

(3) In section 272 (orders, regulations, rules and directions), in subsection (6), after paragraph (zze) (inserted by section 80), insert—

"(zzf) regulations under section 12ZC,".

Commencement Information

I167 S. 81 not in force at Royal Assent, see **s. 186(6)**

I168 S. 81 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Competition

82 Duty to provide assistance to the CMA

(1) After section 13SB of the National Health Service Act 2006 (inserted by section 34(2) of this Act) insert—

"**13SC Provision of regulatory information or assistance to the CMA**

(1) NHS England must give the Competition and Markets Authority ("the CMA") —

(a) any regulatory information that the CMA may require to enable the CMA to exercise its relevant functions,

(b) any other regulatory information it considers would assist the CMA in exercising its relevant functions, and

(c) any other assistance the CMA may require to assist the CMA in exercising its relevant functions.

(2) In this section—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"regulatory information" means information held by NHS England in connection with—

(a) its regulatory functions falling within section 13SB(2)(a) or (b), or

(b) its functions under—

(i) sections 6F and Schedule 1ZA (patient choice: enforcement);

(ii) sections 27A and 27C (NHS trusts: oversight and support and recommendations about restructuring);

"relevant functions", in relation to the CMA, means its functions under the Competition Act 1998 and the Enterprise Act 2002 so far as those functions are exercisable on behalf of the CMA by the CMA Board or a CMA group (within the meaning of Schedule 4 to the Enterprise and Regulatory Reform Act 2013)."

(2) In the Health and Social Care Act 2012, omit section 80 (co-operation between monitor and CMA).

Commencement Information

I169 S. 82 not in force at Royal Assent, see **s. 186(6)**

I170 S. 82 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 20, 29, 30)

83 Mergers of providers: removal of CMA powers

(1) After section 72 of the National Health Service Act 2006 insert—

"NHS trusts and foundation trusts: exemption from merger legislation

72A Exemption from Part 3 of the Enterprise Act 2002

(1) For the purposes of Part 3 of the Enterprise Act 2002 (mergers), a relevant merger situation is not to be treated as having been created where two or more relevant NHS enterprises cease to be distinct enterprises.

(2) But subsection (1) does not apply to a case where two or more relevant NHS enterprises and one or more enterprises that are not relevant NHS enterprises cease to be distinct enterprises.

(3) In this section "relevant NHS enterprise" means the activities, or part of the activities, of—

(a) an NHS trust established under section 25;

(b) an NHS foundation trust."

(2) Omit section 79 of the Health and Social Care Act 2012 (competition: mergers involving NHS foundation trusts).

Commencement Information

I171 S. 83 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I172 S. 83 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

84 Removal of functions relating to competition etc

(1) Omit sections 72 and 73 of the Health and Social Care Act 2012 (Monitor and CMA: concurrent functions).

(2) Schedule 12 contains consequential amendments.

Commencement Information

I173 S. 84 not in force at Royal Assent, see **s. 186(6)**

I174 S. 84 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

85 Removal of CMA's involvement in licensing etc

(1) The Health and Social Care Act 2012 is amended as follows.

(2) In section 95 (licensing: special conditions), in subsection (1)—

(a) in paragraph (a), omit "with the consent of the applicant,";

(b) in paragraph (b), omit "with the consent of the licence holder,".

(3) In section 100 (modification of standard conditions)—

(a) omit subsections (6) to (9);

(b) in subsection (11) omit "and section 101".

(4) Omit section 101 (modification references to the CMA).

(5) In section 103 (standard condition as to transparency of certain criteria), in subsection (3)—

(a) in paragraph (a), for "the powers conferred on Monitor by sections 100, 101(7) and paragraph 7(2) of Schedule 10" substitute "the power conferred on NHS England by section 100";

(b) omit paragraph (b) but not the "and" at the end.

(6) In section 141 (levy on providers: consultation), in subsection (8), omit "and section 142".

(7) Omit section 142 (levy on providers: responses to consultation).

(8) In section 304 (regulations, orders and directions), in subsection (5), omit paragraphs (d) and (j).

(9) Omit Schedule 10 (references by Monitor to the CMA).

Commencement Information

I175 S. 85 not in force at Royal Assent, see **s. 186(6)**

I176 S. 85 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Miscellaneous

86 Special Health Authorities: removal of 3 year limit

(1) In the National Health Service Act 2006—

(a) omit section 28A (three year limit for special health authorities);

(b) in section 272(6), omit paragraph (zc).

(2) In the NHS Counter Fraud (Establishment, Constitution, and Staff and Other Transfer Provisions) Order 2017 (S.I. 2017/958)—

(a) in article 2, omit the definition of "the abolition date";

(b) omit Part 4 (including Schedule 3) (abolition of the authority).

(3) In consequence of subsection (1), in the Health and Social Care Act 2012, omit section 48.

Commencement Information

I177 S. 86 not in force at Royal Assent, see **s. 186(6)**

I178 S. 86 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

87 Tidying up etc provisions about accounts of certain NHS bodies

(1) After section 29 of the National Health Service Act 2006 insert—

"**29A Special Health Authorities: accounts and audit**

(1) 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.

(2) A Special Health Authority must keep proper accounts and proper records in relation to the accounts.

(3) The Secretary of State may give a Special Health Authority directions as to the form in which its accounts must be kept.

(4) A Special Health Authority must prepare, in respect of each financial year, annual accounts in such form as the Secretary of State may direct.

(5) A Special Health Authority must send copies of any annual accounts prepared by it under subsection (4)—

(a) to the Secretary of State, by such date as the Secretary of State may direct, and

(b) to the Comptroller and Auditor General, as soon as is reasonably practicable following the end of the financial year in question.

(6) The Comptroller and Auditor General must examine, certify and report on the annual accounts.

(7) The Special Health Authority must lay before Parliament—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) a copy of the annual accounts, and

(b) the Comptroller and Auditor General's report on them.

(8) Nothing in subsection (2) requires any annual accounts prepared by a Special Health Authority to include matters relating to a charitable trust of which it is a trustee.

(9) Nothing in subsection (4) has effect in relation to accounts relating to a charitable trust of which the Special Health Authority is a trustee."

(2) In Schedule 4 to that Act (NHS trusts), after paragraph 11 insert—

"Accounts and audit

11A (1) An NHS trust must keep proper accounts and proper records in relation to the accounts.

(2) The Secretary of State may give an NHS trust directions as to the form in which its accounts must be kept.

(3) An NHS trust must prepare, in respect of each financial year, annual accounts in such form as the Secretary of State may direct.

(4) For the audit of the annual accounts, see the Local Audit and Accountability Act 2014 (and, in particular, section 4 of that Act).

(5) The Comptroller and Auditor General may examine—

(a) the annual accounts and any records relating to them, and

(b) any report on them by the auditor or auditors.

(6) An NHS trust must send a copy of its audited annual accounts to NHS England by such date as NHS England may direct.

(7) Nothing in sub-paragraph (1) has effect in relation to accounts relating to a charitable trust of which an NHS trust is a trustee.

(8) Nothing in sub-paragraph (3) requires any accounts prepared by an NHS trust to include matters relating to a charitable trust of which it is a trustee."

(3) In consequence of subsections (1) and (2)—

(a) in section 6(3)(b) of the National Audit Act 1983, omit "Schedule 15 to the National Health Service Act 2006 or";

(b) in the National Health Service Act 2006, omit—

(i) section 232 and the italic heading before it;

(ii) section 277(3)(n);

(iii) Schedule 15;

(c) in section 57(2A) of the Local Electoral Administration and Registration Services (Scotland) Act 2006, omit "(apart from in Schedule 15)".

Commencement Information

I179 S. 87 not in force at Royal Assent, see **s. 186(6)**

I180 S. 87 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 11, 13, 18, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

88 Meaning of "health" in NHS Act 2006

In section 275(1) of the National Health Service Act 2006 (interpretation), at the appropriate place insert—

""health" includes mental health;".

Commencement Information

I181 S. 88 not in force at Royal Assent, see **s. 186(6)**

I182 S. 88 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

89 Repeal of spent powers to make transfer schemes etc

(1) In the Health and Social Care Act 2012, omit—

(a) sections 300 and 301;

(b) section 308(3)(i);

(c) Schedules 22 and 23.

(2) For section 302 of that Act substitute—

"**302 Transfer schemes in respect of previously transferred property**

(1) This section applies in relation to any property, rights or liabilities transferred under a property transfer scheme made under section 300(1) (before its repeal) from a Primary Care Trust, a Strategic Health Authority or the Secretary of State to a Special Health Authority or a qualifying company.

(2) The Secretary of State may make a scheme for the transfer of any such property, rights or liabilities from the Special Health Authority or qualifying company to any of the following—

(a) a Minister of the Crown;

(b) NHS England;

(c) an integrated care board;

(d) an NHS trust;

(e) an NHS foundation trust;

(f) a qualifying company.

(3) The things that may be transferred under a scheme under this section include—

(a) property, rights and liabilities that could not otherwise be transferred;

(b) property acquired, and rights and liabilities arising, after the making of the scheme;

(c) criminal liabilities, except where transfer is to a Minister of the Crown.

(4) A transfer scheme under this section may make supplementary, incidental, transitional and consequential provision and may in particular—

(a) create rights, or impose liabilities, in relation to property or rights transferred;

(b) make provision about the continuing effect of things done by the transferor in respect of anything transferred;

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;

(d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee.

(5) A transfer scheme under this section may make provision for the shared ownership or use of property.

(6) A transfer scheme under this section may provide—

(a) for the scheme to be modified by agreement after it comes into effect, and

(b) for any such modifications to have effect from the date when the original scheme comes into effect.

(7) In this section references to the transfer of property include references to the grant of a lease.

(8) In this section "qualifying company" means—

(a) a company which is formed under section 223 of the National Health Service Act 2006 and wholly or partly owned by the Secretary of State or NHS England, or

(b) a subsidiary of a company which is formed under that section and wholly owned by the Secretary of State."

(3) In Schedule 1 to the Public Records Act 1958 (bodies the records of which are public records), in Part 1 of the Table at the end of paragraph 3, omit "or section 300 of the Health and Social Care Act 2012".

Commencement Information

I183 S. 89 not in force at Royal Assent, see **s. 186(6)**

I184 S. 89 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

90 Abolition of Local Education and Training Boards

(1) The committees of Health Education England called Local Education and Training Boards are abolished.

(2) In consequence, the Care Act 2014 is amended as follows.

(3) In section 100 (objectives, priorities and outcomes), in subsection (4)—

(a) after paragraph (a), insert "and";

(b) omit paragraph (c) and the "and" before it.

(4) Omit sections 103 to 107 and the italic heading before them (local functions).

(5) In section 108 (tariffs), in subsection (9), omit "an LETB or".

(6) In section 119 (interpretation and supplementary provision), in the table in subsection (1), omit the entries relating to the following—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"appointment criteria";
"commissioner of health services";
"LETB".

(7) In Schedule 5 (Health Education England)—

(a) in paragraph 9, in sub-paragraph (3), omit "(including a committee which HEE is required to appoint under section 103(1) (LETBs))";

(b) in paragraph 13—

(i) in sub-paragraph (2), omit "(but see sub-paragraph (5))";

(ii) omit sub-paragraph (5);

(c) in paragraph 26, in sub-paragraph (2)—

(i) omit paragraph (a);

(ii) in paragraph (b), omit "other";

(d) in paragraph 27, in sub-paragraph (2)—

(i) omit paragraph (a) and the "and" at the end;

(ii) in paragraph (b), omit "other".

(8) Omit Schedule 6 (local education and training boards).

Commencement Information

I185 S. 90 not in force at Royal Assent, see **s. 186(6)**

I186 S. 90 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

91 Hospital patients with care and support needs: repeals etc

(1) In the Care Act 2014—

(a) for section 74 substitute—

"**74 Discharge of hospital patients with care and support needs**

(1) Where a relevant trust is responsible for an adult hospital patient and considers that the patient is likely to require care and support following discharge from hospital, the relevant trust must, as soon as is feasible after it begins making any plans relating to the discharge, take any steps that it considers appropriate to involve—

(a) the patient, and

(b) any carer of the patient.

(2) In performing the duty under subsection (1), a relevant trust must have regard to any guidance issued by NHS England.

(3) For the purposes of this section, a relevant trust is responsible for a hospital patient if the relevant trust manages the hospital.

(4) In this section—

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"adult" means a person aged 18 or over;

"carer" means an individual who provides or intends to provide care for an adult, otherwise than by virtue of a contract or as voluntary work;

"relevant trust" means—

(a) an NHS trust established under section 25 of the National Health Service Act 2006, or

(b) an NHS foundation trust.";

(b) omit Schedule 3 (assessment notices etc in relation to the discharge of hospital patients with care and support needs).

(2) The Community Care (Delayed Discharges etc) Act 2003 is repealed.

(3) In consequence of subsection (1)—

(a) in section 14 of the Coronavirus Act 2020, omit subsection (8);

(b) the Care and Support (Discharge of Hospital Patients) Regulations 2014 (S.I. 2014/2823) are revoked.

(4) In consequence of subsection (2)—

(a) in Schedule 1 to the Local Authority Social Services Act 1970, omit the entry relating to the Community Care (Delayed Discharges etc) Act 2003;

(b) in the Children Act 1989—

(i) in section 17ZA(6)(b), omit sub-paragraph (iii);

(ii) in section 17ZD(8)(b), omit sub-paragraph (iii);

(c) in Schedule 2 to the Social Services and Well-being (Wales) Act 2014 (anaw 4), in Table 1—

(i) in the English language text, omit the entry relating to the Community Care (Delayed Discharges etc) Act 2003;

(ii) in the Welsh language text, omit the entry relating to Deddf Gofal Cymunedol (Rhyddhau Gohiriedig etc) 2003.

Commencement Information

I187 S. 91 not in force at Royal Assent, see **s. 186(6)**

I188 S. 91 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

PART 2

HEALTH AND ADULT SOCIAL CARE: INFORMATION

92 Information about payments etc to persons in the health care sector

(1) The Secretary of State may by regulations require manufacturers or commercial suppliers of health care products, or connected persons, to—

(a) publish information about payments or other benefits provided by them to relevant persons, or

(b) provide such information to the Secretary of State.

(2) The regulations may make further provision about when and how the information is to be published or provided.

(3) The information may, in particular, include information about—

(a) a payment or other benefit,

(b) the person who provided it, or

(c) the person who received it.

(4) The regulations may make provision permitting or requiring the further sharing, publication or use of the information.

(5) The regulations may impose requirements on manufacturers or commercial suppliers of health care products, or connected persons, about the retention of information relating to payments or other benefits provided by them to relevant persons.

(6) The regulations may—

(a) authorise the Secretary of State to designate as a "relevant scheme" any scheme under which information about payments or other benefits to relevant persons is collected or published by a person other than the Secretary of State, if the Secretary of State considers that the provision of information under the scheme would render compliance with some or all of the requirements imposed by the regulations unnecessary;

(b) create exceptions from requirements to publish or provide information imposed by virtue of subsection (1) where information is provided under a relevant scheme;

(c) if such exceptions are created—

(i) require a person who holds information mentioned in subsection (1) in connection with the operation of a relevant scheme to provide the information to the Secretary of State;

(ii) permit or require the Secretary of State to publish the information.

(7) The regulations may impose requirements on a person mentioned in subsection (6)(c)(i) about the retention of information mentioned there.

(8) The provision for exceptions that may be made by the regulations includes provision authorising the Secretary of State to grant an exception from a requirement imposed by the regulations in a particular case, on grounds specified in the regulations.

(9) The regulations may provide that the disclosure of information under the regulations does not breach—

(a) an obligation of confidence owed by the person making the disclosure, or

(b) any other restriction on the disclosure of the information (however imposed), other than a restriction imposed by the data protection legislation.

(10) Provision made by the regulations may, in particular, be framed by reference to manufacturers or commercial suppliers with a specified connection to the United Kingdom or a part of it.

(11) In this section—

(a) "connected person", in relation to a manufacturer or commercial supplier, means a person who has a connection, of a description specified in regulations made by the Secretary of State, with the manufacturer or commercial supplier;

(b) "relevant person" means—

Status: *This version of this Act contains provisions that are prospective.*
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(i) a person who provides health care in the United Kingdom or a part of it, whether or not under arrangements made by another person, or

(ii) another person who carries on activities connected with health care provided in the United Kingdom or a part of it and is of a description specified in regulations made by the Secretary of State.

(12) In this section—

"commercial supplier", in relation to a health care product, means a person who supplies the product otherwise than in the course of providing health care;

"data protection legislation" has the meaning given by section 3(9) of the Data Protection Act 2018;

"health care" means all forms of health care provided for individuals, whether relating to physical or mental health;

"health care product" means a medicine, medical device or other product which is supplied or prescribed in the course of the provision of health care;

"manufacturer", in relation to a health care product, means a person who manufactures or assembles the product;

"payments or other benefits" includes any payment or other benefit—

(a) wherever it is provided,

(b) whether or not it is of a financial nature,

(c) whether it is provided under a contract or otherwise, and

(d) whether it is provided directly or through a third party.

Commencement Information

I189 S. 92 not in force at Royal Assent, see **s. 186(6)**

I190 S. 92 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

93 Regulations under section 92: enforcement

(1) Regulations under section 92(1) may make provision for the enforcement of requirements imposed by the regulations, including provision conferring on the Secretary of State the power to impose a financial penalty on a person who, without reasonable excuse—

(a) fails to comply with such a requirement, or

(b) provides information in response to such a requirement that is false or misleading to a material extent.

(2) The amount of the financial penalty is to be specified in, or determined in accordance with, the regulations.

(3) Regulations by virtue of subsection (1) must include provision—

(a) requiring the Secretary of State, before imposing a financial penalty on a person, to give the person written notice (a "notice of intent") of the proposed financial penalty;

(b) ensuring that the person is given an opportunity to make representations about the proposed financial penalty;

(c) requiring the Secretary of State, after the period for making representations, to decide whether to impose the financial penalty;

(d) requiring the Secretary of State, if the Secretary of State decides to impose the financial penalty, to give the person notice in writing (a "final notice") imposing the penalty;

(e) enabling a person on whom a financial penalty is imposed to appeal to a court or tribunal in accordance with the regulations;

(f) as to the powers of the court or tribunal on such an appeal.

(4) The provision that may be made by the regulations by virtue of subsection (1) includes provision—

(a) enabling a notice of intent or final notice to be withdrawn or amended;

(b) requiring the Secretary of State to withdraw a final notice in circumstances specified in the regulations;

(c) for a financial penalty to be increased by an amount specified in or determined in accordance with the regulations in the event of late payment;

(d) as to how financial penalties are recoverable.

Commencement Information

I191 S. 93 not in force at Royal Assent, see **s. 186(6)**

I192 S. 93 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

94 Regulations under section 92: consent

(1) Before making regulations under section 92, the Secretary of State must—

(a) obtain the consent of the Scottish Ministers in relation to any provision which—

(i) would be within the legislative competence of the Scottish Parliament, if contained in an Act of that Parliament, and

(ii) is not merely incidental to, or consequential on, provision which would be outside that legislative competence;

(b) obtain the consent of the Welsh Ministers in relation to any provision which—

(i) would be within the legislative competence of Senedd Cymru, if contained in an Act of the Senedd, and

(ii) is not merely incidental to, or consequential on, provision which would be outside that legislative competence;

(c) obtain the consent of the Department of Health in Northern Ireland in relation to any provision which—

(i) would be within the legislative competence of the Northern Ireland Assembly, if contained in an Act of that Assembly, and

(ii) is not merely incidental to, or consequential on, provision which would be outside that legislative competence.

(2) Consent is not required under subsection (1)(c) in relation to any provision if—

(a) a Bill for an Act of the Northern Ireland Assembly containing the provision would require the consent of the Secretary of State under section 8 of the Northern Ireland Act 1998, and

(b) the provision does not affect, other than incidentally, a transferred matter (within the meaning of that Act).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I193 S. 94 not in force at Royal Assent, see **s. 186(6)**

I194 S. 94 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

95 Information standards

(1) The Health and Social Care Act 2012 is amended as follows.

(2) In section 250 (information standards)—

(a) for subsection (2) substitute—

"(2) For the purposes of this Part "an information standard" is a standard in relation to the processing of information.

(2A) An information standard must specify to whom it applies.

(2B) An information standard may apply to one or more persons falling within the following paragraphs—

(a) the Secretary of State;

(b) NHS England;

(c) a public body which exercises functions in connection with the provision of health care or of adult social care in England;

(d) any person, other than a public body, who is required to be registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of Part 1 of that Act).";

(b) in subsection (3), for "services" substitute "care";

(c) omit subsection (5);

(d) for subsection (6) substitute—

"(6) The Secretary of State must—

(a) have regard to any information standard published by NHS England that applies to the Secretary of State, and

(b) comply with any information standard published by the Secretary of State that applies to the Secretary of State.

(6A) Any other person to whom an information standard published under this section applies must comply with the information standard, except in so far as the requirement to comply is waived (see subsection (6B)).

(6B) Regulations may confer on a person who publishes an information standard the power to waive a person's requirement to comply with the information standard (in whole or in part and generally or for a specific period).

(6C) The regulations may include provision—

(a) limiting the circumstances in which waivers may be granted;

(b) setting out the procedure to be followed in connection with waivers;

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(c) requiring an information standard to include specified information about waivers.

(6D) For enforcement of information standards against persons other than public bodies, see section 277E.";

(e) in subsection (7)—

(i) at the appropriate place insert—

""health care" includes all forms of health care whether relating to physical or mental health and also includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition;";

(ii) omit the definition of "health services".

(3) For section 251 substitute—

"**251 Information standards: procedure etc**

(1) Regulations—

(a) must make provision about the procedure to be followed in connection with the preparation and publication of information standards under section 250;

(b) may require an information standard published under section 250 to be reviewed periodically in accordance with the regulations.

(2) Before laying a draft of regulations under subsection (1) before either House of Parliament, the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(3) For the purposes of section 250 the Secretary of State or NHS England may adopt an information standard prepared or published by another person.

251ZA Information standards: compliance

(1) The Secretary of State may require a person to provide the Secretary of State with documents, records or other information for the purposes of monitoring the person's compliance with information standards published under section 250.

(2) A requirement under subsection (1) may specify—

(a) the form and manner in which information is to be provided, and

(b) when information is to be provided.

(3) A requirement under subsection (1) must be in writing.

(4) For enforcement of requirements under subsection (1) against persons other than public bodies, see section 277E."

(4) In section 251C (continuity of information: interpretation)—

(a) after subsection (6) insert—

"(6A) "Health services" means services which must or may be provided as part of the health service in England; and for that purpose "the health service" has the same meaning as in the National Health Service Act 2006 (see section 275(1) of that Act).";

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) for subsection (7) substitute—

"(7) "Adult social care" and "public body" have the same meaning as in section 250; and "processes and "processed" are to be read in accordance with the meaning of "processing" in that section."

(5) In section 304 (regulations etc), in subsection (5), before paragraph (k) insert—

"(ja) regulations under section 250(6B) or 251(1) (regulations about waiver of information standards and the procedure for setting standards);".

Commencement Information

I195 S. 95 not in force at Royal Assent, see **s. 186(6)**

I196 S. 95 in force at 7.7.2025 by S.I. 2025/807, **reg. 2** (with reg. 3)

PROSPECTIVE

96 Sharing anonymous health and social care information

After section 251C of the Health and Social Care Act 2012 insert—

"CHAPTER 1B

SHARING OF ANONYMOUS INFORMATION

251D Sharing anonymous information

(1) A health or social care body may—

(a) require another health or social care body to provide information, other than personal information, that relates only to its activities in connection with the provision of health services or adult social care in England;

(b) require a private health or social care provider to provide information, other than personal information, that relates only to its activities in connection with the provision of health services, or adult social care in England, in pursuance of arrangements made with a public body.

(2) A health or social care body may impose a requirement under subsection (1) only for purposes related to its functions in connection with the provision of health services or adult social care in England.

(3) Regulations may create exceptions to subsection (1), which may be framed by reference to specified bodies or descriptions of bodies, descriptions of information or otherwise.

(4) Subsection (1) does not require a person to process information so as to render it into a form in which it must be provided.

(5) For enforcement of requirements under subsection (1)(b), see section 277E.

(6) For the purposes of this section—

"adult social care" has the meaning given by section 250(7);

"health services" has the meaning given by section 251C(6A);

"health or social care body" means a public body which exercises functions in connection with the provision of health services or of adult social care in England;

"personal information" means information which is in a form that—

(a) identifies any individual, or

(b) enables the identity of any individual to be ascertained;

"private health or social care provider" means a person (other than a public body) who provides health services, or adult social care in England, pursuant to arrangements made with a health or social care body;

"public body" has the meaning given by section 250(7)."

Commencement Information

I197 S. 96 not in force at Royal Assent, see **s. 186(6)**

97 General duties of the Health and Social Care Information Centre etc

(1) The Health and Social Care Act 2012 is amended as follows.

(2) In section 253(1) (general duties of the Information Centre)—

(a) omit the "and" at the end of paragraph (ca);

(b) after paragraph (ca) insert—

"(cb) the need to promote the effective and efficient planning, development and provision of health services and of adult social care in England,";

(c) at the end of paragraph (d) insert ", and

(e) the need to balance the needs mentioned in this subsection against one another, so far as they compete."

(3) In section 261(1A) (other dissemination of information), for "the purposes of" substitute "purposes connected with".

Commencement Information

I198 S. 97 not in force at Royal Assent, see **s. 186(6)**

I199 S. 97 in force at 1.10.2022 by S.I. 2022/1003, **reg. 2(a)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

PROSPECTIVE

98 Collection of information from private health care providers

In section 259 of the Health and Social Care Act 2012 (powers to require and request provision of information), in subsection (1)—

(a) at the end of paragraph (a) omit "and";

(b) for paragraph (b) substitute—

"(aa) require any health care provider, not within paragraph (a), to provide the Centre with any information which the Centre considers it necessary or expedient to have for the purposes of complying with a direction of the Secretary of State under section 254, and

(b) request any person to provide the Centre with any information which the Centre considers it necessary or expedient to have for the purposes of any function it exercises by virtue of this Chapter.";

(c) in subsection (2), for "Those persons" substitute "The persons mentioned in this subsection";

(d) omit subsection (4);

(e) in subsection (5), after "subsection (1)(a)" insert "or (aa)";

(f) omit subsection (7);

(g) in subsection (9), after "subsection" insert "(1)(aa) or";

(h) after subsection (10) insert—

"(10A) For enforcement of requirements under subsection (1)(a) or (aa) against persons other than public bodies, see section 277E.

(10B) In this section "health care provider" means a person who is required to be registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of Part 1 of that Act) involving or connected with the provision of health care."

Commencement Information

I200 S. 98 not in force at Royal Assent, see **s. 186(6)**

99 Collection of information about adult social care

In Part 9 of the Health and Social Care Act 2012, after section 277 insert—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"CHAPTER 3

INFORMATION ABOUT ADULT SOCIAL CARE

277A Provision of adult social care information to Secretary of State

(1) The Secretary of State may require a relevant provider of adult social care services to provide the Secretary of State with information that relates to—

(a) the person on whom the requirement is imposed,

(b) their activities in connection with the provision of adult social care in England, or

(c) any person to whom they have provided —

(i) adult social care in England, or

(ii) adult social care, outside England, in pursuance of arrangements made by an English local authority.

(2) The Secretary of State may impose a requirement under subsection (1) only if the information is sought for purposes connected with the health care system, or adult social care system, in England.

(3) A requirement under subsection (1) may specify—

(a) the form and manner in which information is to be provided, and

(b) when information is to be provided.

(4) A requirement under subsection (1) must be in writing.

(5) The provision of information under this section—

(a) does not breach any obligation of confidence owed by the person providing it, but

(b) is subject to any express restriction on disclosure imposed by any enactment (other than a restriction which allows disclosure if authorised by an enactment).

(6) For enforcement of requirements under subsection (1), see section 277E.

(7) In this section—

"adult social care"—

(a) includes all forms of personal care and other practical assistance provided for individuals who, by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, are in need of such care or other assistance, but

(b) does not include anything provided by an establishment or agency for which Her Majesty's Chief Inspector of Education, Children's Services and Skills is the registration authority under section 5 of the Care Standards Act 2000;

"English local authority" means—

(a) a county council in England;

(b) a district council for an area in England for which there is no county council;

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(c) a London borough council;

(d) the Common Council of the City of London (in its capacity as a local authority);

"relevant provider of adult social care services" means a person who is required to be registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of Part 1 of that Act) involving or connected with the provision of adult social care.

277B Restrictions on onward disclosure of information

(1) Information provided under section 277A may not be disclosed by the Secretary of State except for purposes connected with the health care system, or adult social care system, in England.

(2) Commercially sensitive information provided under section 277A may not be disclosed by the Secretary of State (even for the purposes mentioned in subsection (1)) unless the Secretary of State considers that the disclosure is appropriate, having taken into account the public interest as well as the interests of the person to whom the commercially sensitive information relates.

(3) Subsections (1) and (2) do not restrict the disclosure of information where—

(a) the person to whom the information relates has consented to the disclosure,

(b) the information has previously been lawfully disclosed to the public,

(c) the disclosure is in accordance with any court order,

(d) the disclosure is necessary or expedient for the purposes of protecting the welfare of any individual,

(e) the disclosure is made to any person in circumstances where it is necessary or expedient for the person to have the information for the purpose of exercising functions of that person conferred under or by virtue of any provision of this or any other Act,

(f) the disclosure is in connection with the investigation of a criminal offence (whether or not in the United Kingdom), or

(g) the disclosure is for the purpose of criminal proceedings (whether or not in the United Kingdom).

(4) In this section "commercially sensitive information" means commercial information whose disclosure the Secretary of State thinks might significantly harm the legitimate business interests of the person to whom it relates.

277C Directions to certain bodies to exercise functions under this Chapter

(1) The Secretary of State may direct the Health and Social Care Information Centre to exercise the functions of the Secretary of State under section 277A (and where a direction is given, section 277B applies accordingly).

(2) The Secretary of State may direct a Special Health Authority performing functions only or mainly in respect of England to exercise the functions of the Secretary of State under section 277A (and where a direction is given, section 277B applies accordingly).

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) The Secretary of State may give directions to a body about the exercise of any functions that it is directed to exercise under subsection (1) or (2) (including directions as to the processing of information that the body obtains in exercising those functions).

277D Arrangements with third parties

(1) The Secretary of State may make arrangements for any person prescribed by regulations under this subsection to exercise the functions of the Secretary of State under section 277A (and where arrangements are made, section 277B applies accordingly).

(2) Arrangements under subsection (1) may—

(a) provide for the Secretary of State to make payments to the person;

(b) make provision as to the circumstances in which any such payments are to be repaid to the Secretary of State.

(3) Section 304(9) (differential provision) applies in relation to the power to make arrangements under subsection (1) as it applies to a power of the Secretary of State to give directions under this Act."

Commencement Information

I201 S. 99 not in force at Royal Assent, see **s. 186(6)**

I202 S. 99 in force at 31.7.2022 for specified purposes by S.I. 2022/734, **reg. 3** (with regs. 13, 29, 30)

I203 S. 99 in force at 1.10.2022 for specified purposes by S.I. 2022/1003, **reg. 2(b)**

100 Enforcement of duties against private providers

(1) The Health and Social Care Act 2012 is amended as follows.

(2) After section 277D (inserted by section 99 of this Act) insert—

"**CHAPTER 4**

ENFORCEMENT

277E Enforcement of provisions under this Part

(1) Regulations may make provision conferring on the Secretary of State the power to impose a financial penalty on a person, other than a public body, who without reasonable excuse—

(a) fails to comply with an information standard (unless the requirement for the person to comply has been waived by virtue of regulations under section 250(6B));

(b) fails to comply with a requirement to provide information imposed under section 251ZA(1), 251D(1)(b), 259(1)(a) or (aa) or 277A(1);

(c) provides information in response to such a requirement that is false or misleading to a material extent.

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(2) The amount of the financial penalty is to be specified in, or determined in accordance with, the regulations.

(3) The regulations must include provision—

(a) requiring the Secretary of State, before imposing a financial penalty on a person, to give the person written notice (a "notice of intent") of the proposed financial penalty;

(b) ensuring that the person is given an opportunity to make representations about the proposed financial penalty;

(c) requiring the Secretary of State, after the period for making representations, to decide whether to impose the financial penalty;

(d) requiring the Secretary of State, if the Secretary of State decides to impose the financial penalty, to give the person notice in writing (a "final notice") imposing the penalty;

(e) enabling a person on whom a financial penalty is imposed to appeal to the First-tier Tribunal in accordance with the regulations;

(f) as to the powers of the Tribunal on such an appeal.

(4) The provision that may be made by the regulations includes provision—

(a) enabling a notice of intent or final notice to be withdrawn or amended;

(b) requiring the Secretary of State to withdraw a final notice in circumstances specified in the regulations;

(c) for a financial penalty to be increased by an amount specified in or determined in accordance with the regulations in the event of late payment;

(d) for the recovery of financial penalties in the county court.

(5) In this section "public body" has the meaning given by section 250(7).

277F Directions to Special Health Authority to exercise functions under section 277E

The Secretary of State may—

(a) direct a Special Health Authority performing functions only or mainly in respect of England to exercise the functions of the Secretary of State under regulations made under section 277E;

(b) give the Special Health Authority directions about the exercise of those functions (including directions as to the processing of information that the body obtains in exercising those functions)."

(3) In section 304 (regulations etc), in subsection (5), after paragraph (ja) (inserted by section 95 of this Act) insert—

"(jb) regulations under section 277E (regulations about enforcement);".

Commencement Information

I204 S. 100 not in force at Royal Assent, see **s. 186(6)**

I205 S. 100 in force at 1.10.2022 by S.I. 2022/1003, **reg. 2(c)**

101 Medicine information systems

(1) The Medicines and Medical Devices Act 2021 is amended in accordance with subsections (2) to (9).

(2) In Part 2, for the heading of Chapter 1 substitute "Regulations: general".

(3) After that Chapter insert—

"**CHAPTER 1A**

REGULATIONS: INFORMATION SYSTEMS

7A Information systems

(1) The appropriate authority may by regulations make provision about the establishment and operation by the Health and Social Care Information Centre ("the Information Centre") of one or more information systems for purposes relating to—

(a) the safety of human medicines, including the safety of clinical decisions relating to human medicines;

(b) the quality and efficacy of human medicines.

(2) The regulations may (among other things) make provision—

(a) about the information in relation to human medicines which may or must be entered or retained in an information system established under subsection (1);

(b) requiring information to be provided to the Information Centre for the purposes of its functions under the regulations;

(c) about the use or disclosure of information contained in an information system established under subsection (1);

(d) requiring the Information Centre to have regard to specified matters in exercising its functions under the regulations.

(3) The provision mentioned in subsection (2)(a) and (b) may relate to—

(a) information for specified purposes,

(b) information that the Information Centre considers it necessary or expedient to have for the purposes of its functions under the regulations,

(c) information (including information relating to individuals) which is of a specified description, or

(d) information (including information relating to individuals) which is of a description set out in a direction in writing given by the appropriate authority.

(4) The provision mentioned in subsection (2)(b) may include provision—

(a) requiring, or enabling the Information Centre to require, specified persons or descriptions of persons to whom subsection (5) applies to provide information to the Information Centre;

(b) about the manner in which, and the time at which, those persons must provide information, or for those matters to be determined by the Information Centre;

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(c) about any procedural steps the Information Centre must follow in requiring a person to provide information to it;

(d) requiring specified persons or descriptions of persons to whom subsection (5) applies to record or retain information which they are, or may be, required to provide to the Information Centre under the regulations;

(e) in relation to the enforcement of any requirement imposed by or under the regulations.

(5) This subsection applies to any person who provides services, or exercises any powers or duties, relating to—

(a) human medicines,

(b) health, or

(c) education.

(6) The provision mentioned in subsection (2)(c) may include provision about—

(a) the analysis by the Information Centre of information that is contained in an information system (whether alone or in combination with other information) for the purposes mentioned in subsection (1) or for other purposes;

(b) the publication by the Information Centre of information that is contained in an information system or has been analysed in combination with such information;

(c) the disclosure (other than by way of publication) of information mentioned in paragraph (b) to specified persons or descriptions of persons, or for specified purposes;

(d) the use or further disclosure by any person of information disclosed to them under the regulations.

(7) Regulations conferring on the appropriate authority a power to give a direction by virtue of subsection (3)(d) must —

(a) provide that the power includes power to vary or revoke the directions by a subsequent direction, and

(b) in the case of a power exercisable in relation to Wales or Scotland, require the Secretary of State—

(i) where a proposed direction relates to Wales, to consult the Welsh Ministers before giving it, and

(ii) where a proposed direction relates to Scotland, to consult the Scottish Ministers before giving it.

(8) Where regulations under subsection (1) include provision by virtue of subsection (4)(a) which requires, or enables the Information Centre to require, the provision of individual health information held for the purposes of the health service established under section 1 of the National Health Service (Scotland) Act 1978, the regulations must provide for the information to be collected by the Scottish Ministers, or a person designated by them, on behalf of the Information Centre, subject to specified exceptions.

(9) Regulations by virtue of subsection (8) may—

(a) confer powers or duties (including discretions) on the Scottish Ministers, a designated person or the Information Centre;

(b) provide for powers or duties conferred on the Scottish Ministers to be treated for the purposes of section 2 of the National Health Service (Scotland) Act 1978 as functions relating to the health service (within the meaning of that Act).

(10) Where regulations under subsection (1) include provision by virtue of subsection (4)(a) which requires, or enables the Information Centre to require, the provision of individual health information held for the purposes of the health service in Wales, the regulations must provide for the information to be collected by the Welsh Ministers, or a person designated by them, on behalf of the Information Centre, subject to specified exceptions.

(11) Regulations by virtue of subsection (10) may confer powers or duties (including discretions) on the Welsh Ministers, a designated person or the Information Centre.

(12) Regulations under subsection (1) may provide that the disclosure of information by virtue of this section does not breach—

(a) an obligation of confidence owed by the person making the disclosure, or

(b) any other restriction on the disclosure of the information (however imposed), other than a restriction imposed by the data protection legislation.

(13) In this section—

"data protection legislation" has the meaning given by section 3(9) of the Data Protection Act 2018;

"health service", in relation to Wales, has the meaning given by section 206(1) of the National Health Service (Wales) Act 2006;

"human medicine" has the same meaning as in Part 2 (see section 9);

"individual health information" means information (however recorded) which relates to—

(a) the physical or mental health or condition of an individual,

(b) the diagnosis of an individual's condition, or

(c) an individual's care or treatment,

or is (to any extent) derived directly or indirectly from information relating to any of those matters;

"specified" means specified in regulations under subsection (1).

7B Offence of disclosing information

(1) A person to whom information is disclosed under regulations under section 7A(1) commits an offence if the person uses or discloses that information in contravention of the regulations.

(2) A person guilty of an offence under this section is liable—

(a) on summary conviction in England and Wales, to imprisonment for a term not exceeding 51 weeks, to a fine or to both;

(b) on summary conviction in Scotland or Northern Ireland, to imprisonment for a term not exceeding 6 months, to a fine not exceeding level 5 on the standard scale or to both.

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(3) In relation to an offence committed before the coming into force of section 281(5) of the Criminal Justice Act 2003, the reference in subsection (2)(a) to 51 weeks is to be read as a reference to 6 months."

(4) In section 19 (medical devices: information systems)—

(a) in subsection (6)—

(i) in paragraph (b) for "contained in an information system" substitute "that is contained in an information system or has been analysed in combination with such information";

(ii) in paragraph (c) for "contained in an information system" substitute "mentioned in paragraph (b)";

(b) after subsection (7) insert—

"(7A) Regulations under this section may provide that the disclosure of information by virtue of this section does not breach—

(a) an obligation of confidence owed by the person making the disclosure, or

(b) any other restriction on the disclosure of the information (however imposed), other than a restriction imposed by the data protection legislation."

(5) In section 43 (power to make consequential etc provision)—

(a) in subsection (1), for "This section" substitute "Subsection (2)";

(b) after subsection (2) insert—

"(3) Provision made by regulations under section 7A or 19 by virtue of subsection (2)(a) may include provision—

(a) changing the territorial extent of provisions of Chapter 2 of Part 9 of the Health and Social Care Act 2012 (constitution and functions etc of the Health and Social Care Information Centre), or

(b) otherwise amending that Chapter."

(6) In section 44 (scope of powers of Northern Ireland departments) after "2(1)" insert ", 7A(1)".

(7) In section 45 (consultation)—

(a) after subsection (1) insert—

"(1A) In relation to proposed regulations under section 7A(1), the Secretary of State must—

(a) where the regulations relate to Wales, specifically consult the Welsh Ministers, and

(b) where the regulations relate to Scotland, specifically consult the Scottish Ministers.";

(b) in subsection (6), for paragraph (a) (but not the "and" at the end) substitute—

"(a) in relation to regulations made under section 2(1) or 7A(1), the appropriate authority within the meaning given by section 2(6),

(aa) in relation to regulations made under section 10(1), the appropriate authority within the meaning given by section 10(6),".

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(8) In section 46 (reporting requirements)—

(a) in subsections (1), (3)(b) and (4)(a), after "2(1)," insert "7A(1),";

(b) in subsection (5), in paragraphs (a) and (b) of the definition of "relevant authority", after "2(1)" insert ", 7A(1)".

(9) In section 47 (procedure for regulations), in subsection (2), after "2(1)" insert ", 7A(1)".

(10) In section 253 of the Health and Social Care Act 2012 (general duties of Information Centre), after subsection (2) insert—

"(2A) Subsections (1) and (2) do not apply in relation to the functions of the Information Centre by virtue of the Medicines and Medical Devices Act 2021."

Commencement Information

I206 S. 101 not in force at Royal Assent, see **s. 186(6)**

I207 S. 101 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

PART 3

SECRETARY OF STATE'S POWERS TO TRANSFER OR DELEGATE FUNCTIONS

102 Relevant bodies and Special Health Authorities

In this Part—

"relevant body" means—

(a) Health Education England,

(b) the Health and Social Care Information Centre,

(c) the Health Research Authority,

(d) the Human Fertilisation and Embryology Authority,

(e) the Human Tissue Authority, or

(f) NHS England;

"Special Health Authority" means a Special Health Authority established under section 28 of the National Health Service Act 2006.

Commencement Information

I208 S. 102 not in force at Royal Assent, see **s. 186(6)**

I209 S. 102 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

103 Power to transfer functions between bodies

(1) The Secretary of State may by regulations transfer a function of a relevant body to another relevant body.

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(2) Regulations under this section may be made only if the Secretary of State considers that they serve the purpose of improving the exercise of public functions, having regard to—

(a) efficiency,

(b) effectiveness,

(c) economy, and

(d) securing appropriate accountability to Ministers.

(3) Regulations under this section may not transfer a function of NHS England if the Secretary of State considers that to do so would make NHS England redundant.

(4) The provision which may be made by regulations under this section by virtue of section 183(1)(a) includes provision—

(a) modifying functions of either relevant body (see further section 105(1));

(b) modifying the constitutional or funding arrangements of either relevant body (see further section 105(2) and (3));

(c) abolishing the relevant body from which functions are transferred, where the Secretary of State considers that it is redundant as a result of the transfer of functions.

(5) Where—

(a) regulations under this section contain provision for a body to exercise a function that is exercisable in relation to Scotland, Wales or Northern Ireland,

(b) immediately before that provision takes effect, the function is exercisable by another body whose constitutional arrangements contain provision (however expressed) for the body to include a member whose experience, functions or appointment are connected with that part of the United Kingdom, and

(c) the Secretary of State considers that the constitutional arrangements of the body referred to in paragraph (a) do not contain corresponding provision as to membership,

the Secretary of State must make provision by virtue of section 183(1)(a) modifying the constitutional arrangements of the body referred to in paragraph (a) so that they contain corresponding provision as to membership.

(6) In this section, "Minister" means a Minister of the Crown (as defined by section 8 of the Ministers of the Crown Act 1975).

Commencement Information

I210 S. 103 not in force at Royal Assent, see **s. 186(6)**

I211 S. 103 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

104 Power to provide for exercise of functions of Secretary of State

(1) The Secretary of State may by regulations provide for a relevant body to exercise specified functions of the Secretary of State on behalf of the Secretary of State.

(2) The functions that may be specified are —

(a) any functions of the Secretary of State which relate to the health service in England;

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(b) any other functions that the Secretary of State may provide for a Special Health Authority to exercise.

(3) The provision which may be made by regulations under this section by virtue of section 183(1)(a) includes provision—

(a) modifying functions of the relevant body (see further section 105(1));

(b) modifying the constitutional or funding arrangements of the relevant body (see further section 105(2) and (3)).

(4) Where—

(a) regulations under this section contain provision for a relevant body to exercise a function of the Secretary of State that is exercisable in relation to Scotland, Wales or Northern Ireland,

(b) immediately before that provision takes effect, the Secretary of State's function is exercisable by a body whose constitutional arrangements contain provision (however expressed) for the body to include a member whose experience, functions or appointment are connected with that part of the United Kingdom, and

(c) the Secretary of State considers that the relevant body's constitutional arrangements do not contain corresponding provision as to membership,

the Secretary of State must make provision by virtue of section 183(1)(a) modifying the relevant body's constitutional arrangements so that they contain corresponding provision as to membership.

(5) Regulations under this section may make provision for determining whether and in what circumstances the Secretary of State or a relevant body is liable for the exercise of the specified functions by the relevant body.

(6) The specification of a function in regulations under this section does not preclude the Secretary of State from exercising the function.

(7) In this section "the health service" has the same meaning as in the National Health Service Act 2006 (see section 275(1) of that Act).

Commencement Information

I212 S. 104 not in force at Royal Assent, see **s. 186(6)**

I213 S. 104 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

105 Scope of powers

(1) In sections 103 and 104, references to modifying the functions of a body include—

(a) conferring a function on the body;

(b) abolishing a function of the body;

(c) changing the purpose or objective for which the body exercises a function;

(d) changing the conditions under which the body exercises a function.

(2) In sections 103 and 104, references to the constitutional arrangements of a body include matters relating to—

(a) the name of the body;

(b) the chair of the body (including qualifications and procedures for appointment and functions);

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(c) members of the body (including the number of members, qualifications and procedures for appointment and functions);
(d) staff of the body exercising functions on its behalf (including qualifications and procedures for appointment and functions);
(e) the body's powers to employ staff;
(f) governing procedures and arrangements (including the role and membership of committees and sub-committees);
(g) reports and accounts.

(3) In sections 103 and 104, references to modifying the funding arrangements of a body include—
(a) modifying the extent to which it is funded by a Minister;
(b) conferring power on the body to charge fees for the exercise of a function (and to determine their amount).

(4) Regulations under section 103 or 104 may repeal and re-enact (but may not create)—
(a) a power to make subordinate legislation,
(b) a power of forcible entry, search or seizure,
(c) a power to compel the giving of evidence, or
(d) a criminal offence.

(5) The provision which may be made by regulations under section 103 or 104 may be made by repealing, revoking or amending provision made by or under an Act, whenever passed or made.

(6) The provision which may be made by regulations under section 103 or 104 by virtue of section 183(1)(a) includes provision repealing, revoking or amending provision made by or under any of the following, whenever passed or made—
(a) an Act;
(b) an Act of the Scottish Parliament;
(c) a Measure or Act of Senedd Cymru;
(d) Northern Ireland legislation.

(7) In this section, "Minister" means a Minister of the Crown (as defined by section 8 of the Ministers of the Crown Act 1975).

Commencement Information
I214 S. 105 not in force at Royal Assent, see **s. 186(6)**
I215 S. 105 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

106 Transfer schemes in connection with regulations

(1) The Secretary of State may, in connection with regulations under section 103 or 104, make one or more schemes for the transfer of property, rights and liabilities ("transfer schemes").

(2) A transfer scheme in connection with regulations under section 103 may provide for the transfer of property, rights or liabilities to any appropriate person from the relevant body from which functions are transferred by the regulations.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) A transfer scheme in connection with regulations under section 104 may provide for the transfer of property, rights or liabilities to any appropriate person from—

(a) the Secretary of State,

(b) a Special Health Authority, or

(c) any relevant body ceasing to exercise functions of the Secretary of State as a result of the regulations.

(4) The things that may be transferred under a transfer scheme include—

(a) property, rights and liabilities that could not otherwise be transferred;

(b) property acquired, and rights and liabilities arising, after the making of the scheme;

(c) criminal liabilities.

(5) A transfer scheme may—

(a) create rights, or impose liabilities, in relation to property or rights transferred;

(b) make provision about the continuing effect of things done by, on behalf of or in relation to the transferor in respect of anything transferred;

(c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;

(d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee;

(e) make provision for the shared ownership or use of property;

(f) make provision which is the same as or similar to the TUPE regulations;

(g) make other consequential, supplementary, incidental or transitional provision.

(6) A transfer scheme may provide—

(a) for modifications by agreement;

(b) for modifications to have effect from the date when the original scheme came into effect.

(7) In subsection (5)(f), "the TUPE regulations" means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).

(8) For the purposes of this section—

(a) references to rights and liabilities include rights and liabilities relating to a contract of employment;

(b) references to the transfer of property include the grant of a lease.

(9) For the purposes of subsection (8)(a)—

(a) an individual who holds employment in the civil service of the State is to be treated as employed by virtue of a contract of employment, and

(b) the terms of the individual's employment in the civil service of the State are to be treated as constituting the terms of the contract of employment.

(10) In this section "appropriate person" means—

(a) any relevant body,

(b) the Secretary of State,

(c) an integrated care board,

(d) a Special Health Authority, or

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(e) an NHS trust established under section 25 of the National Health Service Act 2006.

Commencement Information

I216 S. 106 not in force at Royal Assent, see **s. 186(6)**

I217 S. 106 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

107 Transfer schemes: taxation

(1) The Treasury may by regulations make provision varying the way in which a relevant tax has effect in relation to—

(a) anything transferred under a scheme under section 106, or

(b) anything done for the purposes of, or in relation to, a transfer under such a scheme.

(2) The provision which may be made under subsection (1)(a) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything transferred;

(b) anything transferred to be treated in a specified way for the purposes of a tax provision;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything transferred.

(3) The provision which may be made under subsection (1)(b) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything done for the purposes of or in relation to the transfer;

(b) anything done for the purposes of, or in relation to, the transfer to have or not have a specified consequence or be treated in a specified way;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything done for the purposes of, or in relation to, the transfer.

(4) Regulations under this section are subject to annulment in pursuance of a resolution of the House of Commons.

(5) In this section references to the transfer of property include the grant of a lease.

(6) In this section—

"relevant tax" means income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax;

"tax provision" means a provision of an enactment about a relevant tax.

Commencement Information

I218 S. 107 not in force at Royal Assent, see **s. 186(6)**

I219 S. 107 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

108 Consent and consultation

(1) Before making regulations under section 103 or 104, the Secretary of State must—

(a) obtain the consent of the Scottish Ministers in relation to any provision—

(i) which would be within the legislative competence of the Scottish Parliament, if contained in an Act of that Parliament, and is not merely incidental to, or consequential on, provision which would be outside that legislative competence, or

(ii) which modifies the functions of the Scottish Ministers;

(b) obtain the consent of the Welsh Ministers in relation to any provision—

(i) which would be within the legislative competence of Senedd Cymru, if contained in an Act of the Senedd, and is not merely incidental to, or consequential on, provision which would be outside that legislative competence, or

(ii) which modifies the functions of the Welsh Ministers;

(c) obtain the consent of a Northern Ireland department in relation to any provision—

(i) which would be within the legislative competence of the Northern Ireland Assembly, if contained in an Act of that Assembly, and is not merely incidental to, or consequential on, provision which would be outside that legislative competence, or

(ii) which modifies the functions of a Northern Ireland department.

(2) Consent is not required under subsection (1)(c)(i) in relation to any provision if—

(a) a Bill for an Act of the Northern Ireland Assembly containing the provision would require the consent of the Secretary of State under section 8 of the Northern Ireland Act 1998, and

(b) the provision does not affect, other than incidentally, a transferred matter (within the meaning of that Act).

(3) Before making regulations under section 103 or 104, the Secretary of State must consult the following about a draft of the regulations—

(a) any body to which the regulations relate, and

(b) such other persons as the Secretary of State considers appropriate.

(4) If, as a result of consultation under this section, it appears to the Secretary of State appropriate to change the draft regulations, the Secretary of State must carry out such further consultation with respect to the changes as the Secretary of State considers appropriate.

(5) It is immaterial for the purposes of this section whether consent is obtained or consultation is carried out before or after the commencement of this section.

Commencement Information

I220 S. 108 not in force at Royal Assent, see **s. 186(6)**

I221 S. 108 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

PART 4

THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

Introductory

109 Establishment of the HSSIB

(1) A body corporate called the Health Services Safety Investigations Body is established.

(2) In this Part that body is referred to as "the HSSIB".

(3) Schedule 13 contains further provision about the HSSIB.

Commencement Information
I222 S. 109 not in force at Royal Assent, see **s. 186(6)**
I223 S. 109 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Investigations

110 Investigation of incidents with safety implications

(1) The HSSIB has the function of investigating incidents that—
(a) occur in England during the provision of health care services, and
(b) have or may have implications for the safety of patients.

(2) The purpose of the investigations is to—
(a) identify risks to the safety of patients, and
(b) address those risks by facilitating the improvement of systems and practices in the provision of NHS services or other health care services in England.

(3) In particular, where an investigation relates to an incident that did not occur during the provision of NHS services, the HSSIB must consider whether, in relation to any risks identified, the systems and practices in the provision of NHS services could be improved.

(4) The purpose of the investigations does not include assessing or determining—
(a) blame,
(b) civil or criminal liability, or
(c) whether action needs to be taken in respect of an individual by a regulatory body.

(5) In this Part, an incident within subsection (1) is called a "qualifying incident".

Commencement Information
I224 S. 110 not in force at Royal Assent, see **s. 186(6)**
I225 S. 110 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

111 Deciding which incidents to investigate

(1) The HSSIB's function under section 110 includes determining which qualifying incidents it will investigate, subject to subsection (2).

(2) The Secretary of State may direct the HSSIB to carry out an investigation of—

(a) a particular qualifying incident that has occurred, or

(b) qualifying incidents that have occurred and are of a particular description.

(3) A direction under subsection (2) may specify the date by which the HSSIB must publish its final report (see section 113).

(4) A direction under subsection (2)—

(a) must be in writing;

(b) may be varied or revoked by subsequent directions;

(c) may provide for a person to exercise a discretion in dealing with any matter.

(5) Once the HSSIB has begun an investigation into a qualifying incident, it must, in such manner as it thinks appropriate, publish a statement which—

(a) reports that it has begun the investigation,

(b) contains a brief description of the incident, and

(c) sets out, in general terms, the issues that the HSSIB expects to consider in the investigation.

(6) The HSSIB may give advance notice of a statement under subsection (5) to any person the HSSIB considers may be affected by the investigation.

(7) Where the HSSIB discontinues an investigation, it must, in such manner as it thinks appropriate, publish a statement which—

(a) reports that it has discontinued the investigation, and

(b) gives its reasons for doing so.

(8) Where the HSSIB determines not to investigate a qualifying incident, it may give notice of its determination to any person the HSSIB considers to have an interest in the determination.

(9) Notice under subsection (8) may include—

(a) a brief description of the incident, and

(b) the HSSIB's reasons for not investigating it.

Commencement Information

I226 S. 111 not in force at Royal Assent, see **s. 186(6)**

I227 S. 111 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

112 Criteria, principles and processes

(1) The HSSIB must determine and publish—

(a) the criteria it will use in determining which incidents it investigates,

(b) the principles which are to govern investigations,

(c) the processes to be followed in carrying out investigations, and

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(d) the processes for ensuring that, so far as reasonable and practicable, patients and their families are involved in investigations.

(2) The processes determined under subsection (1)(c) must include—

(a) the procedures and methods to be used in investigations (including in the interviewing of persons), and

(b) the time periods within which the HSSIB aims to complete investigations.

(3) Different processes under subsection (1)(c) or (d) may be determined for different descriptions of investigation.

(4) Anything published under subsection (1)(d) must be—

(a) easily accessible to patients and their families, and

(b) capable of being easily understood by them.

(5) The HSSIB must review the criteria, principles and processes—

(a) within the period of three years beginning with their publication under subsection (1), and

(b) subsequently within each period of five years beginning with the completion of the previous review.

(6) If the HSSIB revises the criteria, principles and processes it must publish them as revised.

(7) In determining or revising the criteria, principles and processes the HSSIB must consult—

(a) the Secretary of State, and

(b) any other persons the HSSIB considers appropriate.

Commencement Information

I228 S. 112 not in force at Royal Assent, see **s. 186(6)**

I229 S. 112 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Reports

113 Final reports

(1) When the HSSIB completes an investigation, it must publish a report on the outcome of the investigation (the "final report").

(2) The final report must—

(a) contain a statement of findings of fact made as a result of the investigation and an analysis of those findings,

(b) make such recommendations as to the action to be taken by any person as the HSSIB considers appropriate, and

(c) set out the HSSIB's conclusions on the matters it considered in accordance with section 110(3) (but only if that provision is applicable to the investigation).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) The final report must focus on ascertaining risks to the safety of patients and any recommendations as to the action to be taken by any person must focus on addressing those risks (rather than on the activities of individuals involved in the incident).

(4) In particular, the final report may not include an assessment or determination of—

(a) blame,

(b) civil or criminal liability, or

(c) whether action needs to be taken in respect of an individual by a regulatory body.

(5) Information which is protected material (see section 122(2)) may be disclosed in a final report if the HSSIB determines that the benefits to the safety of patients served by the disclosure outweigh—

(a) any adverse impact on current or future investigations by deterring persons from providing information to the HSSIB, and

(b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.

(6) The final report may not, without their consent, include the name of any individual—

(a) who has provided information to the HSSIB for the purposes of the investigation, or

(b) who was involved in the incident being investigated.

(7) Where an investigation is carried out pursuant to a direction under section 111, the HSSIB must send a copy of the final report to the Secretary of State.

Commencement Information

I230 S. 113 not in force at Royal Assent, see **s. 186(6)**

I231 S. 113 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

114 Interim reports

(1) While the HSSIB is carrying out an investigation, it may publish a report on any matter relating to the investigation (an "interim report").

(2) An interim report may—

(a) contain a statement of findings of fact made as a result of the investigation to date and an analysis of those findings,

(b) make such recommendations as to the action to be taken by any person as the HSSIB considers appropriate, and

(c) set out the HSSIB's conclusions to date on the matters it has considered in accordance with section 110(3).

(3) Subsections (3) to (7) of section 113 apply in relation to an interim report as they apply in relation to a final report.

Commencement Information

I232 S. 114 not in force at Royal Assent, see **s. 186(6)**

I233 S. 114 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

115 Draft reports

(1) Before it publishes a final or interim report, the HSSIB—

(a) must send a draft of the report to any person who the HSSIB reasonably believes could be adversely affected by the report, and

(b) may send a draft of the report to any other person who the HSSIB believes should be sent a draft.

(2) If a person who the HSSIB reasonably believes could have been adversely affected by the report has died, the draft report must be sent to the person (if any) who appears to the HSSIB to best represent the interests of the person who has died.

(3) The HSSIB must notify every person to whom a draft report is sent that the person has an opportunity to comment on the draft report before the deadline specified by the HSSIB.

(4) If a person's comments on a draft report are not taken into account in the final or interim report as published, the HSSIB must explain to the person why that is.

Commencement Information

I234 S. 115 not in force at Royal Assent, see **s. 186(6)**

I235 S. 115 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

116 Response to reports

(1) This section applies where a final or interim report includes recommendations as to the action to be taken by any person.

(2) The HSSIB must, in such manner as it thinks appropriate, send the report to that person or make it available to them.

(3) The report must specify the deadline for that person to provide a written response.

(4) Before that deadline, the person must respond to the HSSIB in writing setting out the actions they propose to take in pursuance of the recommendations.

(5) The HSSIB may publish the response.

(6) Subsection (4) does not require a person to do anything that they could be required to do by an Act of Senedd Cymru made without the consent of a Minister of the Crown.

Commencement Information

I236 S. 116 not in force at Royal Assent, see **s. 186(6)**

I237 S. 116 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

117 Admissibility of reports

(1) A final report, an interim report and the draft of a final or interim report sent to a person under section 115 are not admissible in any proceedings within subsection (2).

(2) Those proceedings are—

(a) proceedings to determine civil or criminal liability in respect of any matter;

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) proceedings before any employment tribunal;

(c) proceedings before a regulatory body (including proceedings for the purposes of investigating an allegation);

(d) proceedings to determine an appeal against a decision made in proceedings falling within paragraphs (a) to (c).

(3) But the High Court may order that a final or interim report is admissible in proceedings within subsection (2) on an application by a person who is a party to the proceedings or otherwise entitled to appear in them.

(4) The HSSIB may make representations to the High Court about any application under subsection (3).

(5) The High Court may make an order under subsection (3) only if it determines that the interests of justice served by admitting the report outweigh—

(a) any adverse impact on current or future investigations by deterring persons from providing information for the purposes of investigations, and

(b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.

Commencement Information

I238 S. 117 not in force at Royal Assent, see **s. 186(6)**

I239 S. 117 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Investigatory powers etc

118 Powers of entry, inspection and seizure

(1) If an investigator considers it necessary for the purposes of an investigation, the investigator may—

(a) enter and inspect premises in England, other than premises used wholly or mainly as a private dwelling;

(b) inspect and take copies of any document at, or capable of being viewed using equipment at, the premises;

(c) inspect any equipment or other item at the premises;

(d) seize and remove from the premises any document, equipment or other item (unless that would risk the safety of any patient).

(2) In subsection (1)(b) the reference to inspecting and taking copies of any document includes requiring any document which is kept in electronic form to be produced in a form in which it is legible and can be taken away.

(3) Where any document, equipment or other item is seized by an investigator, or any copy of a document is taken, it may be retained by the HSSIB for so long as is necessary for the purposes of the investigation.

(4) An investigator exercising any power conferred by this section must, if asked, produce evidence of the investigator's authority from the HSSIB to act on its behalf.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(5) The powers conferred by subsection (1) may be exercised in relation to premises in which there is a Crown interest, but only if the HSSIB gives reasonable notice to the occupier of the premises of its intention to enter and inspect the premises.

(6) But if the Secretary of State certifies that it appears to the Secretary of State appropriate in the interests of national security that the powers conferred by subsection (1)—

(a) should not be exercisable in relation to any premises in which there is a Crown interest and which are specified in the certificate, or

(b) should not be exercisable in relation to any such premises which are so specified except in circumstances specified in the certificate,

those powers are not exercisable in relation to those premises or (as the case may be) are not exercisable except in the circumstances specified.

(7) In this section "Crown interest" means—

(a) an interest belonging to a government department or held in trust for Her Majesty for the purposes of a government department;

(b) an interest belonging to Her Majesty in right of the Crown;

(c) an interest belonging to Her Majesty in right of the Duchy of Lancaster;

(d) an interest belonging to the Duchy of Cornwall.

Commencement Information

I240 S. 118 not in force at Royal Assent, see **s. 186(6)**

I241 S. 118 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

119 Powers to require information etc

(1) An investigator may by notice require any person—

(a) to attend at a specified time and place and to provide information by answering questions;

(b) to provide specified information, or information of a specified description, by a specified date;

(c) to provide specified documents, equipment or items, or documents, equipment or items of a specified description, by a specified date.

(2) An investigator may give a person a notice only if the investigator reasonably believes that—

(a) in the case of a requirement under subsection (1)(a), the person is able to provide information which is necessary for the purposes of an investigation;

(b) in the case of a requirement under subsection (1)(b)—

(i) it is necessary to obtain the information for the purposes of an investigation, and

(ii) the person is able to provide it;

(c) in the case of a requirement under subsection (1)(c)—

(i) it is necessary to obtain the document, equipment or other item for the purposes of the HSSIB's investigation function, and

(ii) the person is able to provide it.

(3) But a person is not required by virtue of subsection (1) to provide any information, document, equipment or other item where—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) its provision would risk the safety of any patient,
(b) its provision might incriminate the person, or
(c) in the case of information or a document, the person would be entitled to refuse to provide it in any proceedings in any court on the grounds that it is the subject of legal professional privilege.

(4) A notice must—
(a) specify the grounds for the investigator believing the matters in subsection (2),
(b) give an explanation of the consequences of failing to comply with the notice (see section 121), and
(c) attach evidence of the investigator's authority from the HSSIB to exercise the powers conferred by this section.

(5) If a notice requires a person to provide anything which is kept in electronic form, the notice may require it to be provided in a form in which it is legible.

(6) An investigator may withdraw a notice under subsection (1) by giving notice of withdrawal to the person to whom the notice was given.

(7) Where any document, equipment or other item is provided to an investigator pursuant to a notice, it may be retained by the HSSIB for so long as is necessary for the purposes of the HSSIB's investigation function, unless its retention would risk the safety of any patient.

(8) Where a person attends to answer questions pursuant to a notice under subsection (1)(a), the HSSIB—
(a) must reimburse the person the reasonable costs incurred in attending;
(b) may record, by any means, the answers given.

(9) In this section "specified" means specified in the notice.

Commencement Information
I242 S. 119 not in force at Royal Assent, see **s. 186(6)**
I243 S. 119 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

120 Voluntary provision of information etc

A person may disclose any information, document, equipment or other item to the HSSIB if the person reasonably believes that the disclosure is necessary for the purpose of enabling the HSSIB to carry out its investigation function.

Commencement Information
I244 S. 120 not in force at Royal Assent, see **s. 186(6)**
I245 S. 120 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

121 Offences relating to investigations

(1) A person commits an offence if the person—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) intentionally obstructs an investigator in the performance of functions conferred by section 118, or

(b) fails without reasonable excuse to comply with a notice given under section 119.

(2) A person commits an offence if the person provides information to the HSSIB for the purposes of the HSSIB's investigation function which the person knows or suspects is false or misleading in a material respect.

(3) It is a defence for a person charged with an offence under subsection (2) to show that—

(a) the person reasonably believed that the information would assist the HSSIB in carrying out its investigation function, and

(b) at the time of providing the information the person informed the HSSIB that the person knew or suspected that it was false or misleading.

(4) If a person charged with an offence under subsection (2) relies on the defence under subsection (3), and evidence is adduced which is sufficient to raise an issue with respect to that defence, the court must assume that the defence is satisfied unless the prosecution proves beyond reasonable doubt that it is not.

(5) A person who commits an offence under this section is liable on summary conviction to a fine.

(6) Subsections (1)(a) and (5) apply to persons in the public service of the Crown as they apply to other persons.

Commencement Information

I246 S. 121 not in force at Royal Assent, see **s. 186(6)**

I247 S. 121 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Protection of material held by the HSSIB

122 Prohibition on disclosure of HSSIB material

(1) The HSSIB, or an individual connected with the HSSIB, must not disclose protected material to any person.

(2) In this Part "protected material" means any information, document, equipment or other item which—

(a) is held by the HSSIB, or an individual connected with the HSSIB, for the purposes of the HSSIB's investigation function,

(b) relates to a qualifying incident (whether or not investigated by the HSSIB), and

(c) has not already been lawfully made available to the public.

(3) In this Part "individual connected with the HSSIB" means—

(a) a member of the HSSIB,

(b) a member of a committee or sub-committee of the HSSIB,

(c) an investigator, or

(d) an individual (other than an investigator) who works for the HSSIB.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(4) For the purposes of subsection (3)(d) an individual "works for" the HSSIB if the individual works—

(a) under a contract of employment with the HSSIB,

(b) under a contract of apprenticeship with the HSSIB,

(c) under a contract under which the individual undertakes to do or perform personally any work or services for the HSSIB, or

(d) as an agency worker within the meaning of the Agency Workers Regulations 2010 (S.I. 2010/93) in circumstances where the HSSIB is the hirer within the meaning of those Regulations.

(5) An individual who was, but has ceased to be, connected with the HSSIB must not disclose to any person, other than the HSSIB or an individual connected with the HSSIB, any information, document, equipment or other item held by that individual—

(a) which the individual obtained because they were connected with the HSSIB,

(b) which, at the time they ceased to be connected with the HSSIB, was protected material, and

(c) which has not already been lawfully made available to the public.

Commencement Information

I248 S. 122 not in force at Royal Assent, see **s. 186(6)**

I249 S. 122 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

123 Exceptions to prohibition on disclosure

(1) Section 122(1) does not apply to a disclosure which is required or authorised by—

(a) Schedule 14,

(b) any other provision of this Part, or

(c) regulations made by the Secretary of State.

(2) Regulations under subsection (1)(c) may, for example, require or authorise disclosures of protected material by reference to—

(a) the kind of material that it is (for example, a particular kind of equipment),

(b) the matters to which it relates,

(c) the person from whom it was obtained,

(d) the purpose for which it was produced or is held, or

(e) the purpose for which it is disclosed.

(3) But regulations under subsection (1)(c) may not require or authorise disclosures of protected material by reference to the qualifying incident to which the material relates.

(4) Regulations under subsection (1)(c) may provide for a person to exercise a discretion in dealing with any matter.

(5) Subject to subsection (6), regulations under subsection (1)(c) may provide that disclosures which are required or authorised by the regulations do not breach—

(a) obligations of confidence owed by the person making the disclosure, or

(b) any other restrictions on disclosure.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(6) Nothing in regulations under subsection (1)(c) operates to require or authorise disclosures which would contravene the data protection legislation (but, for the purposes of this subsection, in determining whether any disclosure required or authorised by the regulations would do so, take the requirement or authorisation into account).

Commencement Information

I250 S. 123 not in force at Royal Assent, see **s. 186(6)**

I251 S. 123 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

124 Offences of unlawful disclosure

(1) A person commits an offence if the person—

(a) breaches the prohibition in section 122(1) by knowingly or recklessly disclosing protected material to another person, and

(b) knows or suspects that the disclosure is prohibited.

(2) An individual who was, but has ceased to be, connected with the HSSIB commits an offence if the individual—

(a) breaches the prohibition in section 122(5) by knowingly or recklessly disclosing any information, document, equipment or other thing to another person, and

(b) knows or suspects that the disclosure is prohibited.

(3) Subsection (4) applies where protected material is disclosed to a person not connected with the HSSIB—

(a) in a draft report sent to the person under section 115(1),

(b) under paragraph 2, 3 or 4 of Schedule 14 (disclosures for purposes of an investigation, offence or safety risk), or

(c) under regulations under section 123(1)(c).

(4) The person not connected with the HSSIB to whom protected material is disclosed as specified in subsection (3) commits an offence if the person—

(a) knowingly or recklessly discloses the protected material to another person without reasonable excuse, and

(b) knows or suspects that it is protected material.

(5) A person who commits an offence under this section is liable on summary conviction to a fine.

Commencement Information

I252 S. 124 not in force at Royal Assent, see **s. 186(6)**

I253 S. 124 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

125 Restriction of statutory powers requiring disclosure

(1) A power under any enactment (whenever passed or made) other than this Part to require the disclosure of, or to seize, any information, document, equipment or other item may not be used—

(a) to require the disclosure of protected material by the HSSIB, or

(b) to seize protected material from the HSSIB.

(2) Subsection (1) applies to a power to require disclosure, or to seize, however it is expressed (and, for example, it applies if the power is to require a person to give, supply, furnish or produce any information, document, equipment or other item).

(3) Subsection (1) does not apply to a power to the extent that the provision conferring it is within the legislative competence of a devolved legislature.

(4) A provision is within the legislative competence of a devolved legislature if—

(a) it would be within the legislative competence of the Scottish Parliament if it were contained in an Act of that Parliament;

(b) it would be within the legislative competence of Senedd Cymru if it were contained in an Act of the Senedd (including any provision that could only be made with the consent of a Minister of the Crown);

(c) the provision—

(i) would be within the legislative competence of the Northern Ireland Assembly if contained in an Act of that Assembly, and

(ii) would not, if contained in a Bill for an Act of the Northern Ireland Assembly, result in the Bill requiring the consent of the Secretary of State under section 8 of the Northern Ireland Act 1998.

(5) In this section "enactment" includes an enactment comprised in subordinate legislation within the meaning of the Interpretation Act 1978.

(6) References to the HSSIB in subsection (1) include—

(a) an individual connected with the HSSIB, and

(b) an individual who was, but has ceased to be, connected with the HSSIB.

Commencement Information

I254 S. 125 not in force at Royal Assent, see **s. 186(6)**

I255 S. 125 in force at 1.10.2023 for E.W. by S.I. 2023/1035, **reg. 2(a)**

Relationship with other bodies

126 Co-operation

(1) This section applies where—

(a) the HSSIB is carrying out an investigation into a qualifying incident, and

(b) a listed person is also carrying out an investigation into the same or a related incident.

(2) The HSSIB and the listed person must co-operate with each other regarding practical arrangements for co-ordinating those investigations.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) The following are listed persons—

(a) an NHS foundation trust, an NHS trust or any other person providing NHS services;

(b) NHS England;

(c) an integrated care board;

(d) a Special Health Authority;

(e) the Care Quality Commission;

(f) the Health Research Authority;

(g) the Human Tissue Authority;

(h) the Human Fertilisation and Embryology Authority;

F1(i) . . . . . .

(j) the Health Service Commissioner for England;

(k) the Parliamentary Commissioner for Administration;

(l) any regulatory body;

(m) the Health and Safety Executive;

(n) the Commissioner for Patient Safety.

(4) The HSSIB must publish guidance about when a qualifying incident is to be regarded as related to another incident for the purposes of this section.

(5) If the HSSIB revises the guidance the HSSIB must publish it as revised.

Textual Amendments

F1 S. 126(3)(i) omitted (1.10.2023) by The Health Education England (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023 (S.I. 2023/368), reg. 1(3), **Sch. 1 para. 14** (with reg. 7); S.I. 2023/1035, reg. 2(a)

Commencement Information

I256 S. 126 not in force at Royal Assent, see **s. 186(6)**

I257 S. 126 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

127 Assistance of NHS bodies

(1) The HSSIB must comply with—

(a) any request by a relevant NHS body to provide it with assistance in connection with the carrying out of investigations into incidents occurring during the provision of NHS services or occurring at premises at which NHS services are provided;

(b) any request by NHS England to provide any other relevant NHS body with such assistance;

(c) any request by the Secretary of State to provide a relevant NHS body with such assistance.

(2) In subsection (1) "relevant NHS body" means—

(a) an NHS foundation trust;

(b) an NHS trust;

(c) NHS England;

(d) an integrated care board.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) For the purposes of this section giving assistance includes—

(a) disseminating information about best practice,

(b) developing standards to be adopted, and

(c) giving advice, guidance or training.

(4) Subsection (1) does not apply if—

(a) the assistance requested is giving advice, guidance or training, and

(b) the HSSIB determines that it is impracticable for it to give the assistance.

(5) The HSSIB may give assistance to a person other than a relevant NHS body in relation to any matter connected with the carrying out of investigations if the HSSIB has been requested to provide the assistance by the person to whom it is to be given.

(6) But the HSSIB may give assistance under subsection (5) only to the extent that the assistance does not to any significant extent interfere with the exercise by the HSSIB of its investigation function.

(7) The activities which the HSSIB may carry out in, or in connection with, giving assistance under subsection (5) are not restricted to activities carried out in the United Kingdom.

(8) The HSSIB may impose charges for or in connection with giving assistance under subsection (5).

(9) Charges under subsection (8) may be calculated on the basis that the HSSIB considers to be the appropriate commercial basis.

Commencement Information

I258 S. 127 not in force at Royal Assent, see **s. 186(6)**

I259 S. 127 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

128 Investigations relating to Wales and Northern Ireland

(1) The HSSIB may enter into an agreement with any person for the HSSIB to carry out an investigation falling within subsection (2).

(2) An investigation falls within this subsection if—

(a) it is an investigation into one or more incidents that have occurred, or are occurring, in the United Kingdom—

(i) during the provision of any of the services mentioned in subsection (3), or

(ii) at premises at which any of those services are, or were, provided,

(b) the incident or incidents have or may have implications for the safety of persons for whom those services are provided,

(c) the investigation is carried out for the purpose of identifying risks to the safety of such persons and addressing those risks by facilitating the improvement of systems and practices in the provision of any of the services mentioned in subsection (3), and

(d) the investigation does not involve the assessment or determination of blame or civil or criminal liability.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) The services referred to in subsection (2) are—

(a) services provided for the purposes of the health service continued under section 1(1) of the National Health Service (Wales) Act 2006, and

(b) health care, within the meaning of the Health and Social Care (Reform) Act (Northern Ireland) 2009, provided for the purposes of the system promoted under section 2(1) of that Act.

(4) The HSSIB may impose charges for providing services under an agreement under subsection (1).

(5) Those charges must not exceed the costs incurred by the HSSIB in providing the services.

(6) The HSSIB may enter into an agreement under subsection (1) only if it considers that the provision of the services under the agreement will not to any significant extent interfere with the exercise by the HSSIB of its investigation function.

Commencement Information

I260 S. 128 not in force at Royal Assent, see **s. 186(6)**

I261 S. 128 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Oversight of functions

129 Failure to exercise functions

(1) This section applies if the Secretary of State considers that—

(a) the HSSIB is failing or has failed to exercise any of its functions, and

(b) the failure is significant.

(2) The Secretary of State may direct the HSSIB to exercise such of its functions, in such manner and within such period, as the direction specifies.

(3) But the Secretary of State may not give a direction under subsection (2) which directs the outcome of a particular investigation.

(4) If the HSSIB fails to comply with a direction under subsection (2), the Secretary of State may—

(a) exercise the functions specified in the direction, or

(b) make arrangements for some other person to exercise them on the Secretary of State's behalf.

(5) The reference in subsection (1)(a) to exercising a function includes a reference to exercising it properly.

(6) A direction under subsection (2)—

(a) must be in writing;

(b) may be varied or revoked by subsequent directions.

Commencement Information

I262 S. 129 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I263 S. 129 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

130 Review

(1) Before the end of the period mentioned in subsection (2), the Secretary of State must—

(a) review the effectiveness of the exercise by the HSSIB of its investigation function,

(b) prepare and publish a report of the review, and

(c) lay the report before Parliament.

(2) The period is four years beginning with the day on which section 110 comes into force.

Commencement Information

I264 S. 130 not in force at Royal Assent, see **s. 186(6)**

I265 S. 130 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Offences: supplementary

131 Offences by bodies corporate

(1) Where an offence under this Part is committed by a body corporate and is proved—

(a) to have been committed with the consent or connivance of an officer of the body corporate, or

(b) to be attributable to any neglect on the part of an officer of the body corporate,

the officer (as well as the body corporate) commits the offence and is liable to be proceeded against and punished accordingly.

(2) In subsection (1) "officer", in relation to a body corporate, means—

(a) a director, manager, secretary or other similar officer, or

(b) any person purporting to act in any such capacity.

In paragraph (a) "director", in relation to a body corporate whose affairs are managed by its members, means a member of the body corporate.

Commencement Information

I266 S. 131 not in force at Royal Assent, see **s. 186(6)**

I267 S. 131 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

132 Offences by partnerships

(1) Proceedings for an offence alleged to have been committed by a partnership may be brought in the name of the partnership.

(2) Rules of court relating to the service of documents have effect in relation to proceedings for an offence as if the partnership were a body corporate.

(3) For the purposes of such proceedings Schedule 3 to the Magistrates' Courts Act 1980 applies as it applies in relation to a body corporate.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(4) A fine imposed on a partnership on its conviction for an offence must be paid out of the partnership assets.

(5) Where an offence is committed by a partnership and is proved—

(a) to have been committed with the consent or connivance of a partner, or

(b) to be attributable to any neglect on the part of a partner,

the partner (as well as the partnership) commits the offence and is liable to be proceeded against and punished accordingly.

(6) In this section—

"offence" means an offence under this Part;

"partner" includes a person purporting to act as a partner.

Commencement Information

I268 S. 132 not in force at Royal Assent, see **s. 186(6)**

I269 S. 132 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Supplementary

133 Obligations of confidence etc

(1) Subject to subsection (2), a disclosure of any information, document, equipment or other item which is required or authorised by or under section 119 or 120 or Schedule 14 does not breach—

(a) any obligation of confidence owed by the person making the disclosure, or

(b) any other restriction on disclosure.

(2) Nothing in this Part operates to require or authorise a disclosure of information which would contravene the data protection legislation (but, for the purposes of this subsection, in determining whether a disclosure required or authorised by or under this Part would do so, take the requirement or authorisation into account).

Commencement Information

I270 S. 133 not in force at Royal Assent, see **s. 186(6)**

I271 S. 133 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

134 Consequential amendments relating to Part 4

Schedule 15 contains amendments consequential on this Part.

Commencement Information

I272 S. 134 not in force at Royal Assent, see **s. 186(6)**

I273 S. 134 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

135 Interpretation of Part 4

In this Part—

"the 2006 Act" means the National Health Service Act 2006;

"Chief Investigator" means the person appointed in accordance with paragraph 3 of Schedule 13;

"data protection legislation" has the same meaning as in the Data Protection Act 2018 (see section 3 of that Act);

to "disclose", in relation to information, documents, equipment and other items includes to permit access to such things;

"documents" includes personal and medical records;

"final report" means a report under section 113;

"health care services" means—

(a) all forms of health care services provided for individuals, whether relating to physical or mental health, and

(b) procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition;

"the HSSIB" has the meaning given by section 109(2);

"interim report" means a report under section 114;

"investigation", except in the case of an investigation mentioned in section 126(1)(b), 127 or 128, means an investigation carried out by the HSSIB under section 110(1) and any related term is to be read accordingly;

the "investigation function" of the HSSIB is its function under section 110(1) (and see also section 111(1));

"investigator" means a person authorised by the HSSIB to carry out functions in relation to investigations on its behalf;

"Minister of the Crown" has the same meaning as in the Ministers of the Crown Act 1975;

"NHS foundation trust" has the meaning given by section 30 of the 2006 Act;

"NHS services" means health care services provided in England for the purposes of the health service continued under section 1(1) of the 2006 Act;

"NHS trust" means a National Health Service trust established under section 25 of the 2006 Act;

"notice" means notice in writing;

"patients" means individuals for whom health care services are provided;

"premises" includes a vehicle;

"protected material" has the meaning given by section 122(2);

"qualifying incident" has the meaning given by section 110(5);

"regulatory body" means—

(a) the General Medical Council,

(b) the General Dental Council,

(c) the General Optical Council,

(d) the General Osteopathic Council,

(e) the General Chiropractic Council,

(f) the General Pharmaceutical Council,

(g) the Nursing and Midwifery Council,

(h) the Health and Care Professions Council, or

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(i) any other regulatory body, within the meaning of Schedule 3 to the Health Act 1999, established at any time by an Order in Council under section 60 of that Act;

"Special Health Authority" means a Special Health Authority established under section 28 of the 2006 Act.

Commencement Information

I274 S. 135 not in force at Royal Assent, see **s. 186(6)**

I275 S. 135 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(a)**

PART 5

VIRGINITY TESTING AND HYMENOPLASTY OFFENCES

CHAPTER 1

VIRGINITY TESTING OFFENCES

Virginity testing offences: England and Wales

136 Offence of virginity testing: England and Wales

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

(2) "Virginity testing" means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity.

(3) An offence is committed under subsection (1) only if the person—

(a) is in England and Wales, or

(b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in England and Wales.

(4) "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act.

(5) In subsection (2), "female genitalia" means a vagina or vulva.

Commencement Information

I276 S. 136 not in force at Royal Assent, see **s. 186(6)**

I277 S. 136 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

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

(1) It is an offence under the law of England and Wales—

(a) for a person in England and Wales to offer to carry out virginity testing in the United Kingdom or virginity testing that has a sufficient jurisdictional connection, or

(b) for a person anywhere to offer to carry out virginity testing if the person is a United Kingdom national or habitually resident in England and Wales.

(2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—

(a) a United Kingdom national, or

(b) habitually resident in the United Kingdom.

(3) In this section—

"United Kingdom national" has the meaning given by section 136(4);

"virginity testing" has the meaning given by section 136(2).

Commencement Information

I278 S. 137 not in force at Royal Assent, see **s. 186(6)**

I279 S. 137 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

(1) It is an offence under the law of England and Wales for a person who is in England and Wales, or for a person who is outside England and Wales but who is a United Kingdom national or habitually resident in England and Wales, to aid, abet, counsel or procure the carrying out of virginity testing that has a sufficient jurisdictional connection.

(2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—

(a) in the United Kingdom,

(b) a United Kingdom national, or

(c) habitually resident in the United Kingdom.

(3) This section does not affect the application to an offence under section 136 of any rule of law relating to aiding, abetting, counselling or procuring.

(4) In this section—

"United Kingdom national" has the meaning given by section 136(4);

"virginity testing" has the meaning given by section 136(2).

Commencement Information

I280 S. 138 not in force at Royal Assent, see **s. 186(6)**

I281 S. 138 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

139 Virginity testing offences in England and Wales: penalties

(1) A person who commits an offence under section 136, 137 or 138 is liable—

(a) on summary conviction, to imprisonment for a term not exceeding the maximum summary term for either-way offences or a fine (or both);

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).

(2) In subsection (1)(a) "the maximum summary term for either-way offences" means—

(a) in relation to an offence committed before the time when paragraph 24(2) of Schedule 22 to the Sentencing Act 2020 comes into force, 6 months;

(b) in relation to an offence committed after that time, 12 months.

Commencement Information

I282 S. 139 not in force at Royal Assent, see **s. 186(6)**

I283 S. 139 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Virginity testing offences: Scotland

140 Offence of virginity testing: Scotland

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

(2) "Virginity testing" means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity.

(3) An offence is committed under subsection (1) only if the person—

(a) is in Scotland, or

(b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in Scotland.

(4) "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act.

(5) In subsection (2), "female genitalia" means a vagina or vulva.

Commencement Information

I284 S. 140 not in force at Royal Assent, see **s. 186(6)**

I285 S. 140 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

141 Offence of offering to carry out virginity testing: Scotland

(1) It is an offence under the law of Scotland—

(a) for a person in Scotland to offer to carry out virginity testing in the United Kingdom or virginity testing that has a sufficient jurisdictional connection, or

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) for a person anywhere to offer to carry out virginity testing if the person is a United Kingdom national or habitually resident in Scotland.

(2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—

(a) a United Kingdom national, or

(b) habitually resident in the United Kingdom.

(3) In this section—

"United Kingdom national" has the meaning given by section 140(4);

"virginity testing" has the meaning given by section 140(2).

Commencement Information

I286 S. 141 not in force at Royal Assent, see **s. 186(6)**

I287 S. 141 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

(1) It is an offence under the law of Scotland for a person who is in Scotland, or for a person who is outside Scotland but who is a United Kingdom national or habitually resident in Scotland, to aid, abet, counsel, procure or incite the carrying out of virginity testing that has a sufficient jurisdictional connection.

(2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—

(a) in the United Kingdom,

(b) a United Kingdom national, or

(c) habitually resident in the United Kingdom.

(3) This section does not affect the application to an offence under section 140 of any rule of law relating to aiding, abetting, counselling, procuring or inciting.

(4) In this section—

"United Kingdom national" has the meaning given by section 140(4);

"virginity testing" has the meaning given by section 140(2).

Commencement Information

I288 S. 142 not in force at Royal Assent, see **s. 186(6)**

I289 S. 142 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

143 Virginity testing offences in Scotland: penalties and supplementary

(1) A person who commits an offence under section 140, 141 or 142 is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum (or both);

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) Where a person outside Scotland commits an offence under section 140, 142 or 143 the person may be prosecuted, tried and punished for the offence—

(a) in a sheriff court district in which the person is apprehended or in custody, or

(b) in a sheriff court district determined by the Lord Advocate,

as if the offence had been committed in that district.

(3) Where subsection (2) applies, the offence is, for all purposes incidental to or consequential on the trial and punishment, deemed to have been committed in that district.

(4) In this section "sheriff court district" is to be construed in accordance with section 307(1) of the Criminal Procedure (Scotland) Act 1995 (interpretation).

Commencement Information

I290 S. 143 not in force at Royal Assent, see **s. 186(6)**

I291 S. 143 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Virginity testing offences: Northern Ireland

144 Offence of virginity testing: Northern Ireland

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

(2) "Virginity testing" means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity.

(3) An offence is committed under subsection (1) only if the person—

(a) is in Northern Ireland, or

(b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in Northern Ireland.

(4) "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act.

(5) In subsection (2), "female genitalia" means a vagina or vulva.

Commencement Information

I292 S. 144 not in force at Royal Assent, see **s. 186(6)**

I293 S. 144 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

145 Offence of offering to carry out virginity testing: Northern Ireland

(1) It is an offence under the law of Northern Ireland—

(a) for a person in Northern Ireland to offer to carry out virginity testing in the United Kingdom or virginity testing that has a sufficient jurisdictional connection, or

(b) for a person anywhere to offer to carry out virginity testing if the person is a United Kingdom national or habitually resident in Northern Ireland.

(2) Virginity testing has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—

(a) a United Kingdom national, or

(b) habitually resident in the United Kingdom.

(3) In this section—

"United Kingdom national" has the meaning given by section 144(4);

"virginity testing" has the meaning given by section 144(2).

Commencement Information

I294 S. 145 not in force at Royal Assent, see **s. 186(6)**

I295 S. 145 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

(1) It is an offence under the law of Northern Ireland for a person who is in Northern Ireland, or for a person who is outside Northern Ireland but who is a United Kingdom national or habitually resident in Northern Ireland, to aid, abet, counsel or procure the carrying out of virginity testing that has a sufficient jurisdictional connection.

(2) Virginity testing has a sufficient jurisdictional connection fr the purposes of subsection (1) if it is carried out in relation to a person who is—

(a) in the United Kingdom,

(b) a United Kingdom national, or

(c) habitually resident in the United Kingdom.

(3) This section does not affect the application to an offence under section 144 of any rule of law relating to aiding, abetting, counselling or procuring.

(4) In this section—

"United Kingdom national" has the meaning given by section 144(4);

"virginity testing" has the meaning given by section 144(2).

Commencement Information

I296 S. 146 not in force at Royal Assent, see **s. 186(6)**

I297 S. 146 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

147 Virginity testing offences in Northern Ireland: penalties

A person who commits an offence under section 144, 145 or 146 is liable—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) on summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum (or both);

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).

Commencement Information

I298 S. 147 not in force at Royal Assent, see **s. 186(6)**

I299 S. 147 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

CHAPTER 2

HYMENOPLASTY OFFENCES

Hymenoplasty offences: England and Wales

148 Offence of carrying out hymenoplasty: England and Wales

(1) It is an offence under the law of England and Wales for a person to carry out hymenoplasty.

(2) "Hymenoplasty" means the reconstruction of the hymen (with or without consent).

(3) An offence is committed under subsection (1) only if the person—

(a) is in England and Wales, or

(b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in England and Wales.

(4) "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act.

Commencement Information

I300 S. 148 not in force at Royal Assent, see **s. 186(6)**

I301 S. 148 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

149 Offence of offering to carry out hymenoplasty: England and Wales

(1) It is an offence under the law of England and Wales—

(a) for a person in England and Wales to offer to carry out hymenoplasty in the United Kingdom or hymenoplasty that has a sufficient jurisdictional connection, or

(b) for a person anywhere to offer to carry out hymenoplasty if the person is a United Kingdom national or habitually resident in England and Wales.

(2) Hymenoplasty has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—

(a) a United Kingdom national, or

(b) habitually resident in the United Kingdom.

(3) In this section—

"United Kingdom national" has the meaning given by section 148(4);

"hymenoplasty" has the meaning given by section 148(2).

Commencement Information

I302 S. 149 not in force at Royal Assent, see **s. 186(6)**

I303 S. 149 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

150 Offence of aiding or abetting etc a person to carry out hymenoplasty: England and Wales

(1) It is an offence under the law of England and Wales for a person who is in England and Wales, or for a person who is outside England and Wales but who is a United Kingdom national or habitually resident in England and Wales, to aid, abet, counsel or procure the carrying out of hymenoplasty that has a sufficient jurisdictional connection.

(2) Hymenoplasty has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—

(a) in the United Kingdom,

(b) a United Kingdom national, or

(c) habitually resident in the United Kingdom.

(3) This section does not affect the application to an offence under section 148 of any rule of law relating to aiding, abetting, counselling or procuring.

(4) In this section—

"United Kingdom national" has the meaning given by section 148(4);

"hymenoplasty" has the meaning given by section 148(2).

Commencement Information

I304 S. 150 not in force at Royal Assent, see **s. 186(6)**

I305 S. 150 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

151 Hymenoplasty offences in England and Wales: penalties

(1) A person who commits an offence under section 148, 149 or 150 is liable—

(a) on summary conviction, to imprisonment for a term not exceeding the maximum summary term for either-way offences or a fine (or both);

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).

(2) In subsection (1)(a) "the maximum summary term for either-way offences" means—

(a) in relation to an offence committed before the time when paragraph 24(2) of Schedule 22 to the Sentencing Act 2020 comes into force, 6 months;

(b) in relation to an offence committed after that time, 12 months.

Commencement Information

I306 S. 151 not in force at Royal Assent, see **s. 186(6)**

I307 S. 151 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Hymenoplasty offences: Scotland

152 Offence of carrying out hymenoplasty: Scotland

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

(2) "Hymenoplasty" means the reconstruction of the hymen (with or without consent).

(3) An offence is committed under subsection (1) only if the person—

(a) is in Scotland, or

(b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in Scotland.

(4) "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act.

Commencement Information

I308 S. 152 not in force at Royal Assent, see **s. 186(6)**

I309 S. 152 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

153 Offence of offering to carry out hymenoplasty: Scotland

(1) It is an offence under the law of Scotland—

(a) for a person in Scotland to offer to carry out hymenoplasty in the United Kingdom or hymenoplasty that has a sufficient jurisdictional connection, or

(b) for a person anywhere to offer to carry out hymenoplasty if the person is a United Kingdom national or habitually resident in Scotland.

(2) Hymenoplasty has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—

(a) a United Kingdom national, or

(b) habitually resident in the United Kingdom.

(3) In this section—

"United Kingdom national" has the meaning given by section 152(4);

"hymenoplasty" has the meaning given by section 152(2).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I310 S. 153 not in force at Royal Assent, see **s. 186(6)**

I311 S. 153 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

154 Offence of aiding or abetting etc a person to carry out hymenoplasty: Scotland

(1) It is an offence under the law of Scotland for a person who is in Scotland, or for a person who is outside Scotland but who is a United Kingdom national or habitually resident in Scotland, to aid, abet, counsel, procure or incite the carrying out of hymenoplasty that has a sufficient jurisdictional connection.

(2) Hymenoplasty has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—

(a) in the United Kingdom,

(b) a United Kingdom national, or

(c) habitually resident in the United Kingdom.

(3) This section does not affect the application to an offence under section 152 of any rule of law relating to aiding, abetting, counselling, procuring or inciting.

(4) In this section—

"United Kingdom national" has the meaning given by section 152(4);

"hymenoplasty" has the meaning given by section 152(2).

Commencement Information

I312 S. 154 not in force at Royal Assent, see **s. 186(6)**

I313 S. 154 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

155 Hymenoplasty offences in Scotland: penalties and supplementary

(1) A person who commits an offence under section 152, 153 or 154 is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum (or both);

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).

(2) Where a person outside Scotland commits an offence under section 152, 153 or 154 the person may be prosecuted, tried and punished for the offence—

(a) in a sheriff court district in which the person is apprehended or in custody, or

(b) in a sheriff court district determined by the Lord Advocate,

as if the offence had been committed in that district.

(3) Where subsection (2) applies, the offence is, for all purposes incidental to or consequential on the trial and punishment, deemed to have been committed in that district.

(4) In this section "sheriff court district" is to be construed in accordance with section 307(1) of the Criminal Procedure (Scotland) Act 1995 (interpretation).

Commencement Information

I314 S. 155 not in force at Royal Assent, see **s. 186(6)**

I315 S. 155 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Hymenoplasty offences: Northern Ireland

156 Offence of carrying out hymenoplasty: Northern Ireland

(1) It is an offence under the law of Northern Ireland for a person to carry out hymenoplasty.

(2) "Hymenoplasty" means the reconstruction of the hymen (with or without consent).

(3) An offence is committed under subsection (1) only if the person—

(a) is in Northern Ireland, or

(b) is outside the United Kingdom, and is a United Kingdom national or habitually resident in Northern Ireland.

(4) "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act.

Commencement Information

I316 S. 156 not in force at Royal Assent, see **s. 186(6)**

I317 S. 156 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

157 Offence of offering to carry out hymenoplasty: Northern Ireland

(1) It is an offence under the law of Northern Ireland—

(a) for a person in Northern Ireland to offer to carry out hymenoplasty in the United Kingdom or hymenoplasty that has a sufficient jurisdictional connection, or

(b) for a person anywhere to offer to carry out hymenoplasty if the person is a United Kingdom national or habitually resident in Northern Ireland.

(2) Hymenoplasty has a sufficient jurisdictional connection for the purposes of subsection (1)(a) if it is carried out in relation to a person who is—

(a) a United Kingdom national, or

(b) habitually resident in the United Kingdom.

(3) In this section—

"United Kingdom national" has the meaning given by section 156(4);

"hymenoplasty" has the meaning given by section 156(2).

Commencement Information

I318 S. 157 not in force at Royal Assent, see **s. 186(6)**

I319 S. 157 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

158 Offence of aiding or abetting etc a person to carry out hymenoplasty: Northern Ireland

(1) It is an offence under the law of Northern Ireland for a person who is in Northern Ireland, or for a person who is outside Northern Ireland but who is a United Kingdom national or habitually resident in Northern Ireland, to aid, abet, counsel or procure the carrying out of hymenoplasty that has a sufficient jurisdictional connection.

(2) Hymenoplasty has a sufficient jurisdictional connection for the purposes of subsection (1) if it is carried out in relation to a person who is—

(a) in the United Kingdom,

(b) a United Kingdom national, or

(c) habitually resident in the United Kingdom.

(3) This section does not affect the application to an offence under section 156 of any rule of law relating to aiding, abetting, counselling or procuring.

(4) In this section—

"United Kingdom national" has the meaning given by section 156(4);

"hymenoplasty" has the meaning given by section 156(2).

Commencement Information

I320 S. 158 not in force at Royal Assent, see **s. 186(6)**

I321 S. 158 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

159 Hymenoplasty offences in Northern Ireland: penalties

A person who commits an offence under section 156, 157 or 158 is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum (or both);

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine (or both).

Commencement Information

I322 S. 159 not in force at Royal Assent, see **s. 186(6)**

I323 S. 159 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

CHAPTER 3

CONSEQUENTIAL AMENDMENTS

160 Consequential amendments relating to Part 5

Schedule 16 contains consequential amendments.

Commencement Information

I324 S. 160 not in force at Royal Assent, see **s. 186(6)**

I325 S. 160 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

PART 6

MISCELLANEOUS

Pharmaceutical services

161 Pharmaceutical services: remuneration in respect of vaccines etc

(1) In section 164 of the National Health Service Act 2006 (remuneration for persons providing pharmaceutical services)—

(a) in subsection (8A) for "special medicinal products" substitute "any of the following—

(a) drugs or medicines used for vaccinating or immunising people against disease,

(b) anything used in connection with the supply or administration of drugs or medicines within paragraph (a),

(c) drugs or medicines, not within paragraph (a), that are used for preventing or treating a disease that, at the time the regulations are made, the Secretary of State considers to be a pandemic disease or at risk of becoming a pandemic disease,

(d) anything used in connection with the supply or administration of drugs or medicines within paragraph (c), or

(e) a product which is a special medicinal product for the purposes of regulation 167 of the Human Medicines Regulations 2012 (S.I. 2012/1916).";

(b) in subsection (8D)—

(i) for "special medicinal products are" substitute "anything within subsection (8A)(a) to (e) is";

(ii) in paragraph (b), for "special medicinal products" substitute "that thing,";

(c) in subsection (8E), omit the definition of "special medicinal product";

(d) after subsection (8E) insert—

"(8F) Where regulations include provision made in reliance on subsection (8A)(c) or (d) and the Secretary of State considers that the disease to which it relates is no longer a pandemic disease or

at risk of becoming a pandemic disease, the Secretary of State must revoke that provision within such period as the Secretary of State considers reasonable (taking into account, in particular, the need for any transitional arrangements).”

(2) In section 88 of the National Health Service (Wales) Act 2006 (remuneration for persons providing pharmaceutical services)—

(a) in subsection (8A) for “special medicinal products” substitute “any of the following—

(a) drugs or medicines used for vaccinating or immunising people against disease,

(b) anything used in connection with the supply or administration of drugs or medicines within paragraph (a),

(c) drugs or medicines, not within paragraph (a), that are used for preventing or treating a disease that, at the time the regulations are made, the Welsh Ministers consider to be a pandemic disease or at risk of becoming a pandemic disease,

(d) anything used in connection with the supply or administration of drugs or medicines within paragraph (c), or

(e) a product which is a special medicinal product for the purposes of regulation 167 of the Human Medicines Regulations 2012 (S.I. 2012/1916)”;

(b) in subsection (8D)—

(i) for “special medicinal products are” substitute “anything within subsection (8A)(a) to (e) is”;

(ii) in paragraph (b), for “special medicinal products” substitute “that thing,”;

(c) in subsection (8E), omit the definition of “special medicinal product”;

(d) after subsection (8E) insert—

“(8F) Where regulations include provision made in reliance on subsection (8A)(c) or (d) and the Welsh Ministers consider that the disease to which it relates is no longer a pandemic disease or at risk of becoming a pandemic disease, the Welsh Ministers must revoke that provision within such period as the Welsh Ministers consider reasonable (taking into account, in particular, the need for any transitional arrangements).”

Commencement Information

I326 S. 161 not in force at Royal Assent, see **s. 186(2)(6)**

I327 S. 161(1) in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I328 S. 161(2) in force at 22.11.2022 by S.I. 2022/1202, **reg. 2**

International healthcare

162 International healthcare arrangements

(1) The Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 is renamed the Healthcare (International Arrangements) Act 2019.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) That Act is amended as follows.

(3) Omit section 1 (power to make healthcare payments).

(4) For section 2 substitute—

"**2 Healthcare agreements and payments**

(1) The Secretary of State may by regulations make provision for the purpose of giving effect to a healthcare agreement (including provision about payments).

(2) The Secretary of State may by regulations make provision authorising the Secretary of State to make a payment (otherwise than under a healthcare agreement) in respect of healthcare provided in a relevant country or territory, but only where the Secretary of State considers that exceptional circumstances justify the payment.

(3) In subsection (2) "relevant country or territory" means a country or territory, outside the United Kingdom, in respect of which there is a healthcare agreement.

(4) Regulations under this section may include provision about administrative arrangements (including provision about evidential requirements).

(5) Regulations under this section may—

(a) confer functions on a relevant public authority or a Scottish or Welsh health board (including discretions);

(b) provide for the delegation of functions to a relevant public authority or a Scottish or Welsh health board.

(6) The Secretary of State may give directions to a person about the exercise of any functions exercisable by the person under regulations made by virtue of subsection (5) (and may vary or revoke any such directions).

(7) In this section "relevant public authority" means a person who exercises functions of a public nature other than—

(a) the Scottish Ministers,

(b) a Scottish public authority with mixed functions or no reserved functions (within the meaning of the Scotland Act 1998),

(c) the Welsh Ministers,

(d) a devolved Welsh authority as defined by section 157A of the Government of Wales Act 2006,

(e) a Northern Ireland department, or

(f) any other person whose functions—

(i) are exercisable only or mainly in or as regards Northern Ireland, and

(ii) relate only or mainly to transferred matters within the meaning of the Northern Ireland Act 1998.

(8) In this section—

"Scottish health board" means a Health Board established under section 2(1)(a) of the National Health Service (Scotland) Act 1978;

"Welsh health board" means a Local Health Board established under section 11 of the National Health Service (Wales) Act 2006.

2A Healthcare agreements and payments: powers of devolved authorities

(1) A devolved authority may by regulations make provision for the purpose of giving effect to a healthcare agreement (including provision about payments).

(2) No provision may be made by a devolved authority under subsection (1) unless the provision is within the devolved competence of that devolved authority (and any applicable consent requirement under section 2B has been complied with).

(3) In this section "devolved authority" means the Scottish Ministers, the Welsh Ministers or a Northern Ireland department.

(4) For the purposes of this section—

(a) provision is within the devolved competence of the Scottish Ministers if it would be within the legislative competence of the Scottish Parliament if it were contained in an Act of that Parliament;

(b) provision is within the devolved competence of the Welsh Ministers if it would be within the legislative competence of Senedd Cymru if it were contained in an Act of Senedd Cymru (including any provision that could only be made with the consent of a Minister of the Crown);

(c) provision is within the devolved competence of a Northern Ireland department if it would be within the legislative competence of the Northern Ireland Assembly if it were contained in an Act of that Assembly.

(5) Regulations under this section may include provision about administrative arrangements (including provision about evidential requirements).

(6) Regulations under this section may—

(a) confer functions on a public authority (including discretions);

(b) provide for the delegation of functions to a public authority.

(7) A devolved authority may give directions to a person about the exercise of any functions exercisable by the person under regulations made by that devolved authority by virtue of subsection (6) (and may vary or revoke any such directions).

(8) In this section "public authority" means a person who exercises functions of a public nature.

2B Regulations under section 2A: consent requirements

(1) The consent of a Minister of the Crown is required before any provision is made by the Welsh Ministers in regulations under section 2A(1) so far as that provision, if contained in an Act of Senedd Cymru, would require the consent of a Minister of the Crown.

(2) The consent of the Secretary of State is required before any provision is made by a Northern Ireland department in regulations under section 2A(1) so far as

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that provision, if contained in a Bill in the Northern Ireland Assembly, would require the consent of the Secretary of State."

(5) In section 3 (meaning of "healthcare" and "healthcare agreement"), for the definition of "healthcare agreement" substitute—

""healthcare agreement" means an agreement or other commitment between the United Kingdom and either a country or territory outside the United Kingdom or an international organisation, concerning healthcare provided anywhere in the world;".

(6) In section 7 (regulations and directions)—

(a) in subsection (1), after "A power" insert "of the Secretary of State or Welsh Ministers";

(b) after subsection (1) insert—

"(1A) A power of a Northern Ireland department to make regulations under section 2A is exercisable by statutory rule for the purposes of the Statutory Rules (Northern Ireland) Order 1979 (S.I. 1979/1573 (N.I. 12)).";

(c) for subsection (4) substitute—

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

(d) omit subsection (5);

(e) after subsection (5) insert—

"(5A) Regulations made by the Scottish Ministers under section 2A are subject to the affirmative procedure (see Part 2 of the Interpretation and Legislative Reform (Scotland) Act 2010 (asp 10)).

(5B) A statutory instrument containing regulations under section 2A may not be made by the Welsh Ministers unless a draft of the instrument has been laid before and approved by a resolution of Senedd Cymru.

(5C) Regulations may not be made by a Northern Ireland department under section 2A unless a draft of the regulations has been laid before and approved by a resolution of the Northern Ireland Assembly."

(7) In section 8 (short title etc), in subsection (3), for "Healthcare (European Economic Area and Switzerland Arrangements) Act 2019" substitute "Healthcare (International Arrangements) Act 2019".

Commencement Information

I329 S. 162 not in force at Royal Assent, see **s. 186(6)**

I330 S. 162 in force at 18.8.2023 by S.I. 2023/821, **reg. 2** (with reg. 3)

Social care

163 Regulation of local authority functions relating to adult social care

(1) Chapter 3 of Part 1 of the Health and Social Care Act 2008 (quality of health and social care) is amended as follows.

(2) In section 46 (reviews and performance assessments by the Care Quality Commission), in the heading, at the end insert ": registered service providers".

(3) After section 46 insert—

"**46A Reviews and performance assessments: local authorities**

(1) The Commission must, in accordance with this section—

(a) conduct reviews of the exercise of regulated care functions by English local authorities,

(b) assess the performance of those authorities following each such review, and

(c) publish a report of its assessment.

(2) In this section "regulated care functions" means such functions under Part 1 of the Care Act 2014 (functions relating to adult social care in England) as may be prescribed.

(3) Regulations under subsection (2) may prescribe—

(a) all functions of English local authorities under Part 1 of the Care Act 2014 or some of their functions under that Part;

(b) the whole of a function or a particular aspect of it.

(4) The Secretary of State—

(a) must set, and may from time to time revise, objectives and priorities for the Commission in relation to the assessment under this section of the performance of English local authorities, and

(b) must inform the Commission of the objectives and priorities.

(5) The Commission—

(a) must determine, and may from time to time revise, indicators of quality for the purposes of the assessment under this section of the performance of English local authorities, and

(b) must obtain the approval of the Secretary of State in relation to the indicators.

(6) The Secretary of State may direct the Commission to revise the indicators under subsection (5).

(7) Different objectives and priorities may be set, and different indicators of quality may be determined, for different cases.

(8) The Commission—

(a) must prepare, and may from time to time revise, a statement—

(i) setting out the frequency with which reviews under this section are to be conducted and the period to which they are to relate, and

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(ii) describing the method that it proposes to use in assessing and evaluating the performance of a English local authority under this section, and

(b) must obtain the approval of the Secretary of State in relation to the statement.

(9) The Secretary of State may direct the Commission to revise the statement under subsection (8).

(10) The statement may—

(a) make different provision about frequency and period of reviews for different cases, and

(b) describe different methods for different cases.

(11) The Commission must publish—

(a) the objectives and priorities under subsection (4),

(b) the indicators of quality under subsection (5), and

(c) the statement under subsection (8).

(12) For the purposes of this section "English local authority" includes the Council of the Isles of Scilly only so far as references to a local authority in Part 1 of the Care Act 2014 include references to that Council as a result of an order under section 128(4) of that Act."

(4) In section 48 (special reviews and investigations)—

(a) in subsection (2), after "section 46" insert ", 46A";

(b) in subsection (3A), after "treated as a review" insert "or investigation".

(5) In section 50 (failings by English local authorities), in subsection (1), after "46" insert ", 46A".

(6) In section 60 (inspections)—

(a) in subsection (1), after paragraph (c) (but before the "or" at the end) insert—

"(ca) the exercise of functions by an English local authority,";

(b) after subsection (2) insert—

"(3) In this section "English local authority" has the same meaning as in section 46A (see subsection (12) of that section)."

Commencement Information

I331 S. 163 not in force at Royal Assent, see **s. 186(6)**

I332 S. 163 in force at 1.4.2023 by S.I. 2023/371, **reg. 2(e)**

164 Default powers of Secretary of State in relation to adult social care

(1) In section 7D of the Local Authority Social Services Act 1970 (default powers of Secretary of State as respects social services functions of local authorities)—

(a) in subsection (1), for the words from "imposed" to "2002" substitute "referred to in subsection (4)";

(b) after subsection (3) insert—

"(4) Subsection (1) does not apply in relation to a duty imposed by or under—

(a) the Children Act 1989,

(b) section 1 or 2(4) of the Adoption (Intercountry Aspects) Act 1999,

(c) the Adoption and Children Act 2002, or

(d) Part 1 of the Care Act 2014."

(2) The Care Act 2014 is amended in accordance with subsections (3) and (4).

(3) After section 72 insert—

"Default by local authority

72A Default power of Secretary of State

(1) Where the Secretary of State is satisfied that a local authority is failing, or has failed, to discharge any of its functions under or by virtue of this Part to an acceptable standard, the Secretary of State may give to the local authority any directions that the Secretary of State considers appropriate for the purpose of addressing the failure.

(2) The directions may include provision requiring the local authority—

(a) to act in accordance with advice given by the Secretary of State or a person nominated by the Secretary of State,

(b) to collaborate with the Secretary of State or a person nominated by the Secretary of State in taking steps specified in the directions, or

(c) to provide the Secretary of State or a person nominated by the Secretary of State with information of a description specified in the directions, on request or otherwise.

(3) If the Secretary of State considers it necessary for the purpose of addressing the failure, the directions may include provision—

(a) for specified functions of the local authority to be exercised by the Secretary of State or a person nominated by the Secretary of State for a period specified in the direction or for so long as the Secretary of State considers appropriate, and

(b) requiring the local authority to comply with any instructions of the Secretary of State or the nominee in relation to the exercise of the functions.

(4) So far as is appropriate in consequence of directions given by virtue of subsection (3), a reference (however expressed) in an enactment, instrument or other document to a local authority is to be read as a reference to the person by whom the function is exercisable.

(5) If directions given by virtue of subsection (3) expire or are revoked without being replaced then, so far as is appropriate in consequence of the expiry or revocation, a reference (however expressed) in an instrument or other document to the person by whom the function was exercisable is to be read as a reference to the local authority to whom the directions were given.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(6) The Secretary of State may, for the purposes of cases in which directions are given under subsection (3)(a), make regulations disapplying or modifying an enactment which confers a function on the Secretary of State in respect of a function of a local authority.

(7) Directions under this section may require the local authority to provide financial assistance to the Secretary of State, or a person nominated by the Secretary of State, for the purpose of meeting costs incurred by the Secretary of State or the nominee as a result of the directions.

72B Default power of Secretary of State: supplementary

(1) Before giving directions under section 72A the Secretary of State must give the local authority concerned an opportunity to make representations about the proposed directions, except so far as the Secretary of State considers that it is impractical to do so for reasons of urgency.

(2) The power to give directions under section 72A includes a power to vary or revoke the directions by subsequent directions.

(3) Subsection (1) does not apply in relation to proposed directions varying previous directions if the Secretary of State does not consider the variations to be significant.

(4) Directions under section 72A must be in writing.

(5) The Secretary of State must publish—
(a) any directions given under section 72A, and
(b) the reasons for giving them.

(6) Directions under section 72A are enforceable, on the Secretary of State's application, by a mandatory order."

(4) In section 125(4) (regulations and orders subject to affirmative procedure), after paragraph (k) insert—
"(ka) regulations under section 72A(6) (modification of enactments where local authority functions are exercised by the Secretary of State or a nominee);".

Commencement Information
I333 S. 164 not in force at Royal Assent, see **s. 186(6)**
I334 S. 164 in force at 1.4.2023 by S.I. 2023/371, **reg. 2(f)**

165 Care Quality Commission's powers in relation to local authority failings

(1) The Health and Social Care Act 2008 is amended as follows.

(2) In section 48 (special reviews and investigations), in subsection (6) omit "or (3)".

(3) In section 50 (failings by English local authorities)—
(a) in subsection (2), in the words before paragraph (a), omit "subject to subsection (3)";

(b) for subsections (3) and (4) substitute—

"(3A) Nothing in subsection (2) prevents a report published under section 46(1)(c), 46A(1)(c), 46B(1)(c) or 48(4) from specifying respects in which the Commission considers a local authority to be failing and making recommendations to the local authority for addressing the failure."

Commencement Information

I335 S. 165 not in force at Royal Assent, see **s. 186(6)**

I336 S. 165 in force at 1.4.2023 by S.I. 2023/371, **reg. 2(g)**

PROSPECTIVE

166 Cap on care costs for charging purposes

(1) The Care Act 2014 is amended as follows.

(2) In section 15 (cap on care costs), for subsections (2) and (3) substitute—

"(2) The reference to costs accrued in meeting the adult's eligible needs is a reference—

(a) in relation to eligible needs met by a local authority, to any amount the local authority charged the adult under section 14(1)(a) or 48(5) for meeting those needs;

(b) in relation to eligible needs met by a person other than a local authority, to what the cost of meeting those eligible needs would have been to the local authority that was the responsible local authority when the needs were met.

(3) A reference in subsection (2)(b) to eligible needs does not include any eligible needs during a period when the adult had neither a personal budget nor an independent personal budget, other than eligible needs at any time after a local authority was required to carry out a needs assessment that resulted in the preparation of a personal budget or an independent personal budget for the adult.

(3A) For the purposes of this Part an adult's needs are "eligible needs" if—

(a) the needs meet the eligibility criteria,

(b) the needs are not being met by a carer, and

(c) the adult is ordinarily resident or present in the area of a local authority.

(3B) In this Part, "the responsible local authority" means the local authority in whose area the adult is ordinarily resident or in whose area the adult is present (where the adult is of no settled residence)."

(3) In section 24 (the steps for the local authority to take), for subsection (3) substitute—

"(3) Where, following a determination under section 13(1), no local authority is going to meet any of an adult's needs for care and support, the local authority

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that is for the time being the responsible local authority must prepare an independent personal budget for the adult (see section 28) if—

(a) the adult has any eligible needs, and

(b) the adult has at any time either—

(i) asked a local authority that was, at that time, the responsible local authority, to prepare an independent personal budget, or

(ii) had needs met by a local authority as mentioned in section 24(1).”

(4) In section 26 (personal budget), for subsections (1) and (2) substitute—

“(1) A personal budget is a statement which specifies, in respect of the adult’s needs which a local authority is required or decides to meet as mentioned in section 24(1)—

(a) the current cost to the local authority of meeting those needs,

(b) how much of that cost the adult will be required to pay under section 14(1)(a), and

(c) the balance, if any, of the cost referred to in paragraph (a).

(2) If the needs referred to in section 26(1) include eligible needs, the personal budget must also specify—

(a) the current cost to the local authority of meeting those eligible needs,

(b) how much of that cost the adult will be required to pay under section 14(1)(a), and

(c) where the amount referred to in paragraph (a) includes daily living costs, the amount attributable to those daily living costs.

(2A) If the adult has needs which a local authority is required or decides to meet as mentioned in section 24(1) and also has eligible needs which are not being met by any local authority, the personal budget must specify—

(a) what the current cost would be to the responsible local authority of meeting those eligible needs, and

(b) where the amount referred to in paragraph (a) includes daily living costs, the amount attributable to those daily living costs.”

(5) In section 28 (independent personal budget)—

(a) for subsection (1) substitute—

“(1) An independent personal budget is a statement which specifies what the current cost would be to the responsible local authority of meeting the adult’s eligible needs (but the independent personal budget need not specify the cost of meeting those needs at any time when the local authority required to prepare it has ceased to be the responsible local authority or at any time when the adult has needs which a local authority is required or decides to meet as mentioned in section 24(1)).”;

(b) omit subsection (3).

(6) In section 29 (care account), in subsection (1), in the words before paragraph (a), for the words from “the local authority” to “present” substitute “the responsible local authority”.

(7) In section 31 (adults with capacity to request direct payments), in subsection (1), for paragraph (a) substitute—

"(a) a personal budget for an adult specifies an amount under section 26(1)(c) in respect of any needs, and".

(8) In section 32 (adults without capacity to request direct payments), in subsection (1), for paragraph (a) substitute—

"(a) a personal budget for an adult specifies an amount under section 26(1)(c) in respect of any needs, and".

(9) In section 37 (notification, assessment etc.), in subsection (15), omit paragraph (a).

(10) In section 80 (Part 1: interpretation), in the table in subsection (1), at the appropriate places insert—

"Eligible needs	Section 15(3A)"
"The responsible local authority	Section 15(3B)".

Commencement Information

I337 S. 166 not in force at Royal Assent, see **s. 186(6)**

Social care: regulation and financial assistance

167 Provision of social care services: financial assistance

(1) The Health and Social Care Act 2008 is amended as follows.

(2) In section 149 (power of Secretary of State to give financial assistance in relation to provision of health or social care services)—

(a) in subsection (1)(a) and (b), omit "or of social care services";

(b) after subsection (1) insert—

"(1A) The Secretary of State may give financial assistance to bodies which are engaged in—

(a) the provision in England of social care services, or

(b) the provision to other persons of services that are connected with the provision in England by those other persons of social care services.

(1B) Assistance may be given to a body under subsection (1A) for the purposes of the provision of social care services only if those services are provided in England."

(3) In section 151 (forms of assistance under section 149), in subsection (2)(d), after "149(1)" insert "or (1A)".

(4) For section 153 substitute—

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"**153 Directions to certain NHS bodies**

(1) The Secretary of State may direct the following to exercise any functions of the Secretary of State in relation to financial assistance under section 149(1)—

(a) a National Health Service trust all or most of whose hospitals, establishments and facilities are situated in England, or

(b) a Special Health Authority performing functions only or mainly in respect of England.

(2) The Secretary of State may direct any Special Health Authority to exercise any functions of the Secretary of State in relation to financial assistance under section 149(1A).

(3) The Secretary of State may direct the following to exercise any functions of the Secretary of State in relation to financial assistance under section 149(2) so far as those functions relate to the establishment of bodies which are to be wholly or mainly engaged in the provision of health services or services connected to health services—

(a) a National Health Service trust all or most of whose hospitals, establishments and facilities are situated in England, or

(b) a Special Health Authority performing functions only or mainly in respect of England.

(4) The Secretary of State may direct any Special Health Authority to exercise any functions of the Secretary of State in relation to financial assistance under section 149(2) so far as they are not functions to which subsection (3) above applies.

(5) The Secretary of State may give directions to a body about the exercise of any functions that it is directed to exercise under any of subsections (1) to (4)."

(5) In section 154 (arrangements with other third parties)—

(a) in subsection (1)(a), after "section 149" insert "(1)";

(b) after subsection (1) insert—

"(1A) The Secretary of State may make arrangements for—

(a) financial assistance under section 149(1A) to be given, or

(b) other functions relating to such assistance to be exercised,

by a person other than a Special Health Authority (as to Special Health Authorities, see section 153(2)).";

(c) in subsections (2), (3), (4) and (5) after "subsection (1)" insert "or (1A)".

(6) In section 155 (power to form company), after "section 154(1)" insert "or (1A)".

Commencement Information

I338 S. 167 not in force at Royal Assent, see **s. 186(6)**

I339 S. 167 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Professional regulation

168 Regulation of health care and associated professions

(1) The Health Act 1999 is amended as follows.

(2) In section 60 (regulation of health professions and social care workers etc)—

(a) in subsection (1), after paragraph (b) insert—

"(bza) deregulating a profession regulated by an enactment to which subsection (2) applies if the profession does not appear to Her to require regulation for the protection of the public,";

(b) in subsection (1), after paragraph (bd) insert—

"(be) deregulating any social care workers in England who do not appear to Her to require regulation for the protection of the public,";

(c) for subsection (2) substitute—

"(2) The professions referred to in subsection (1)(a) and (bza) are the professions regulated by any of the following—

(a) the Medical Act 1983;
(b) the Dentists Act 1984;
(c) the Opticians Act 1989;
(d) the Osteopaths Act 1993;
(e) the Chiropractors Act 1994;
(f) the Nursing and Midwifery Order 2001;
(g) the Health Professions Order 2001;
(h) the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order 1976;
(i) an Order in Council under this section.";

(d) after subsection (2) insert—

"(2ZZA) For the purposes of subsection (1)(b) the reference to a profession is to be treated as including any group of workers, whether or not they are generally regarded as a profession (and references in this Part to a profession are to be read accordingly).";

(e) in subsection (2ZB), for "and (bd)" substitute ", (bd) and (be)".

(3) In section 62 (regulations and orders), after subsection (10) insert—

"(10A) If any provision made by an Order in Council by virtue of section 60(2ZZA) would, if it were included in an Act of Senedd Cymru, be within the legislative competence of the Senedd and is not merely incidental to, or consequential on, provision that (if so included) would be outside that competence, no recommendation is to be made to Her Majesty to make the Order unless the Welsh Ministers have consented to that provision."

(4) In Schedule 3 (power to make provision about regulation of health care and associated professions: supplementary)—

(a) after paragraph 1B insert—

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"Power to abolish regulatory bodies

1C An Order may abolish a regulatory body if (and only if) the professions regulated by the body or social care workers in England regulated by it—

(a) will continue to be regulated by one or more other regulatory bodies, or

(b) are deregulated by provision made under section 60(1)(bza).";

(b) in paragraph 7 (matters outside scope of the Orders), omit sub-paragraphs (1) and (1A);

(c) in paragraph 8 (restrictions on provision authorising regulatory body's functions to be exercised by others)—

(i) in sub-paragraphs (1), (2ZA) and (2A), for the words from "other than" to the end substitute "to exercise that function other than—

(a) a regulatory body for—

(i) a profession to which section 60(2) applies, or

(ii) social care workers in England, or

(b) the committees or officers of such a body.";

(ii) omit sub-paragraph (2B).

Commencement Information

I340 S. 168 not in force at Royal Assent, see **s. 186(6)**

I341 S. 168 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Medical examiners

169 Medical examiners

(1) After section 18 of the Coroners and Justice Act 2009 insert—

"**18A Medical examiners: England**

(1) An English NHS body may appoint persons as medical examiners to discharge in England the functions conferred on medical examiners by or under this Chapter.

(2) The Secretary of State must take such steps as the Secretary of State considers appropriate for the purpose of ensuring—

(a) that enough medical examiners are appointed under subsection (1) to enable those functions to be discharged in England,

(b) that the funds and other resources that are made available to such medical examiners are enough to enable those functions to be discharged in England, and

(c) that the performance of such medical examiners is monitored by reference to any standards or levels of performance that they are expected to attain.

(3) For the purposes of discharging the duty in subsection (2), the Secretary of State may give a direction to an English NHS body—

(a) requiring the body to appoint or arrange for the appointment of one or more medical examiners,

(b) about the funds or other resources to be made available to a medical examiner employed by an English NHS body,

(c) about the steps to be taken by the body to monitor the performance of such a medical examiner, or

(d) about the steps to be taken by the body to monitor the performance of functions by an English NHS body in relation to such a medical examiner.

(4) In this section "English NHS body" means—

(a) NHS England,

(b) an integrated care board established under section 14Z25 of the National Health Service Act 2006,

(c) a National Health Service trust established under section 25 of that Act,

(d) a Special Health Authority established under section 28 of that Act, or

(e) an NHS foundation trust within the meaning of section 30 of that Act.

18B Medical examiners: Wales

(1) A Welsh NHS body may appoint persons as medical examiners to discharge in Wales the functions conferred on medical examiners by or under this Chapter.

(2) The Welsh Ministers must take such steps as the Welsh Ministers consider appropriate for the purpose of ensuring—

(a) that enough medical examiners are appointed under subsection (1) to enable those functions to be discharged in Wales,

(b) that the funds and other resources that are made available to such medical examiners are enough to enable those functions to be discharged in Wales, and

(c) that the performance of such medical examiners is monitored by reference to any standards or levels of performance that they are expected to attain.

(3) In this section "Welsh NHS body" means—

(a) a Local Health Board,

(b) a National Health Service trust established under section 18 of the National Health Service (Wales) Act 2006, or

(c) a Special Health Authority established under section 22 of that Act."

(2) In section 19 of that Act (medical examiners)—

(a) in the heading, after "examiners" insert ": supplementary";

(b) omit subsections (1) and (2);

(c) in subsection (5)—

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(i) after "Nothing in" insert "section 18A or 18B or";

(ii) for "a local authority or a Local Health Board" substitute "an English NHS body (as defined by section 18A) or a Welsh NHS body (as defined by section 18B)".

(3) In section 20 of that Act (medical certificate of cause of death), in subsection (5), for "a local authority or Local Health Board" substitute "an English NHS body (as defined by section 18A) or a Welsh NHS body (as defined by section 18B)".

(4) In section 48 of that Act (interpretation: general), in subsection (1), in the definition of "medical examiner", for "section 19" substitute "section 18A or 18B".

(5) In section 41 of the Births and Deaths Registration Act 1953 (interpretation), in subsection (1), in the definition of "medical examiner", for "means a person appointed under section 19" substitute "has the meaning given by section 48(1)".

(6) In the Health and Social Care Act 2012 omit section 54 (which inserted references to local authorities into sections 19 and 20 of the Coroners and Justice Act 2009).

Commencement Information

I342 S. 169 not in force at Royal Assent, see **s. 186(6)**

I343 S. 169(1)-(4)(6) in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(b)**

I344 S. 169(5) in force at 9.9.2024 by S.I. 2024/511, **reg. 2**

Organ trafficking

170 Commercial dealings in organs for transplantation: extra-territorial offences

(1) After section 32 of the Human Tissue Act 2004 insert—

"**32A Offences under section 32 committed outside UK**

(1) If—

(a) a person who is habitually resident in England and Wales, or who is a UK national and not habitually resident in Northern Ireland, does an act outside the United Kingdom,

(b) the act, if done in England and Wales, would constitute an offence under section 32(1), and

(c) the controlled material to which the act relates is controlled material consisting of or including a human organ,

the person is guilty in England and Wales of that offence.

(2) In this section "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act."

(2) After section 20 of the Human Tissue (Scotland) Act 2006 insert—

"**20A Offences under section 20 committed outside UK**

(1) If—

(a) a person who is habitually resident in Scotland, or who is a UK national and not habitually resident in Northern Ireland, does an act outside the United Kingdom, and

(b) the act, if done in Scotland, would constitute an offence under section 20(1), and

(c) the part of the human body to which the act relates consists of or includes a human organ,

the person is guilty in Scotland of that offence.

(2) In this section "United Kingdom national" means an individual who is—

(a) a British citizen, a British overseas territories citizen, a British National (Overseas) or a British Overseas citizen,

(b) a person who under the British Nationality Act 1981 is a British subject, or

(c) a British protected person within the meaning of that Act.

(3) Where a person outside the United Kingdom commits an offence under section 20(1) the person may be prosecuted, tried and punished for the offence—

(a) in a sheriff court district in which the person is apprehended or in custody, or

(b) in a sheriff court district determined by the Lord Advocate,

as if the offence had been committed in that district.

(4) Where subsection (3) applies, the offence is, for all purposes incidental to or consequential on the trial and punishment, deemed to have been committed in that district.

(5) In this section "sheriff court district" is to be construed in accordance with section 307(1) of the Criminal Procedure (Scotland) Act 1995 (interpretation)."

Commencement Information

I345 S. 170 not in force at Royal Assent, see **s. 186(6)**

I346 S. 170 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Human fertilisation and embryology

171 Storage of gametes and embryos

Schedule 17—

(a) contains amendments to the Human Fertilisation and Embryology Act 1990 which make provision relating to the storage of gametes and embryos, and

(b) makes transitional provision in relation to those amendments.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I347 S. 171 in force at 1.7.2022, see **s. 186(3)**

Food and drink

172 Advertising of less healthy food and drink

Schedule 18 amends the Communications Act 2003 to restrict the advertising of certain food and drink products.

Commencement Information
I348 S. 172 in force at 28.6.2022, see **s. 186(4)**

173 Hospital food standards

In section 20 of the Health and Social Care Act 2008 (regulation of regulated activities)—

(a) in subsection (3), after paragraph (d), insert—

"(da) impose requirements in connection with food or drink provided or made available to any person on hospital premises in England that are used in connection with the carrying on of a regulated activity;";

(b) after subsection (4A) insert—

"(4B) Regulations made under this section by virtue of subsection (3)(da) may in particular—

(a) specify nutritional standards, or other nutritional requirements, which are to be complied with;

(b) require that specified descriptions of food or drink are not to be provided or made available."

(c) after subsection (5B) insert—

"(5C) In subsection (3)(da) "hospital" has the meaning given by section 275 of the National Health Service Act 2006."

Commencement Information
I349 S. 173 not in force at Royal Assent, see **s. 186(6)**
I350 S. 173 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

174 Food information for consumers: power to amend retained EU law

(1) In section 16 of the Food Safety Act 1990 (regulations about food labelling etc), after subsection (3) insert—

"(3A) Regulations under subsection (1)(e) may amend Regulation (EU) No 1169/2011 of the European Parliament and of the Council on the provision of food information to consumers.

(3B) The inclusion in that Regulation of savings in respect of the power to make regulations under this Act of a particular kind is not to be taken as in any way limiting the generality of the provision that may be made by virtue of subsections (1)(e) and (3A)."

(2) In section 48 (regulations and orders)—

(a) in subsection (3), after "shall" insert ", unless the instrument contains regulations which include provision made by virtue of section 16(3A),";

(b) after subsection (3) insert—

"(3A) A statutory instrument containing regulations which include provision made by virtue of section 16(3A) may not be made by the Secretary of State unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.

(3B) A statutory instrument containing regulations which include provision made by virtue of section 16(3A) may not be made by the Welsh Ministers unless a draft of the instrument has been laid before and approved by a resolution of Senedd Cymru.

(3C) Regulations made by the Scottish Ministers which include provision made by virtue of section 16(3A) are subject to the affirmative procedure (see Part 2 of the Interpretation and Legislative Reform (Scotland) Act 2010 (asp 10))."

Commencement Information

I351 S. 174 not in force at Royal Assent, see **s. 186(6)**

I352 S. 174 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Fluoridation of water supplies

175 Fluoridation of water supplies

(1) The Water Industry Act 1991, as amended by the Health and Social Care Act 2012, is amended in accordance with subsections (2) to (7).

(2) In section 87 (fluoridation of water supplies at request of relevant authorities)—

(a) omit subsection (3A);

(b) in subsection (4), in paragraph (a), for the words from "as the Secretary of State" to the end of that paragraph substitute "in England as the Secretary of State may determine";

(c) in subsection (6), at the beginning insert "Subject to subsection (6A)";

(d) after subsection (6) insert—

"(6A) The Secretary of State may by regulations provide that, in circumstances specified in the regulations, subsection (6)(a) is not

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to apply in relation to arrangements entered into by the Secretary of State.

(6B) The Secretary of State may by regulations require a public body specified in the regulations to make payments to the Secretary of State to meet any costs incurred by the Secretary of State under the terms of the arrangements.";

(e) omit subsections (7A) and (7B);

(f) after subsection (7F) insert—

"(7G) Before making regulations under subsection (6A) or (6B) the Secretary of State must consult such persons as the Secretary of State considers appropriate.";

(g) in subsection (11), for "the Welsh Ministers" substitute "a relevant authority";

(h) after subsection (11) insert—

"(12) A statutory instrument containing regulations under subsection (6A) is not to be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

(3) In section 87A (target concentration of fluoride), omit subsection (3A).

(4) Omit sections 88B to 88O (procedural requirements in connection with fluoridation of water supplies).

(5) In section 89 (consultation)—

(a) in the heading, omit ": Wales";

(b) in subsection (1)—

(i) in the words before paragraph (a), for "the Welsh Ministers" substitute "a relevant authority";

(ii) in paragraphs (a) and (b), for "the Welsh Ministers" substitute "that authority";

(c) in subsection (3), in paragraph (a), for "the Welsh Ministers are" substitute "the relevant authority is";

(d) in subsection (4)—

(i) for "the Welsh Ministers", in the first place it occurs, substitute "a relevant authority";

(ii) for "the Welsh Ministers so direct" substitute "that authority so directs".

(6) In section 90A (review of fluoridation), omit subsection (5A).

(7) In section 213 (power to make regulations), in subsection (1), after "36A" insert ", 87(6A)".

(8) In consequence of the amendments made by this section, omit section 36 of the Health and Social Care Act 2012.

(9) The reference in section 213(1A) of the Water Industry Act 1991 to the first exercise of the power to make regulations under section 89 is to be read as a reference to the first exercise of the power to make regulations under that section as amended by subsection (5).

Commencement Information

I353 S. 175 not in force at Royal Assent, see **s. 186(6)**

I354 S. 175 in force at 1.11.2022 for specified purposes by S.I. 2022/1003, **reg. 3(a)**

176 Fluoridation of water supplies: transitional provision

(1) The Water Industry Act 1991 is amended in accordance with subsections (2) and (3).

(2) After section 90A insert—

"**90B Old English fluoridation arrangements: transitional provision**

(1) With effect from the day on which section 176 of the Health and Care Act 2022 comes into force, old English fluoridation arrangements are to be treated for the purposes of this Chapter as if they were arrangements entered into by the water undertaker with the Secretary of State under section 87(1).

(2) The Secretary of State may request such modifications to the arrangements as the Secretary of State considers necessary in order to give effect to subsection (1) (for example to insert the terms mentioned in section 87(6)).

(3) If the Secretary of State and the water undertaker fail to agree the modifications requested by the Secretary of State—

(a) subsection (2) or, as the case may be, (4) of section 87B is to apply as if the parties had failed to agree the terms of the arrangements under section 87(1), and

(b) following determination of the modifications—

(i) the Secretary of State is to give notice of the determination to the water undertaker, and

(ii) the arrangements are deemed to have been modified as so determined with effect from the day after the date of notice.

(4) Sections 87(11) and 89(1) (which relate to consultation) do not apply to the deemed entry into, and modification of, arrangements by virtue of this section.

(5) References in this Chapter to arrangements entered into under section 87(1) include arrangements entered into by a water undertaker by virtue of subsection (1).

(6) In this section "old English fluoridation arrangements" means—

(a) any arrangements entered into by a water undertaker with a Strategic Health Authority under section 87(1) of the Water Industry Act 1991 (before section 87(3) was amended by section 35(2) of the Health and Social Care Act 2012 in relation to England), and

(b) any arrangements which were treated as arrangements falling within paragraph (a) by virtue of section 91 (as that section had effect immediately before the commencement of section 37(4) of the Health and Social Care Act 2012)."

(3) In section 91—

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(a) for the heading substitute "Old Welsh fluoridation arrangements: transitional provision";

(b) in subsection (1)—

(i) for "relevant pre-1985 arrangements" substitute "old Welsh fluoridation arrangements";

(ii) for "relevant authority" substitute "Welsh Ministers";

(c) in subsection (2), for "relevant authority" substitute "Welsh Ministers";

(d) in subsection (3)—

(i) for "relevant authority", in both places it occurs, substitute "Welsh Ministers";

(ii) in the words before paragraph (a), for "the authority" substitute "the Welsh Ministers";

(iii) in paragraph (a), omit "(2),";

(e) in subsection (6)—

(i) in the definition of "the appointed day", after "force" insert "in relation to Wales";

(ii) for the definition of "relevant pre-1985 arrangements" substitute—

""old Welsh fluoridation arrangements" means arrangements, other than arrangements mentioned in section 90B(6), in pursuance of which a scheme for increasing the fluoride content of water was being operated by a water undertaker by virtue of paragraph 1 of Schedule 7 to this Act immediately before the appointed day."

(4) In consequence of the amendments made by this section, omit section 37 of the Health and Social Care Act 2012.

Commencement Information

I355 S. 176 not in force at Royal Assent, see **s. 186(6)**

I356 S. 176 in force at 1.11.2022 for specified purposes by S.I. 2022/1003, **reg. 3(b)**

Disputes about treatment of critically ill children

177 Review into disputes relating to treatment of critically ill children

(1) The Secretary of State must arrange for the carrying out of a review into the causes of disputes between (on the one hand) persons with parental responsibility for a critically ill child and (on the other) persons responsible for the provision of care or medical treatment for the child as part of the health service in England.

(2) The Secretary of State must publish and lay before Parliament a report on the outcome of the review, within one year beginning with the date on which this section comes into force.

(3) In this section—

"child" means a person aged under 18;

"health service in England" means the health service continued under section 1(1) of the National health Service Act 2006;

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"parental responsibility" has the meaning given by section 3 of the Children Act 1989.

Commencement Information

I357 S. 177 not in force at Royal Assent, see **s. 186(6)**

I358 S. 177 in force at 1.10.2022 by S.I. 2022/1003, **reg. 2(d)**

Termination of pregnancy

178 Early medical termination of pregnancy

(1) Section 1 of the Abortion Act 1967 is amended as follows.

(2) In subsection (3), for "subsection" substitute "subsections (3B) to".

(3) In subsection (3A)—

(a) the words from "includes" to the end become paragraph (a);

(b) after that paragraph insert—

"(b) is not limited by subsections (3C) and (3D)."

(4) After subsection (3A) insert—

"(3B) Subsections (3C) and (3D) apply where—

(a) the treatment referred to in subsection (3) consists of the prescription and administration of medicine, and

(b) the registered medical practitioner terminating the pregnancy is of the opinion, formed in good faith, that, if the medicine is administered in accordance with their instructions, the pregnancy will not exceed ten weeks at the time when the medicine is administered (or in the case of a course of medicine, when the first medicine in the course is administered).

(3C) If the usual place of residence of the registered medical practitioner terminating the pregnancy is in England or Wales, the medicine may be prescribed from that place by the registered medical practitioner.

(3D) If the pregnant woman's usual place of residence is in England or Wales and she has had a consultation (in person, by telephone or by electronic means) with a registered medical practitioner, registered nurse or registered midwife about the termination of the pregnancy, the medicine may be self-administered by the pregnant woman at that place."

Commencement Information

I359 S. 178 not in force at Royal Assent, see **s. 186(6)**

I360 S. 178 in force at 30.8.2022 by S.I. 2022/734, **reg. 4** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Child safeguarding: information sharing

179 Child safeguarding etc in health and care: policy about information sharing

(1) The Secretary of State must publish and lay before Parliament a report describing the government's policy in relation to the sharing of information by or with public authorities in the exercise of relevant functions of those authorities, for purposes relating to—

(a) children's health or social care, or

(b) the safeguarding or promotion of the welfare of children.

(2) In this section, "relevant functions" means functions relating to children's health or social care, so far as exercisable in relation to England.

(3) The report must include an explanation of whether or to what extent it is the government's policy that a consistent identifier should be used for each child, to facilitate the sharing of information.

(4) The report must include a summary of the Secretary of State's views about implementation of the policy referred to in subsection (1), including any views about steps that should be taken to overcome barriers to implementation.

(5) The report must be published and laid before Parliament within one year beginning with the date on which this section comes into force.

(6) In this section "child" means a person aged under 18.

Commencement Information

I361 S. 179 in force at 28.7.2022, see **s. 186(5)**

Cosmetic procedures

180 Licensing of cosmetic procedures

(1) The Secretary of State may, for the purposes of reducing the risk of harm to the health or safety of members of the public, make regulations—

(a) prohibiting an individual in England from carrying out specified cosmetic procedures in the course of business, unless the person has a personal licence;

(b) prohibiting a person from using or permitting the use of premises in England for the carrying out of specified cosmetic procedures in the course of business, unless the person has a premises licence.

(2) In this section—

"cosmetic procedure" means a procedure, other than a surgical or dental procedure, that is or may be carried out for cosmetic purposes; and the reference to a procedure includes—

(a) the injection of a substance;

(b) the application of a substance that is capable of penetrating into or through the epidermis;

(c) the insertion of needles into the skin;

(d) the placing of threads under the skin;

(e) the application of light, electricity, cold or heat;

"licensed premises" means premises in respect of which a premises licence is in force;

"local authority" means—

(a) a county council in England;

(b) a district council in England;

(c) a London borough council;

(d) a combined authority established under section 103 of the Local Democracy, Economic Development and Construction Act 2009;

(da) **[**[F2]a combined county authority established under section 9(1) of the Levelling-up and Regeneration Act 2023;**]**

(e) the Common Council of the City of London (in its capacity as a local authority), the Sub-Treasurer of the Inner Temple or the Under Treasurer of the Middle Temple;

(f) the Council of the Isles of Scilly;

"personal licence" means a licence, granted by a specified local authority under the regulations, which authorises an individual to carry out a cosmetic procedure of a description specified in the licence;

"premises licence" means a licence, granted by a specified local authority under the regulations, which authorises premises to be used for the carrying out of a cosmetic procedure of a description specified in the licence;

"specified cosmetic procedure" means a cosmetic procedure of a description specified in the regulations;

"specified local authority" means a local authority of a description specified in the regulations.

(3) The provision which may be made by regulations under this section by virtue of section 183(1)(a) includes—

(a) provision amending Schedule 5 to the Consumer Rights Act 2015 (investigatory powers);

(b) provision repealing, revoking or amending provision made by or under any local Act.

(4) Before making regulations under this section, the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(5) Schedule 19 makes further provision about regulations under this section (including provision for the imposition of fees, the creation of criminal offences and financial penalties).

Textual Amendments

F2 Words in s. 180(2) inserted (26.12.2023) by Levelling-up and Regeneration Act 2023 (c. 55), s. 255(2)(c), **Sch. 4 para. 225** (with s. 247)

Commencement Information

I362 S. 180 not in force at Royal Assent, see **s. 186(6)**

I363 S. 180 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Disability and autism training

181 Mandatory training on learning disability and autism

(1) The Health and Social Care Act 2008 is amended in accordance with subsections (2) to (6).

(2) In section 20 (regulation of regulated activities), after subsection (5) insert—

"(5ZA) Regulations under this section must require service providers to ensure that each person working for the purpose of the regulated activities carried on by them receives training on learning disability and autism which is appropriate to the person's role."

(3) After subsection (5C) (as inserted by section 173) insert—

"(5D) In subsection (5ZA)—

"learning disability" has the meaning given by section 1(4) of the Mental Health Act 1983;

"service provider" means a person registered under this Chapter as a service provider in respect of a regulated activity."

(4) After section 21 insert—

"**21A Learning disability and autism training: code of practice**

(1) The Secretary of State must issue a code of practice about compliance with requirements imposed by virtue of section 20(5ZA) (requirements relating to training on learning disability and autism).

(2) The code must make provision about—

(a) the content of training;

(b) training appropriate to different roles;

(c) circumstances in which it is appropriate for training to be delivered in person;

(d) the involvement of people with learning disability, autistic people, or their carers, in the provision of training;

(e) accreditation of training;

(f) procurement of training;

(g) monitoring and evaluation of the impact of training;

(3) The code may make different provision for different cases or circumstances.

(4) The Secretary of State must, at least once every five years—

(a) review the code, and

(b) lay before Parliament a report setting out the findings of the review."

(5) In section 22 (consultation in relation to code of practice under section 21)—

(a) for the heading substitute "Codes of practice: consultation and Parliamentary scrutiny";

(b) in subsection (1), after "21" insert "or 21A";

(c) in subsection (2), after "21" insert "or 21A";

(d) in subsection (3), after "(2)" insert "in relation to a draft of a code or revised code under section 21";

(e) after subsection (5) insert—

"(5A) Where, following consultation under subsection (1) or (2) in relation to a draft of a code or revised code under section 21A, the Secretary of State decides to proceed with the draft (in its original form or with modifications), the Secretary of State must lay a copy of the draft before Parliament.

(5B) The Secretary of State may not issue the code or revised code if, within the 40-day period, either House of Parliament resolves not to approve it.

(5C) In this section "40-day period" means—

(a) the period of 40 days beginning with the day on which the draft is laid before Parliament, or

(b) if the draft is not laid before each House on the same day, the period of 40 days beginning with the later of the days on which it is laid before Parliament.

(5D) For the purposes of subsection (5C), no account is to be taken of any whole days that fall within a period during which—

(a) Parliament is dissolved or prorogued, or

(b) either House of Parliament is adjourned for more than four days."

(6) In section 25 (effect of code under section 21 and guidance under section 23)—

(a) in the heading, after "s. 21" insert "or 21A";

(b) in subsection (1), for "A code of practice under section 21" substitute "Codes of practice under sections 21 and 21A";

(c) in subsection (2),

(i) for "A code of practice under section 21 or" substitute "Codes of practice under sections 21 and 21A and";

(ii) for "is" substitute "are";

(d) in subsection (3), after "21" insert "or 21A".

(7) Until the first regulations made by virtue of section 20(5ZA) of the Health and Social Care Act 2008 (as inserted by subsection (2)) come into force—

(a) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936) ("the 2014 regulations"), and

(b) the Health and Social Care Act 2008,

are to be read as if regulation 18 of the 2014 regulations contained such requirements.

Commencement Information

I364 S. 181 not in force at Royal Assent, see **s. 186(6)**

I365 S. 181 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

PART 7

GENERAL

182 Power to make consequential provision

(1) The Secretary of State may by regulations make provision that is consequential on this Act.

(2) Regulations under this section may amend, repeal or revoke provision made by this Act or any provision made by or under primary legislation passed—

(a) before this Act, or

(b) later in the same session of Parliament as this Act.

(3) In this section "primary legislation" means—

(a) an Act,

(b) an Act or Measure of Senedd Cymru,

(c) an Act of the Scottish Parliament, or

(d) Northern Ireland legislation.

Commencement Information

I366 S. 182 in force at Royal Assent, see **s. 186(1)**

183 Regulations

(1) A power to make regulations under any provision of this Act includes power to make—

(a) consequential, supplementary, incidental, transitional or saving provision;

(b) different provision for different purposes.

(2) A power to make regulations under section 92, 103 or 104 includes power to make different provision for England, Wales, Scotland or Northern Ireland.

(3) Regulations under this Act are to be made by statutory instrument.

(4) A statutory instrument containing any of the following (whether alone or with other provision) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament—

(a) regulations under section 20(4);

(b) regulations under section 92;

(c) regulations under section 103 or 104;

(d) regulations under section 123;

(e) regulations under section 180;

(f) regulations under section 182 that amend or repeal provision made by primary legislation (as defined by section 182(3)).

(5) Any other statutory instrument containing regulations under section 182 is subject to annulment in pursuance of a resolution of either House of Parliament.

(6) This section does not apply to regulations under section 186.

Commencement Information
I367 S. 183 in force at Royal Assent, see **s. 186(1)**

184 Financial provision

There is to be paid out of money provided by Parliament—

(a) any expenditure incurred by the Secretary of State under or by virtue of this Act, and

(b) any increase attributable to this Act in the sums payable under any other Act out of money so provided.

Commencement Information
I368 S. 184 in force at Royal Assent, see **s. 186(1)**

185 Extent

(1) This Act extends to England and Wales only, subject to subsections (2) to (5).

(2) The following extend to England and Wales, Scotland and Northern Ireland—

(a) in Part 1, paragraph 1(3) and (4) of Schedule 1 (renaming of NHS Commissioning Board);

(b) in Part 2, sections 92 to 94 (information about payments etc to persons in the health care sector);

(c) Part 3 (Secretary of State's powers to transfer or delegate functions);

(d) in Part 4, section 125 (restriction of statutory powers requiring disclosure);

(e) in Part 6, section 171 and Part 2 of Schedule 17 (storage of gametes and embryos);

(f) this Part.

(3) The following extend to Scotland only—

(a) sections 140 to 143 (offences relating to virginity testing);

(b) sections 152 to 155 (offences relating to hymenoplasty).

(4) The following extend to Northern Ireland only—

(a) sections 144 to 147 (offences relating to virginity testing);

(b) sections 156 to 159 (offences relating to hymenoplasty).

(5) An amendment, repeal or revocation made by this Act has the same extent as the provision amended, repealed or revoked.

Commencement Information
I369 S. 185 in force at Royal Assent, see **s. 186(1)**

186 Commencement

(1) This Part comes into force on the day on which this Act is passed.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) Section 161(2) comes into force on such day as the Welsh Ministers may by regulations appoint.

(3) Section 171 and Schedule 17 (storage of gametes and embryos) come into force on 1 July 2022.

(4) Section 172 and Schedule 18 (advertising of less healthy food and drink) come into force at the end of the period of two months beginning with the day on which this Act is passed.

(5) Section 179 comes into force at the end of the period of three months beginning with the day on which this Act is passed.

(6) Except as mentioned in subsections (1) to (5), this Act comes into force on such day as the Secretary of State may by regulations appoint.

(7) Different days may be appointed under subsection (2) or (6) for different purposes.

(8) In relation to section 166, different days may be appointed under subsection (6) for different areas.

(9) The Secretary of State may by regulations make transitional or saving provision in connection with the coming into force of any provision of this Act.

(10) The Welsh Ministers may by regulations make transitional or saving provision in connection with the coming into force of section 161(2).

(11) The power to make regulations under subsection (9) or (10) includes power to make different provision for different purposes.

(12) Regulations under this section are to be made by statutory instrument.

Commencement Information
I370 S. 186 in force at Royal Assent, see **s. 186(1)**

187 Short title

This Act may be cited as the Health and Care Act 2022.

Commencement Information
I371 S. 187 in force at Royal Assent, see **s. 186(1)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

SCHEDULES

SCHEDULE 1 Section 1

RENAMING OF NHS COMMISSIONING BOARD

General

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

For the following expression wherever it occurs in those enactments (unless the expression is replaced or removed by an amendment elsewhere in this Act)	*substitute*
"The National Health Service Commissioning Board"	"NHS England"
"the National Health Service Commissioning Board"	"NHS England"
"the National Health Service Commissioning Board ("the Board")"	"NHS England"
"The Board"	"NHS England"
"the Board"	"NHS England"
"The Board's"	"NHS England's"

(2) The enactments are—

the Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951, Schedule 2;

the Public Records Act 1958, Part 1 of the Table at the end of paragraph 3 of Schedule 1;

the Public Bodies (Admission to Meetings) Act 1960, the Schedule;

the Leasehold Reform Act 1967, section 28;

the Parliamentary Commissioner Act 1967, Schedule 3;

the Health Services and Public Health Act 1968, sections 63(1) and (2) and 64;

the Employers' Liability (Compulsory Insurance) Act 1969, section 3;

the Local Authority Social Services Act 1970, Schedule 1;

the Local Government Act 1972, section 113;

the Health and Safety at Work etc. Act 1974, section 60;

the National Health Service (Scotland) Act 1978, section 17A;

the Acquisition of Land Act 1981, sections 16 and 17;

the Mental Health Act 1983, sections 12ZB, 12ZC, 39, 117, 134 and 139;

the Disabled Persons (Services, Consultation and Representation) Act 1986, sections 2 and 7;

the Copyright, Designs and Patents Act 1988, section 48;

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

the Local Audit and Accountability Act 2014, section 13 and Schedules 7 and 11;

the Cities and Local Government Devolution Act 2016, section 18;

the Data Protection Act 2018, Schedule 3;

the Mental Health Units (Use of Force) Act 2018, section 9.

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

(4) In this paragraph "enactment" includes an enactment comprised in, or in an instrument made under, an Act of the Scottish Parliament.

Commencement Information

I372 Sch. 1 para. 1 not in force at Royal Assent, see **s. 186(6)**

I373 Sch. 1 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

House of Commons Disqualification Act 1975

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

Commencement Information

I374 Sch. 1 para. 2 not in force at Royal Assent, see **s. 186(6)**

I375 Sch. 1 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Access to Health Records Act 1990

3 In section 1(2) of the Access to Health Records Act 1990 as it has effect under the law of England and Wales—

(a) in paragraph (a)—

(i) for "the National Health Service Commissioning Board" substitute "NHS England";

(ii) after "contract with" insert "NHS England";

(b) in paragraph (aa)—

(i) for "the National Health Service Commissioning Board" substitute "NHS England";

(ii) after "arrangements with" insert "NHS England".

Commencement Information

I376 Sch. 1 para. 3 not in force at Royal Assent, see **s. 186(6)**

I377 Sch. 1 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Trade Union and Labour Relations (Consolidation) Act 1992

4 In section 279(1) of the Trade Union and Labour Relations (Consolidation) Act 1992—

(a) in paragraph (a), for "the National Health Service Commissioning Board" substitute "NHS England";

(b) in the words after paragraph (b), for "board" substitute "body".

Commencement Information

I378 Sch. 1 para. 4 not in force at Royal Assent, see **s. 186(6)**

I379 Sch. 1 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Employment Rights Act 1996

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

Commencement Information

I380 Sch. 1 para. 5 not in force at Royal Assent, see **s. 186(6)**

I381 Sch. 1 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service Act 2006

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

Commencement Information

I382 Sch. 1 para. 6 not in force at Royal Assent, see **s. 186(6)**

I383 Sch. 1 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

7 In the heading of section 3B, for "Board" substitute "NHS England".

Commencement Information

I384 Sch. 1 para. 7 not in force at Royal Assent, see **s. 186(6)**

I385 Sch. 1 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

8 In the heading of section 13A, for "Board" substitute "NHS England".

Commencement Information

I386 Sch. 1 para. 8 not in force at Royal Assent, see **s. 186(6)**

I387 Sch. 1 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

9 In the heading of section 13W, for "Board's" substitute "NHS England's".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I388 Sch. 1 para. 9 not in force at Royal Assent, see **s. 186(6)**
I389 Sch. 1 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

10 In the heading of section 13Y, for "Board's" substitute "NHS England's".

Commencement Information
I390 Sch. 1 para. 10 not in force at Royal Assent, see **s. 186(6)**
I391 Sch. 1 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

11 In section 275(1)—
(a) omit the definition of "the Board";
(b) in the definition of "NHS body" for paragraph (a) substitute—
"(a) NHS England,".

Commencement Information
I392 Sch. 1 para. 11 not in force at Royal Assent, see **s. 186(6)**
I393 Sch. 1 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

12 In Schedule 1A, in the italic heading before paragraph 18, for "Board" substitute "NHS England".

Commencement Information
I394 Sch. 1 para. 12 not in force at Royal Assent, see **s. 186(6)**
I395 Sch. 1 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I382 Sch. 1 para. 6 not in force at Royal Assent, see **s. 186(6)**
I383 Sch. 1 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I384 Sch. 1 para. 7 not in force at Royal Assent, see **s. 186(6)**
I385 Sch. 1 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I386 Sch. 1 para. 8 not in force at Royal Assent, see **s. 186(6)**
I387 Sch. 1 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I388 Sch. 1 para. 9 not in force at Royal Assent, see **s. 186(6)**
I389 Sch. 1 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I390 Sch. 1 para. 10 not in force at Royal Assent, see **s. 186(6)**
I391 Sch. 1 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I392 Sch. 1 para. 11 not in force at Royal Assent, see **s. 186(6)**
I393 Sch. 1 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I394 Sch. 1 para. 12 not in force at Royal Assent, see **s. 186(6)**
I395 Sch. 1 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Corporation Tax Act 2010

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

Commencement Information

I396 Sch. 1 para. 13 not in force at Royal Assent, see **s. 186(6)**

I397 Sch. 1 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Equality Act 2010

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

Commencement Information

I398 Sch. 1 para. 14 not in force at Royal Assent, see **s. 186(6)**

I399 Sch. 1 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2012

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

Commencement Information

I400 Sch. 1 para. 15 not in force at Royal Assent, see **s. 186(6)**

I401 Sch. 1 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

16 In section 150, omit subsection (2).

Commencement Information

I402 Sch. 1 para. 16 not in force at Royal Assent, see **s. 186(6)**

I403 Sch. 1 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

17 In the heading of section 197, for "NHS Commissioning Board" substitute "NHS England".

Commencement Information

I404 Sch. 1 para. 17 not in force at Royal Assent, see **s. 186(6)**

I405 Sch. 1 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

18 In section 247, omit the definition of "the Board".

Commencement Information

I406 Sch. 1 para. 18 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I407 Sch. 1 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

19 In section 250(1), for "the National Health Service Commissioning Board (referred to in this Chapter as "the Board")" substitute "NHS England".

Commencement Information
I408 Sch. 1 para. 19 not in force at Royal Assent, see **s. 186(6)**
I409 Sch. 1 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

20 In the heading of section 274, for "Board" substitute "NHS England".

Commencement Information
I410 Sch. 1 para. 20 not in force at Royal Assent, see **s. 186(6)**
I411 Sch. 1 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

21 In section 275, omit the definition of "the Board".

Commencement Information
I412 Sch. 1 para. 21 not in force at Royal Assent, see **s. 186(6)**
I413 Sch. 1 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

22 In section 304(12)(a)(iv) and (ix), for "Board" substitute "NHS England".

Commencement Information
I414 Sch. 1 para. 22 not in force at Royal Assent, see **s. 186(6)**
I415 Sch. 1 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I400 Sch. 1 para. 15 not in force at Royal Assent, see **s. 186(6)**
I401 Sch. 1 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I402 Sch. 1 para. 16 not in force at Royal Assent, see **s. 186(6)**
I403 Sch. 1 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I404 Sch. 1 para. 17 not in force at Royal Assent, see **s. 186(6)**
I405 Sch. 1 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I406 Sch. 1 para. 18 not in force at Royal Assent, see **s. 186(6)**
I407 Sch. 1 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I408 Sch. 1 para. 19 not in force at Royal Assent, see **s. 186(6)**
I409 Sch. 1 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I410 Sch. 1 para. 20 not in force at Royal Assent, see **s. 186(6)**
I411 Sch. 1 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I412 Sch. 1 para. 21 not in force at Royal Assent, see **s. 186(6)**
I413 Sch. 1 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I414 Sch. 1 para. 22 not in force at Royal Assent, see **s. 186(6)**
I415 Sch. 1 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Local Audit and Accountability Act 2014

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

"(c) NHS England;".

Commencement Information

I416 Sch. 1 para. 23 not in force at Royal Assent, see **s. 186(6)**

I417 Sch. 1 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

24 The Social Services and Well-being (Wales) Act 2014 is amended as follows.

Commencement Information

I418 Sch. 1 para. 24 not in force at Royal Assent, see **s. 186(6)**

I419 Sch. 1 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

25 In section 47(10)—

(a) in the English language text—

(i) in the definition of "English health body", for paragraph (b) substitute—

"(b) NHS England;";

(ii) in the definition of "health body", for paragraph (c) substitute—

"(c) NHS England;";

(b) in the Welsh language text—

(i) in the definition of "corff iechyd", for paragraph (c) substitute—

"(c) GIG Lloegr;";

(ii) in the definition of "corff iechyd Seisnig", for paragraph (b) substitute—

"(b) GIG Lloegr;".

Commencement Information

I420 Sch. 1 para. 25 not in force at Royal Assent, see **s. 186(6)**

I421 Sch. 1 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

26 In section 77(4)(b)(ii)—

(a) in the English language text, for "the National Health Service Commissioning Board" substitute "NHS England";

(b) in the Welsh language text, for "Bwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol" substitute "GIG Lloegr".

Commencement Information

I422 Sch. 1 para. 26 not in force at Royal Assent, see **s. 186(6)**

I423 Sch. 1 para. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

27 In section 104(3)(d)(ii)—

(a) in the English language text, for "the National Health Service Commissioning Board" substitute "NHS England";

(b) in the Welsh language text, for "Fwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol" substitute "GIG Lloegr".

Commencement Information

I424 Sch. 1 para. 27 not in force at Royal Assent, see **s. 186(6)**

I425 Sch. 1 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

28 In section 118(2)(c)—

(a) in the English language text, for "the National Health Service Commissioning Board" substitute "NHS England";

(b) in the Welsh language text, for "Fwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol" substitute "GIG Lloegr".

Commencement Information

I426 Sch. 1 para. 28 not in force at Royal Assent, see **s. 186(6)**

I427 Sch. 1 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

29 In section 164A(4)—

(a) in the English language text, for paragraph (c) substitute—

"(c) NHS England;";

(b) in the Welsh language text, for paragraph (c) substitute—

"(c) GIG Lloegr;".

Commencement Information

I428 Sch. 1 para. 29 not in force at Royal Assent, see **s. 186(6)**

I429 Sch. 1 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

30 In section 193(4)(c)—

(a) in the English language text, for "the National Health Service Commissioning Board" substitute "NHS England";

(b) in the Welsh language text, for "Bwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol" substitute "GIG Lloegr".

Commencement Information

I430 Sch. 1 para. 30 not in force at Royal Assent, see **s. 186(6)**

I431 Sch. 1 para. 30 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

31 In section 197(1)—

(a) in the English language text, for the definition of "National Health Service Commissioning Board" substitute—

""NHS England" ("GIG Lloegr") means the body established under section 1H of the National Health Service Act 2006;";

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) in the Welsh language text, omit the definition of "Bwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol" and at the appropriate place insert—

""ystyr "GIG Lloegr" ("NHS England") yw'r corff a sefydlir o dan adran 1H o Ddeddf y Gwasanaeth Iechyd Gwladol 2006;".

Commencement Information

I432 Sch. 1 para. 31 not in force at Royal Assent, see **s. 186(6)**

I433 Sch. 1 para. 31 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I418 Sch. 1 para. 24 not in force at Royal Assent, see **s. 186(6)**

I419 Sch. 1 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I420 Sch. 1 para. 25 not in force at Royal Assent, see **s. 186(6)**

I421 Sch. 1 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I422 Sch. 1 para. 26 not in force at Royal Assent, see **s. 186(6)**

I423 Sch. 1 para. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I424 Sch. 1 para. 27 not in force at Royal Assent, see **s. 186(6)**

I425 Sch. 1 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I426 Sch. 1 para. 28 not in force at Royal Assent, see **s. 186(6)**

I427 Sch. 1 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I428 Sch. 1 para. 29 not in force at Royal Assent, see **s. 186(6)**

I429 Sch. 1 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I430 Sch. 1 para. 30 not in force at Royal Assent, see **s. 186(6)**

I431 Sch. 1 para. 30 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I432 Sch. 1 para. 31 not in force at Royal Assent, see **s. 186(6)**

I433 Sch. 1 para. 31 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Housing (Wales) Act 2014 (anaw 7)

32 In section 70(2)(d)(ii) of the Housing (Wales) Act 2014—

(a) in the English language text, for "the National Health Service Commissioning Board" substitute "NHS England";

(b) in the Welsh language text, for "Fwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol" substitute "GIG Lloegr".

Commencement Information

I434 Sch. 1 para. 32 not in force at Royal Assent, see **s. 186(6)**

I435 Sch. 1 para. 32 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Cities and Local Government Devolution Act 2016

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I436 Sch. 1 para. 33 not in force at Royal Assent, see **s. 186(6)**
I437 Sch. 1 para. 33 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

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

Commencement Information
I438 Sch. 1 para. 34 not in force at Royal Assent, see **s. 186(6)**
I439 Sch. 1 para. 34 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

35 In section 4(3)—

(a) in the English language text, for paragraph (i) substitute—

"(i) NHS England;";

(b) in the Welsh language text, for paragraph (i) substitute—

"(i) GIG Lloegr;".

Commencement Information
I440 Sch. 1 para. 35 not in force at Royal Assent, see **s. 186(6)**
I441 Sch. 1 para. 35 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

36 In section 65(4)—

(a) in the English language text, for paragraph (j) substitute—

"(j) NHS England;";

(b) in the Welsh language text, for paragraph (j) substitute—

"(j) GIG Lloegr;".

Commencement Information
I442 Sch. 1 para. 36 not in force at Royal Assent, see **s. 186(6)**
I443 Sch. 1 para. 36 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

37 In section 99(1)—

(a) in the English language text, omit the definition of "National Health Service Commissioning Board" and at the appropriate place insert—

""NHS England" ("GIG Lloegr") means the body established under section 1H of the National Health Service Act 2006;";

(b) in the Welsh language text, omit the definition of "Bwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol" and at the appropriate place insert—

""ystyr "GIG Lloegr" ("NHS England") yw'r corff a sefydlir o dan adran 1H o Ddeddf y Gwasanaeth Iechyd Gwladol 2006;".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I444 Sch. 1 para. 37 not in force at Royal Assent, see **s. 186(6)**

I445 Sch. 1 para. 37 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I438 Sch. 1 para. 34 not in force at Royal Assent, see **s. 186(6)**

I439 Sch. 1 para. 34 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I440 Sch. 1 para. 35 not in force at Royal Assent, see **s. 186(6)**

I441 Sch. 1 para. 35 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I442 Sch. 1 para. 36 not in force at Royal Assent, see **s. 186(6)**

I443 Sch. 1 para. 36 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I444 Sch. 1 para. 37 not in force at Royal Assent, see **s. 186(6)**

I445 Sch. 1 para. 37 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Domestic Abuse Act 2021

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

"(c) NHS England, or".

Commencement Information

I446 Sch. 1 para. 38 not in force at Royal Assent, see **s. 186(6)**

I447 Sch. 1 para. 38 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

SCHEDULE 2 Section 19

INTEGRATED CARE BOARDS: CONSTITUTION ETC

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

"SCHEDULE
1B

INTEGRATED CARE BOARDS

PART 1

CONSTITUTION OF INTEGRATED CARE BOARDS

Introduction

1 An integrated care board must have a constitution.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Name and area

2 The constitution must specify—

(a) the name of the integrated care board, and

(b) the area for which it is established.

Membership: general

3 (1) The constitution must provide for the integrated care board to consist of—

(a) a chair (see paragraphs 5 and 6),

(b) a chief executive (see paragraph 7), and

(c) at least three other members (see paragraph 8).

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

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

Chair

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

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

Chief executive

7 (1) The constitution must provide for the chief executive to be appointed by the chair, with the approval of NHS England.

(2) The constitution must provide that a person is eligible to become or remain the chief executive only if the person is an employee of the integrated care board.

Ordinary members

8 (1) The constitution must—

(a) specify who is to appoint the ordinary members, and

(b) provide that the appointment of an ordinary member is subject to the approval of the chair.

(2) The constitution must provide for the ordinary members to include—

(a) at least one member nominated jointly by the NHS trusts and NHS foundation trusts that—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(i) provide services for the purposes of the health service within the integrated care board's area, and

(ii) are of a prescribed description,

(b) at least one member nominated jointly by persons who—

(i) provide primary medical services for the purposes of the health service within the integrated care board's area, and

(ii) are of a prescribed description,

(c) at least one member nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the integrated care board's area.

(3) The constitution must set out the process for nominating the ordinary members mentioned in sub-paragraph (2).

(4) A person participating in the process for nominating the ordinary members mentioned in sub-paragraph (2) must have regard to any guidance published by NHS England in relation to the selection of candidates.

(5) The descriptions of trusts or other persons that may be prescribed for the purposes of sub-paragraph (2)(a) or (b) may, in particular, be framed by reference to the nature of the services that they provide or the proportion of their services that are provided within the integrated care board's area.

(6) The chair must exercise the approval function mentioned in sub-paragraph (1)(b) with a view to ensuring that at least one of the ordinary members has knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

(7) In this paragraph "local authority" has the meaning given by section 2B(5).

Further provision in connection with membership

9 The constitution may make further provision in connection with the membership of the integrated care board, including provision about—

(a) how members are to be appointed;

(b) qualification and disqualification for membership;

(c) the tenure of members (including the circumstances in which a member ceases to hold office or may be removed or suspended from office);

(d) eligibility for re-appointment;

(e) terms of appointment (including provision about the remuneration or allowances of the chair and ordinary members);

(f) the validation of proceedings in the event of a vacancy or defect in an appointment.

10 (1) The constitution of an integrated care board must comply with any requirements in connection with membership that are imposed by regulations.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) The regulations may impose requirements in connection with any provision that may be included in an integrated care board's constitution by virtue of paragraphs 3 to 9.

Arrangements for discharging functions

11 (1) The constitution must specify arrangements for the exercise of the integrated care board's functions (including its functions in determining the terms and conditions of its employees).

(2) The arrangements may include provision—

(a) for the appointment of committees or sub-committees of the integrated care board, and

(b) for any such committees to consist of or include persons other than members or employees of the integrated care board.

(3) The arrangements may include provision for any functions of the integrated care board to be exercised on its behalf by—

(a) any of its members or employees;

(b) a committee or sub-committee of the board.

(4) If the constitution includes provision under this paragraph allowing committees or sub-committees to exercise commissioning functions, the constitution must—

(a) provide for the members of any such committee or sub-committee to be approved or appointed by the chair of the integrated care board, and

(b) prohibit the chair from approving or appointing someone as a member of any such committee or sub-committee ("the candidate") if the chair considers that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

(5) In sub-paragraph (4) "commissioning functions" means the functions of an integrated care board in arranging for the provision of services as part of the health service.

12 (1) The constitution must specify the procedure to be followed by the integrated care board in making decisions.

(2) The constitution must also specify the arrangements to be made by the integrated care board for securing that there is transparency about the decisions of the board and the manner in which they are made.

Arrangements for conflicts of interests

13 The constitution must include—

(a) provision about the arrangements to be made by the integrated care board for discharging its functions under section 14Z30(1) to (4), and

(b) a statement of the principles to be followed by the board in implementing those arrangements.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Arrangements for public involvement

14 The constitution must include—

(a) provision about the arrangements to be made by the integrated care board for discharging its functions under section 14Z45(2), and

(b) a statement of the principles to be followed by the board in implementing those arrangements.

Variation of constitution

15 (1) The constitution must include a power to vary the constitution in accordance with a procedure set out there.

(2) The provision made by the constitution in accordance with sub-paragraph (1) must—

(a) include power for NHS England to vary the constitution on its own initiative, and

(b) require NHS England's approval to be obtained before any other variation is made.

Further provision

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

PART 2

FURTHER PROVISION ABOUT INTEGRATED CARE BOARDS

Status

17 (1) An integrated care board is a body corporate.

(2) An integrated care board is not to be regarded—

(a) as a servant or agent of the Crown, or

(b) as enjoying any status, privilege or immunity of the Crown.

(3) An integrated care board's property is not to be regarded as property of, or property held on behalf of, the Crown.

Staff

18 (1) An integrated care board may appoint employees.

(2) Employees of an integrated care board are to be paid such remuneration and allowances as the board may determine.

(3) Employees of an integrated care board are to be appointed on such other terms and conditions as the board may determine.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(4) An integrated care board may pay or make provision for the payment of such pensions, allowances or gratuities as it may determine to or in respect of any person who is or has been an employee of the board.

19 (1) An integrated care board may make arrangements for a person to be seconded to the board to serve as a member of the board's staff.

(2) A period of secondment to an integrated care board does not affect the continuity of a person's employment with the employer from whose service the person is seconded.

(3) In paragraphs 11 and 18 a reference to an employee of an integrated care board includes a person seconded to the board.

(4) In paragraph 7(2) the reference to an employee of an integrated care board includes any of the following seconded to the board—

(a) a person employed in the civil service of the State, or

(b) a person employed by—

(i) NHS England,

(ii) an NHS trust established under section 25,

(iii) an NHS foundation trust,

(iv) a Special Health Authority performing functions only or mainly in respect of England,

(v) the Care Quality Commission,

(vi) the Health and Social Care Information Centre,

(vii) the Health Services Safety Investigations Body,

(viii) the Human Tissue Authority,

(ix) the Human Fertilisation and Embryology Authority, or

(x) NICE.

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

Additional powers in respect of payment of allowances

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

Externally financed development agreements

21 (1) The powers of an integrated care board include power to enter into externally financed development agreements.

(2) For the purposes of this paragraph, an agreement is an externally financed development agreement if it is certified as such in writing by the Secretary of State.

(3) The Secretary of State may give a certificate under this paragraph if—

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(a) in the Secretary of State's opinion the purpose or main purpose of the agreement is the provision of services or facilities in connection with the exercise by an integrated care board of any of its functions, and

(b) a person proposes to make a loan to, or provide any other form of finance for, another party in connection with the agreement.

(4) If an integrated care board enters into an externally financed development agreement it may also, in connection with that agreement, enter into an agreement with a person who falls within sub-paragraph (3)(b) in relation to the externally financed development agreement.

(5) In sub-paragraph (3)(b) "another party" means any party to the agreement other than the integrated care board.

(6) The fact that an agreement made by an integrated care board has not been certified under this paragraph does not affect its validity.

Accounts and audits

22 (1) An integrated care board must keep proper accounts and proper records in relation to the accounts.

(2) An integrated care board must prepare annual accounts in respect of each financial year.

(3) NHS England may, with the approval of the Secretary of State, direct an integrated care board to prepare accounts in respect of such period or periods as may be specified in the direction.

(4) NHS England may, with the approval of the Secretary of State, give directions to an integrated care board as to—

(a) the methods and principles according to which any accounts under this paragraph must be prepared, and

(b) the form and content of any accounts prepared under this paragraph.

(5) For the audit of the annual accounts, see the Local Audit and Accountability Act 2014 (and, in particular, section 4 of that Act).

(6) Accounts prepared under sub-paragraph (3) are also to be audited under that Act if NHS England so directs.

(7) The Comptroller and Auditor General may examine—

(a) the annual accounts and any records relating to them, and

(b) any report on them by the auditor or auditors.

(8) An integrated care board must send any audited accounts prepared under this paragraph to NHS England by the date specified in a direction by NHS England.

(9) NHS England may direct an integrated care board to send it any unaudited accounts prepared under this paragraph by the date specified in a direction by NHS England.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Incidental powers

23 The power conferred on an integrated care board by section 2 includes, in particular, power to—

(a) enter into agreements,

(b) acquire and dispose of property, and

(c) accept gifts (including property to be held on trust for the purposes of the integrated care board).

Seal and evidence

24 (1) The application of an integrated care board's seal must be authenticated by the signature of any person who has been authorised (generally or specially) for that purpose.

(2) A document purporting to be duly executed under an integrated care board's seal or to be signed on its behalf must be received in evidence and, unless the contrary is proven, taken to be so executed or signed."

Commencement Information

I448 Sch. 2 para. 1 not in force at Royal Assent, see **s. 186(6)**

I449 Sch. 2 para. 1 in force at 9.5.2022 for specified purposes by S.I. 2022/515, **reg. 2(e)**

I450 Sch. 2 para. 1 in force at 1.7.2022 in so far as not already in force by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

2 In section 272 of that Act (orders, regulations, rules and directions), in subsection (6), after paragraph (d) (inserted by section 17 of this Act), insert—

"(e) regulations under paragraph 19(5) of Schedule 1B."

Commencement Information

I451 Sch. 2 para. 2 not in force at Royal Assent, see **s. 186(6)**

I452 Sch. 2 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

SCHEDULE 3 Section 22

CONFERRAL OF PRIMARY CARE FUNCTIONS ON INTEGRATED CARE BOARDS ETC

PART 1

CONFERRAL OF FUNCTIONS ETC

PROSPECTIVE

Preliminary

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

Commencement Information
I453 Sch. 3 para. 1 not in force at Royal Assent, see **s. 186(6)**

PROSPECTIVE

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

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

(a) before paragraph (a) insert—

"(za) primary medical services of a prescribed description;";

(b) after paragraph (a), insert—

"(aa) primary ophthalmic services of a prescribed description;".

Commencement Information
I454 Sch. 3 para. 2 not in force at Royal Assent, see **s. 186(6)**

Medical services

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

"Meaning of primary medical services

82A Primary medical services for purposes of this Act

(1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary medical services for the purposes of this Act.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.

Duty of integrated care boards to arrange primary medical services

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

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

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

(a) the group of people for whom it has core responsibility (see section 14Z31), and

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

General functions

83 General power to make arrangements

(1) An integrated care board may make such arrangements for the provision of primary medical services as it considers appropriate for the purpose of discharging its functions under section 82B (and may, in particular, make contractual arrangements with any person).

(2) NHS England may make such arrangements for the provision of primary medical services as it considers appropriate for the purpose of discharging any functions under section 3B(1) (and may, in particular, make contractual arrangements with any person).

(3) The arrangements that may be made under this section include—

(a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);

(b) in the case of NHS England, arrangements for the performance of a service outside England.

(4) Arrangements under this section may confer discretions on a person with whom they are made in relation to anything to be provided under the arrangements.

(5) The powers under this section are in addition to the powers conferred by sections 84 and 92.

83A Publication of information

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I455 Sch. 3 para. 3 not in force at Royal Assent, see **s. 186(6)**

4 (1) Section 84 (general medical services contracts: introductory) is amended as follows.

(2) In subsection (1), for "The Board" substitute "An integrated care board or NHS England".

(3) In subsection (3) for "the Board" substitute "the integrated care board or NHS England (as the case may be)".

(4) For subsection (4) substitute—

"(4) The services to be provided under a general medical services contract may include services which are not primary medical services.

(4A) The services to be provided under a general medical services contract may include—

(a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);

(b) in the case of a contract entered into by NHS England, services to be performed outside England.

(4B) A general medical services contract may confer discretions on a person with whom it is made in relation to anything to be provided under the contract."

(5) In subsection (5), for "the Board" substitute "the integrated care board or NHS England".

Commencement Information
I456 Sch. 3 para. 4 not in force at Royal Assent, see **s. 186(6)**

5 In section 86 (persons eligible to enter into GMS contracts), in subsection (1), for "The Board" substitute "An integrated care board or NHS England".

Commencement Information
I457 Sch. 3 para. 5 not in force at Royal Assent, see **s. 186(6)**

6 In section 87 (GMS contracts: payments), in subsection (3)(d), for "the Board" substitute "an integrated care board or NHS England".

Commencement Information
I458 Sch. 3 para. 6 not in force at Royal Assent, see **s. 186(6)**

7 (1) Section 89 (GMS contracts: other required terms) is amended as follows.

(2) Omit subsections (1A) to (1E).

(3) In subsection (4)(a), for "the Board" substitute "an integrated care board or NHS England".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I459 Sch. 3 para. 7 not in force at Royal Assent, see **s. 186(6)**

I460 Sch. 3 para. 7(1) in force at 1.7.2022 for specified purposes by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I461 Sch. 3 para. 7(2) in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

8 (1) Section 91 (persons performing primary medical services) is amended as follows.

(2) In subsection (1), for "the Board", in the first place it occurs, substitute "an integrated care board or NHS England".

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

"(b) an integrated care board or NHS England is responsible for a primary medical service if it secures its provision under or by virtue of any enactment."

Commencement Information

I462 Sch. 3 para. 8 not in force at Royal Assent, see **s. 186(6)**

9 (1) Section 92 (arrangements for the provision of primary medical services) is amended as follows.

(2) In the heading, for "the Board" substitute "an integrated care board or NHS England".

(3) For subsection (1), substitute—

"(1) An integrated care board or NHS England may make agreements, other than arrangements pursuant to section 83 or general medical services contracts, under which primary medical services are provided."

(4) After subsection (5) insert—

"(5A) An agreement may confer discretions on a person with whom it is made in relation to anything to be provided under the agreement."

Commencement Information

I463 Sch. 3 para. 9 not in force at Royal Assent, see **s. 186(6)**

10 In section 93 (persons with whom agreements may be made under section 92), in subsection (1), for "The Board" substitute "An integrated care board or NHS England".

Commencement Information

I464 Sch. 3 para. 10 not in force at Royal Assent, see **s. 186(6)**

11 (1) Section 94 (regulations about section 92 arrangements) is amended as follows.

(2) In subsection (2), for "the Board" substitute "an integrated care board or NHS England".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) In section (3), for paragraph (ca) substitute—

"(ca) provide that section 92 arrangements made by an integrated care board may be made in relation to services to be performed outside its area (whether or not in England),

(cb) provide that section 92 arrangements made by NHS England may be made in relation to services to be performed outside England,".

(4) Omit subsections (3A) to (3E).

(5) In subsection (6), for "the Board" substitute "an integrated care board or NHS England".

(6) In subsection (7), omit "to" in the first place it occurs.

Commencement Information

I465 Sch. 3 para. 11 not in force at Royal Assent, see **s. 186(6)**

I466 Sch. 3 para. 11(1) in force at 1.7.2022 for specified purposes by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I467 Sch. 3 para. 11(4) in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

12 (1) Section 96 (assistance and support: primary medical services) is amended as follows.

(2) In subsection (1)—

(a) for "The Board" substitute "An integrated care board";

(b) in paragraph (za), for "83(2)" substitute "83".

(3) In subsection (2)—

(a) for "the Board", in the first place it occurs, substitute "an integrated care board";

(b) for "the Board", in the second place it occurs, substitute "the integrated care board".

Commencement Information

I468 Sch. 3 para. 12 not in force at Royal Assent, see **s. 186(6)**

13 (1) Section 97 (Local Medical Committees) is amended as follows.

(2) In subsection (1), for "The Board may recognise a committee formed for an area, which it is satisfied" substitute "An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board's area if it is satisfied that the committee".

(3) In subsection (3)(b), for "the Board" substitute "the integrated care board".

(4) In subsection (6), for "the Board" substitute "an integrated care board".

(5) In subsection (10)—

(a) for "The Board" substitute "An integrated care board";

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I469 Sch. 3 para. 13 not in force at Royal Assent, see **s. 186(6)**

14 For section 98A substitute—

"**98A Delegation of Secretary of State's functions to NHS England**

(1) The Secretary of State may direct NHS England to exercise any of the Secretary of State's functions relating to the provision of primary medical services.

(2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

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

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

Commencement Information
I470 Sch. 3 para. 14 not in force at Royal Assent, see **s. 186(6)**

Commencement Information
I455 Sch. 3 para. 3 not in force at Royal Assent, see **s. 186(6)**
I456 Sch. 3 para. 4 not in force at Royal Assent, see **s. 186(6)**
I457 Sch. 3 para. 5 not in force at Royal Assent, see **s. 186(6)**
I458 Sch. 3 para. 6 not in force at Royal Assent, see **s. 186(6)**
I459 Sch. 3 para. 7 not in force at Royal Assent, see **s. 186(6)**
I460 Sch. 3 para. 7(1) in force at 1.7.2022 for specified purposes by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I461 Sch. 3 para. 7(2) in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I462 Sch. 3 para. 8 not in force at Royal Assent, see **s. 186(6)**
I463 Sch. 3 para. 9 not in force at Royal Assent, see **s. 186(6)**
I464 Sch. 3 para. 10 not in force at Royal Assent, see **s. 186(6)**
I465 Sch. 3 para. 11 not in force at Royal Assent, see **s. 186(6)**
I466 Sch. 3 para. 11(1) in force at 1.7.2022 for specified purposes by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I467 Sch. 3 para. 11(4) in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I468 Sch. 3 para. 12 not in force at Royal Assent, see **s. 186(6)**
I469 Sch. 3 para. 13 not in force at Royal Assent, see **s. 186(6)**
I470 Sch. 3 para. 14 not in force at Royal Assent, see **s. 186(6)**

PROSPECTIVE

Dental services

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"Meaning of primary dental services

98C Primary dental services for purposes of this Act

(1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary dental services for the purposes of this Act.

(2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.

Duty of integrated care boards to arrange primary dental services

99 Duty of integrated care boards to arrange primary dental services

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

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

(a) the group of people for whom it has core responsibility (see section 14Z31), and

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

General functions

99A General power to make arrangements

(1) An integrated care board may make such arrangements for the provision of primary dental services as it considers appropriate for the purpose of discharging its functions under section 99 (and may, in particular, make contractual arrangements with any person).

(2) NHS England may make such arrangements for the provision of primary dental services as it considers appropriate for the purpose of discharging any functions under section 3B(1) (and may, in particular, make contractual arrangements with any person).

(3) The arrangements that may be made under this section include—

(a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);

(b) in the case of NHS England, arrangements for the performance of a service outside England.

(4) The powers in this section are in addition to the powers conferred by sections 100 and 107.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

99B Publication of information

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

Commencement Information
I471 Sch. 3 para. 15 not in force at Royal Assent, see **s. 186(6)**

16 (1) Section 100 (general dental services contracts: introductory) is amended as follows.

(2) In subsection (1), for "The Board" substitute "An integrated care board or NHS England".

(3) In subsection (3)—

(a) for "the Board" substitute "the integrated care board or NHS England (as the case may be)";

(b) in paragraph (a) omit the words from "(which" to the end.

(4) After subsection (3) insert—

"(3A) The services to be provided under a general dental services contract may include services which are not primary dental services.

(3B) The services to be provided under a general dental services contract may include—

(a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);

(b) in the case of a contract entered into by NHS England, services to be performed outside England."

(5) In subsection (4), for "the Board" substitute "the integrated care board or NHS England".

Commencement Information
I472 Sch. 3 para. 16 not in force at Royal Assent, see **s. 186(6)**

17 In section 102 (persons eligible to enter into GDS contracts), in subsection (1), for "The Board" substitute "An integrated care board or NHS England".

Commencement Information
I473 Sch. 3 para. 17 not in force at Royal Assent, see **s. 186(6)**

18 In section 103 (GDS contracts: payments), in subsection (3)(d), for "the Board" substitute "an integrated care board or NHS England".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I474 Sch. 3 para. 18 not in force at Royal Assent, see **s. 186(6)**

19 In section 104 (GDS contracts: other required terms), in subsection (3), for "the Board" substitute "an integrated care board or NHS England".

Commencement Information
I475 Sch. 3 para. 19 not in force at Royal Assent, see **s. 186(6)**

20 (1) Section 106 (persons performing primary dental services) is amended as follows.

(2) In subsection (1), for "the Board", in the first place it occurs, substitute "an integrated care board or NHS England".

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

"(b) an integrated care board or NHS England is responsible for a primary dental service if it secures its provision under or by virtue of any enactment."

Commencement Information
I476 Sch. 3 para. 20 not in force at Royal Assent, see **s. 186(6)**

21 (1) Section 107 (arrangements for the provision of primary dental services) is amended as follows.

(2) In the heading, for "the Board" substitute "an integrated care board or NHS England".

(3) For subsection (1) substitute—

"(1) An integrated care board or NHS England may make agreements, other than arrangements pursuant to section 99A or general dental services contracts, under which primary dental services are provided."

(4) Omit subsection (6).

Commencement Information
I477 Sch. 3 para. 21 not in force at Royal Assent, see **s. 186(6)**

22 In section 108 (persons with whom agreements may be made under section 107), in subsection (1), for "The Board" substitute "An integrated care board or NHS England".

Commencement Information
I478 Sch. 3 para. 22 not in force at Royal Assent, see **s. 186(6)**

23 (1) Section 109 (regulations about section 107 arrangements) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (2), for "the Board" substitute "an integrated care board or NHS England".

(3) In section (3), for paragraph (ca) substitute—

"(ca) provide that section 107 arrangements made by an integrated care board may be made in relation to services to be performed outside its area (whether or not in England),

(cb) provide that section 107 arrangements made by NHS England may be made in relation to services to be performed outside England,".

(4) In subsection (6), for "the Board" substitute "an integrated care board or NHS England".

(5) In subsection (7), omit "to" in the first place it occurs.

Commencement Information

I479 Sch. 3 para. 23 not in force at Royal Assent, see **s. 186(6)**

24 (1) Section 112 (assistance and support: primary dental services) is amended as follows.

(2) In subsection (1)—

(a) for "The Board" substitute "An integrated care board";

(b) before paragraph (a) insert—

"(za) primary dental services pursuant to section 99A,".

(3) In subsection (2)—

(a) for "the Board", in the first place it occurs, substitute "an integrated care board";

(b) for "the Board", in the second place it occurs, substitute "the integrated care board".

Commencement Information

I480 Sch. 3 para. 24 not in force at Royal Assent, see **s. 186(6)**

25 (1) Section 113 (Local Dental Committees) is amended as follows.

(2) In subsection (1), for "The Board may recognise a committee formed for an area, which it is satisfied" substitute "An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board's area if it is satisfied that the committee".

(3) In subsection (3)—

(a) in paragraph (a), omit sub-paragraph (i);

(b) in paragraph (b), for "the Board" substitute "the integrated care board".

(4) In subsection (6), for "the Board" substitute "an integrated care board".

(5) In subsection (10)—

(a) for "The Board" substitute "An integrated care board";

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I481 Sch. 3 para. 25 not in force at Royal Assent, see **s. 186(6)**

26 For section 114A substitute—

"**114A Delegation of Secretary of State's functions to NHS England**

(1) The Secretary of State may direct NHS England to exercise any of the Secretary of State's functions relating to the provision of primary dental services.

(2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

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

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

Commencement Information

I482 Sch. 3 para. 26 not in force at Royal Assent, see **s. 186(6)**

Commencement Information

I471 Sch. 3 para. 15 not in force at Royal Assent, see **s. 186(6)**
I472 Sch. 3 para. 16 not in force at Royal Assent, see **s. 186(6)**
I473 Sch. 3 para. 17 not in force at Royal Assent, see **s. 186(6)**
I474 Sch. 3 para. 18 not in force at Royal Assent, see **s. 186(6)**
I475 Sch. 3 para. 19 not in force at Royal Assent, see **s. 186(6)**
I476 Sch. 3 para. 20 not in force at Royal Assent, see **s. 186(6)**
I477 Sch. 3 para. 21 not in force at Royal Assent, see **s. 186(6)**
I478 Sch. 3 para. 22 not in force at Royal Assent, see **s. 186(6)**
I479 Sch. 3 para. 23 not in force at Royal Assent, see **s. 186(6)**
I480 Sch. 3 para. 24 not in force at Royal Assent, see **s. 186(6)**
I481 Sch. 3 para. 25 not in force at Royal Assent, see **s. 186(6)**
I482 Sch. 3 para. 26 not in force at Royal Assent, see **s. 186(6)**

PROSPECTIVE

Ophthalmic services

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"Meaning of primary ophthalmic services

114C Primary ophthalmic services for purposes of this Act

(1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary ophthalmic services for the purposes of this Act (but these regulations may not affect the duty in section 115(1)(a)).

(2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided."

Commencement Information
I483 Sch. 3 para. 27 not in force at Royal Assent, see **s. 186(6)**

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

Commencement Information
I484 Sch. 3 para. 28 not in force at Royal Assent, see **s. 186(6)**

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

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

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

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

(a) the sight-testing service mentioned in subsection (2),

(b) such other primary ophthalmic services as may be prescribed, and

(c) to the extent that it considers necessary to meet all reasonable requirements, any further primary ophthalmic services.

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

(a) the group of people for whom it has core responsibility (see section 14Z31), and

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

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

Commencement Information
I485 Sch. 3 para. 29 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

30 After section 116 insert—

"General functions

116A General powers to make arrangements

(1) An integrated care board may make such arrangements for the provision of primary ophthalmic services as it considers appropriate for the purpose of discharging its functions under section 115 (and may, in particular, make contractual arrangements with any person).

(2) NHS England may make such arrangements for the provision of primary ophthalmic services as it considers appropriate for the purpose of discharging any functions under section 3B (and may, in particular, make contractual arrangements with any person).

(3) The arrangements that may be made under this section include—

(a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);

(b) in the case of NHS England, arrangements for the performance of a service outside England.

(4) The powers in this section are in addition to the power conferred by section 117.

116B Publication of information

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

Commencement Information

I486 Sch. 3 para. 30 not in force at Royal Assent, see **s. 186(6)**

31 (1) Section 117 (general ophthalmic services contracts: introductory) is amended as follows.

(2) In subsection (1), for "The Board" substitute "An integrated care board or NHS England".

(3) In subsection (3) for "the Board" substitute "the integrated care board or NHS England (as the case may be)".

(4) For subsection (4) substitute—

"(4) The services to be provided under a general ophthalmic services contract may include services which are not primary ophthalmic services.

(4A) The services to be provided under a general ophthalmic services contract may include—

(a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) in the case of a contract entered into by NHS England, services to be performed outside England."

(5) In subsection (5), for "the Board" substitute "the integrated care board or NHS England".

Commencement Information
I487 Sch. 3 para. 31 not in force at Royal Assent, see **s. 186(6)**

32 In section 118 (persons eligible to enter into GOS contracts), in subsection (1), for "The Board" substitute "An integrated care board or NHS England".

Commencement Information
I488 Sch. 3 para. 32 not in force at Royal Assent, see **s. 186(6)**

33 In section 119 (exclusion of contractors), in subsection (1), for "the Board" substitute "an integrated care board or NHS England".

Commencement Information
I489 Sch. 3 para. 33 not in force at Royal Assent, see **s. 186(6)**

34 In section 120 (GOS contracts: payments), in subsection (3)(d), for "the Board" substitute "an integrated care board or NHS England".

Commencement Information
I490 Sch. 3 para. 34 not in force at Royal Assent, see **s. 186(6)**

35 In section 121 (GOS contracts: other required terms), in subsection (3)(a), for "the Board" substitute "an integrated care board or NHS England".

Commencement Information
I491 Sch. 3 para. 35 not in force at Royal Assent, see **s. 186(6)**

36 (1) Section 123 (persons performing primary ophthalmic services) is amended as follows.

(2) In subsection (1), for "the Board", in the first place it occurs, substitute "an integrated care board or NHS England".

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

"(b) an integrated care board or NHS England is responsible for a primary ophthalmic service if it secures its provision under or by virtue of any enactment."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I492 Sch. 3 para. 36 not in force at Royal Assent, see **s. 186(6)**

37 (1) Section 124 (assistance and support: primary ophthalmic services) is amended as follows.

(2) In subsection (1), for "The Board" substitute "An integrated care board".

(3) In subsection (2)—

(a) for "the Board", in the first place it occurs, substitute "an integrated care board";

(b) for "the Board", in the second place it occurs, substitute "the integrated care board".

Commencement Information
I493 Sch. 3 para. 37 not in force at Royal Assent, see **s. 186(6)**

38 (1) Section 125 (Local Optical Committees) is amended as follows.

(2) In subsection (1), for "The Board may recognise a committee formed for an area, which it is satisfied" substitute "An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board's area if it is satisfied that the committee".

(3) In subsection (3)(b), for "the Board" substitute "the integrated care board".

(4) In subsection (7), for "the Board" substitute "an integrated care board".

(5) In subsection (10)—

(a) for "The Board" substitute "An integrated care board";

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

Commencement Information
I494 Sch. 3 para. 38 not in force at Royal Assent, see **s. 186(6)**

39 For section 125A substitute—

"**125A Delegation of Secretary of State's functions to NHS England**

(1) The Secretary of State may direct NHS England to exercise any of the Secretary of State's functions relating to the provision of primary ophthalmic services.

(2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

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

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

Commencement Information

I495 Sch. 3 para. 39 not in force at Royal Assent, see **s. 186(6)**

Commencement Information

I483 Sch. 3 para. 27 not in force at Royal Assent, see **s. 186(6)**
I484 Sch. 3 para. 28 not in force at Royal Assent, see **s. 186(6)**
I485 Sch. 3 para. 29 not in force at Royal Assent, see **s. 186(6)**
I486 Sch. 3 para. 30 not in force at Royal Assent, see **s. 186(6)**
I487 Sch. 3 para. 31 not in force at Royal Assent, see **s. 186(6)**
I488 Sch. 3 para. 32 not in force at Royal Assent, see **s. 186(6)**
I489 Sch. 3 para. 33 not in force at Royal Assent, see **s. 186(6)**
I490 Sch. 3 para. 34 not in force at Royal Assent, see **s. 186(6)**
I491 Sch. 3 para. 35 not in force at Royal Assent, see **s. 186(6)**
I492 Sch. 3 para. 36 not in force at Royal Assent, see **s. 186(6)**
I493 Sch. 3 para. 37 not in force at Royal Assent, see **s. 186(6)**
I494 Sch. 3 para. 38 not in force at Royal Assent, see **s. 186(6)**
I495 Sch. 3 para. 39 not in force at Royal Assent, see **s. 186(6)**

PROSPECTIVE

Pharmaceutical services

40 For section 168A substitute—

"**168A Delegation of Secretary of State's functions to NHS England**

(1) The Secretary of State may direct NHS England to exercise any of the Secretary of State's functions relating to services that may be provided as pharmaceutical services, or as local pharmaceutical services, under this Part.

(2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations."

Commencement Information

I496 Sch. 3 para. 40 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

PROSPECTIVE

PART 2

CONSEQUENTIAL AMENDMENTS

Dentists Act 1984

41 The Dentists Act 1984 is amended as follows.

Commencement Information
I497 Sch. 3 para. 41 not in force at Royal Assent, see **s. 186(6)**

42 In section 40 (definition of business of dentistry), in subsection (2)(aa), for "a contract under section 100 of the National Health Service Act 2006" substitute "arrangements under section 99A of the National Health Service Act 2006 or a contract under section 100 of that Act".

Commencement Information
I498 Sch. 3 para. 42 not in force at Royal Assent, see **s. 186(6)**

43 In section 53 (interpretation), in subsection (3)(a)(i), for "92 or 107" substitute "83, 92, 99A or 107".

Commencement Information
I499 Sch. 3 para. 43 not in force at Royal Assent, see **s. 186(6)**

Commencement Information
I497 Sch. 3 para. 41 not in force at Royal Assent, see **s. 186(6)**
I498 Sch. 3 para. 42 not in force at Royal Assent, see **s. 186(6)**
I499 Sch. 3 para. 43 not in force at Royal Assent, see **s. 186(6)**

Access to Health Records Act 1990

44 In section 1 of the Access to Health Records Act 1990 ("Health record" and related expressions) as it has effect under the law of England and Wales, in subsection (2)—

(a) in paragraph (a)—

(i) before "or a Local Health Board" insert ", an integrated care board";

(ii) for "the Board" substitute "or the integrated care board or Local Health Board";

(b) after paragraph (a) insert—

"(aza) in the case of a record made by a health professional performing such services under a contract made with

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NHS England or an integrated care board under section 100 of the National Health Service Act 2006 (general dental services contracts), the person or body who entered into the contract with NHS England or the integrated care board (or, in a case where more than one person so entered into the contract, any such person);";

(c) in paragraph (aa)—

(i) for "92 or 107" substitute "83, 92, 99A or 107";

(ii) before "or a Local Health Board" insert ", an integrated care board";

(iii) for "the Board" substitute "or the integrated care board or Local Health Board".

Commencement Information

I500 Sch. 3 para. 44 not in force at Royal Assent, see **s. 186(6)**

Trade Union and Labour Relations (Consolidation) Act 1992

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

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

(a) in accordance with arrangements made by NHS England or an integrated care board under section 83, 92, 99A, 107 or 116A of the National Health Service Act 2006;

(b) in accordance with arrangements made by a Local Health Board under section 50 or 64 of the National Health Service (Wales) Act 2006;

(c) under a contract under section 84, 100 or 117 of the National Health Service Act 2006 entered into by the individual with NHS England or an integrated care board; or

(d) under a contract under section 42 or 57 of the National Health Service (Wales) Act 2006 entered into by the individual with a Local Health Board,

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

Commencement Information

I501 Sch. 3 para. 45 not in force at Royal Assent, see **s. 186(6)**

Health Service Commissioners Act 1993

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I502 Sch. 3 para. 46 not in force at Royal Assent, see **s. 186(6)**

Freedom of Information Act 2000

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

Commencement Information
I503 Sch. 3 para. 47 not in force at Royal Assent, see **s. 186(6)**

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

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

Commencement Information
I504 Sch. 3 para. 48 not in force at Royal Assent, see **s. 186(6)**

Health Act 2006

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

Commencement Information
I505 Sch. 3 para. 49 not in force at Royal Assent, see **s. 186(6)**

National Health Service Act 2006

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

Commencement Information
I506 Sch. 3 para. 50 not in force at Royal Assent, see **s. 186(6)**

51 In section 80 (supply of goods and services by the Secretary of State and NHS bodies), in subsections (5) and (7), before "may" insert "or an integrated care board".

Commencement Information
I507 Sch. 3 para. 51 not in force at Royal Assent, see **s. 186(6)**

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

52 (1) Section 259 (sale of medical practices) is amended as follows.

(2) In subsection (4)(e), for "83(2)" substitute "83".

(3) In subsection (4A), for "83(2)", in the first place it occurs, substitute "83".

Commencement Information
I508 Sch. 3 para. 52 not in force at Royal Assent, see **s. 186(6)**

53 In section 276 (index of defined expressions)—

(a) in the entry relating to "primary dental services" for "section 99" substitute "section 98C";

(b) in the entry relating to "primary medical services" for "section 83" substitute "section 82A";

(c) in the entry relating to "primary ophthalmic services" for "section 115" substitute "section 114C".

Commencement Information
I509 Sch. 3 para. 53 not in force at Royal Assent, see **s. 186(6)**

54 In Schedule 4 (NHS trusts), for paragraph 24 and the italic heading before it substitute—

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

24 An NHS trust may provide services—

(a) under arrangements made under section 83 (primary medical services);

(b) under an agreement made under section 92 (primary medical services), and may do so as a member of a qualifying body (within the meaning given by section 93);

(c) under arrangements made under section 99A (primary dental services);

(d) under an agreement made under section 107 (primary dental services), and may do so as a member of a qualifying body (within the meaning given by section 108)."

Commencement Information
I510 Sch. 3 para. 54 not in force at Royal Assent, see **s. 186(6)**

Commencement Information
I506 Sch. 3 para. 50 not in force at Royal Assent, see **s. 186(6)**
I507 Sch. 3 para. 51 not in force at Royal Assent, see **s. 186(6)**
I508 Sch. 3 para. 52 not in force at Royal Assent, see **s. 186(6)**
I509 Sch. 3 para. 53 not in force at Royal Assent, see **s. 186(6)**
I510 Sch. 3 para. 54 not in force at Royal Assent, see **s. 186(6)**

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National Health Service (Wales) Act 2006

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

(2) In subsection (1)—

(a) in paragraph (d)(ii) after "section 64 arrangements," insert "section 83 arrangements,";

(b) in paragraph (e) after "a section 64 employee," insert "a section 83 employee,".

(3) In subsection (3)—

(a) after the definition of "section 17C employee" insert—

""section 83 arrangements" means arrangements for the provision of services made under section 83 of the National Health Service Act 2006,";

(b) after the definition of "section 107 arrangements" insert—

""section 83 employee" means an individual who, in connection with the provision of services in accordance with section 83 arrangements, is employed by a person providing or performing those services,".

Commencement Information

I511 Sch. 3 para. 55 not in force at Royal Assent, see **s. 186(6)**

56 (1) Section 65 (persons with whom agreement may be made under section 64 for the provision of primary dental services) is amended as follows.

(2) In subsection (1)—

(a) in paragraph (d)(ii) after "section 92 arrangements," insert "section 99A arrangements,";

(b) in paragraph (e) after "a section 92 employee," insert "a section 99A employee,".

(3) In subsection (3)—

(a) after the definition of "section 92 arrangements" insert—

""section 99A arrangements" means arrangements for the provision of services made under section 99A of the National Health Service Act 2006,";

(b) after the definition of "section 92 employee" insert—

""section 99A employee" means an individual who, in connection with the provision of services in accordance with section 99A arrangements, is employed by a person providing or performing those services,".

Commencement Information

I512 Sch. 3 para. 56 not in force at Royal Assent, see **s. 186(6)**

Commencement Information

I511 Sch. 3 para. 55 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I512 Sch. 3 para. 56 not in force at Royal Assent, see **s. 186(6)**

Health Act 2009

57 In section 2 of the Health Act 2009 (duty to have regard to NHS constitution), in subsection (6)—

(a) for paragraph (a) substitute—

"(a) section 83 (arrangements for provision of primary medical services);";

(b) after paragraph (c) insert—

"(ca) section 99A (arrangements for provision of primary dental services);";

(c) after paragraph (e) insert—

"(ea) section 116A (arrangements for provision of primary ophthalmic services);".

Commencement Information

I513 Sch. 3 para. 57 not in force at Royal Assent, see **s. 186(6)**

Domestic Abuse Act 2021

58 In section 80 of the Domestic Abuse Act 2021 (prohibition on charging for the provision of medical evidence of domestic abuse), in subsection (5)(a), for sub-paragraph (ii) substitute—

"(ii) any arrangements made under section 83 of that Act;".

Commencement Information

I514 Sch. 3 para. 58 not in force at Royal Assent, see **s. 186(6)**

SCHEDULE 4 Section 32

INTEGRATED CARE SYSTEM: MINOR AND CONSEQUENTIAL AMENDMENTS

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

1 In Part 1 of Schedule 2 to the Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951 (capacities in respect of which payments under Part 5 of the Act may be made, and paying authorities), in paragraph 15—

(a) in the first column (headed "capacity"), for ", a clinical commissioning group," substitute ", an integrated care board,";

(b) in the second column (headed "paying authority"), for ", clinical commissioning group," substitute ", integrated care board,".

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I515 Sch. 4 para. 1 not in force at Royal Assent, see **s. 186(6)**

I516 Sch. 4 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Public Records Act 1958

2 In Schedule 1 to the Public Records Act 1958 (bodies the records of which are public records), in Part 1 of the Table at the end of paragraph 3—

(a) for ", clinical commissioning groups," substitute ", integrated care boards,";

(b) for ", a clinical commissioning group", in both places it occurs, substitute ", an integrated care board";

(c) for "paragraph 20 of Schedule 1A" substitute "paragraph 23 of Schedule 1B".

Commencement Information

I517 Sch. 4 para. 2 not in force at Royal Assent, see **s. 186(6)**

I518 Sch. 4 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Public Bodies (Admission to Meetings) Act 1960

3 In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 (public authorities to which that Act applies) in paragraph 1, after paragraph (o) insert—

"(p) an integrated care board established under section 14Z25 of the National Health Service Act 2006;".

Commencement Information

I519 Sch. 4 para. 3 not in force at Royal Assent, see **s. 186(6)**

I520 Sch. 4 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Leasehold Reform Act 1967

4 (1) Section 28 of the Leasehold Reform Act 1967 (land required for public purposes) is amended as follows.

(2) In subsection (5)(d), for ", any clinical commissioning group," substitute ", any integrated care board,".

(3) In subsection (6)(c), for ", a clinical commissioning group," substitute ", an integrated care board,".

Commencement Information

I521 Sch. 4 para. 4 not in force at Royal Assent, see **s. 186(6)**

I522 Sch. 4 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Parliamentary Commissioner Act 1967

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

Commencement Information
I523 Sch. 4 para. 5 not in force at Royal Assent, see **s. 186(6)**
I524 Sch. 4 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health Services and Public Health Act 1968

6 The Health Services and Public Health Act 1968 is amended as follows.

Commencement Information
I525 Sch. 4 para. 6 not in force at Royal Assent, see **s. 186(6)**
I526 Sch. 4 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

7 In section 63 (provision of instruction for officers of hospital authorities etc), in subsections (1)(a) and (2)(a), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I527 Sch. 4 para. 7 not in force at Royal Assent, see **s. 186(6)**
I528 Sch. 4 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

8 In section 64 (financial assistance to certain voluntary organisations), in subsection (3)(b), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I529 Sch. 4 para. 8 not in force at Royal Assent, see **s. 186(6)**
I530 Sch. 4 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I525 Sch. 4 para. 6 not in force at Royal Assent, see **s. 186(6)**
I526 Sch. 4 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I527 Sch. 4 para. 7 not in force at Royal Assent, see **s. 186(6)**
I528 Sch. 4 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I529 Sch. 4 para. 8 not in force at Royal Assent, see **s. 186(6)**
I530 Sch. 4 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
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Employers' Liability (Compulsory Insurance) Act 1969

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

Commencement Information

I531 Sch. 4 para. 9 not in force at Royal Assent, see **s. 186(6)**

I532 Sch. 4 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Local Authority Social Services Act 1970

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

Commencement Information

I533 Sch. 4 para. 10 not in force at Royal Assent, see **s. 186(6)**

I534 Sch. 4 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Local Government Act 1972

11 (1) Section 113 of the Local Government Act 1972 (placing of staff of local authorities at disposal of certain persons) is amended as follows.

(2) In subsection (1A), for "clinical commissioning group,", in each place it occurs, substitute "integrated care board,".

(3) In subsection (4), for ""clinical commissioning group" means a body established under section 14D" substitute ""integrated care board" means a body established under section 14Z25".

Commencement Information

I535 Sch. 4 para. 11 not in force at Royal Assent, see **s. 186(6)**

I536 Sch. 4 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Safety at Work etc. Act 1974

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

Commencement Information

I537 Sch. 4 para. 12 not in force at Royal Assent, see **s. 186(6)**

I538 Sch. 4 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

National Health Service (Scotland) Act 1978

13 In section 17A (NHS contracts), in subsection (2), for paragraph (jb) substitute—

"(jb) integrated care boards established under section 14Z25 of the National Health Service Act 2006;".

Commencement Information

I539 Sch. 4 para. 13 not in force at Royal Assent, see **s. 186(6)**

I540 Sch. 4 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Mental Health Act 1983

14 The Mental Health Act 1983 is amended as follows.

Commencement Information

I541 Sch. 4 para. 14 not in force at Royal Assent, see **s. 186(6)**

I542 Sch. 4 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

15 In section 39 (information as to hospitals), in subsection (1), for "clinical commissioning group or", in each place it occurs, substitute "integrated care board or".

Commencement Information

I543 Sch. 4 para. 15 not in force at Royal Assent, see **s. 186(6)**

I544 Sch. 4 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

16 In section 117 (after-care), in subsections (2), (2D), (2E), (2F) and (3), for "clinical commissioning group", in each place it occurs, substitute "integrated care board".

Commencement Information

I545 Sch. 4 para. 16 not in force at Royal Assent, see **s. 186(6)**

I546 Sch. 4 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

17 In section 134 (correspondence of patients), in subsection (3)(e), for ", a clinical commissioning group," substitute ", an integrated care board,".

Commencement Information

I547 Sch. 4 para. 17 not in force at Royal Assent, see **s. 186(6)**

I548 Sch. 4 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

18 In section 139 (protection for acts done in pursuance of this Act), in subsection (4), for ", a clinical commissioning group," substitute ", an integrated care board,".

Commencement Information

I549 Sch. 4 para. 18 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I550 Sch. 4 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

19 In section 140 (notification of hospitals having arrangements for special cases) for "clinical commissioning group", in each place it occurs, substitute "integrated care board".

Commencement Information

I551 Sch. 4 para. 19 not in force at Royal Assent, see **s. 186(6)**

I552 Sch. 4 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I541 Sch. 4 para. 14 not in force at Royal Assent, see **s. 186(6)**

I542 Sch. 4 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I543 Sch. 4 para. 15 not in force at Royal Assent, see **s. 186(6)**

I544 Sch. 4 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I545 Sch. 4 para. 16 not in force at Royal Assent, see **s. 186(6)**

I546 Sch. 4 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I547 Sch. 4 para. 17 not in force at Royal Assent, see **s. 186(6)**

I548 Sch. 4 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I549 Sch. 4 para. 18 not in force at Royal Assent, see **s. 186(6)**

I550 Sch. 4 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I551 Sch. 4 para. 19 not in force at Royal Assent, see **s. 186(6)**

I552 Sch. 4 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Acquisition of Land Act 1981

20 The Acquisition of Land Act 1981 is amended as follows.

Commencement Information

I553 Sch. 4 para. 20 not in force at Royal Assent, see **s. 186(6)**

I554 Sch. 4 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

21 In section 16 (statutory undertakers' land excluded from compulsory purchase), in subsection (3), for paragraph (ab) substitute—

"(ab) an integrated care board established under section 14Z25 of the National Health Service Act 2006;".

Commencement Information

I555 Sch. 4 para. 21 not in force at Royal Assent, see **s. 186(6)**

I556 Sch. 4 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

22 In section 17 (local authority and statutory undertakers' land), in subsection (4), in the definition of "statutory undertakers" for paragraph (af) substitute—

"("af) an integrated care board established under section 14Z25 of the National Health Service Act 2006,".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I557 Sch. 4 para. 22 not in force at Royal Assent, see **s. 186(6)**
I558 Sch. 4 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I553 Sch. 4 para. 20 not in force at Royal Assent, see **s. 186(6)**
I554 Sch. 4 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I555 Sch. 4 para. 21 not in force at Royal Assent, see **s. 186(6)**
I556 Sch. 4 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I557 Sch. 4 para. 22 not in force at Royal Assent, see **s. 186(6)**
I558 Sch. 4 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Disabled Persons (Services, Consultation and Representation) Act 1986

23 The Disabled Persons (Services, Consultation and Representation) Act 1986 is amended as follows.

Commencement Information
I559 Sch. 4 para. 23 not in force at Royal Assent, see **s. 186(6)**
I560 Sch. 4 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

24 (1) Section 2 (rights of authorised representatives of disabled persons) is amended as follows.

(2) In subsection (5)(a), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (9), in paragraph (a) of the definition of "health authority", for ", a clinical commissioning group or" substitute ", an integrated care board or".

Commencement Information
I561 Sch. 4 para. 24 not in force at Royal Assent, see **s. 186(6)**
I562 Sch. 4 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

25 (1) Section 7 (persons discharged from hospital) is amended as follows.

(2) In subsection (3A)(a), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (9), in paragraph (a) of the definition of "health authority", for "a clinical commissioning group", substitute "an integrated care board".

Commencement Information
I563 Sch. 4 para. 25 not in force at Royal Assent, see **s. 186(6)**
I564 Sch. 4 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I559 Sch. 4 para. 23 not in force at Royal Assent, see **s. 186(6)**

I560 Sch. 4 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I561 Sch. 4 para. 24 not in force at Royal Assent, see **s. 186(6)**

I562 Sch. 4 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I563 Sch. 4 para. 25 not in force at Royal Assent, see **s. 186(6)**

I564 Sch. 4 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Copyright, Designs and Patents Act 1988

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

Commencement Information

I565 Sch. 4 para. 26 not in force at Royal Assent, see **s. 186(6)**

I566 Sch. 4 para. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Children Act 1989

27 The Children Act 1989 is amended as follows.

Commencement Information

I567 Sch. 4 para. 27 not in force at Royal Assent, see **s. 186(6)**

I568 Sch. 4 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

28 In section 21 (provision for accommodation for children in police protection or detention or on remand, etc), in subsection (3), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I569 Sch. 4 para. 28 not in force at Royal Assent, see **s. 186(6)**

I570 Sch. 4 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

29 In section 24 (persons qualifying for advice and assistance), in subsection (2)(d)(ii), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I571 Sch. 4 para. 29 not in force at Royal Assent, see **s. 186(6)**

I572 Sch. 4 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

30 In section 24C (information), in subsection (2)(c), for "a clinical commissioning group" substitute "an integrated care board".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I573 Sch. 4 para. 30 not in force at Royal Assent, see **s. 186(6)**

I574 Sch. 4 para. 30 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

31 In section 27 (co-operation between authorities), in subsection (3)(d), for "clinical commissioning group," substitute "integrated care board,".

Commencement Information

I575 Sch. 4 para. 31 not in force at Royal Assent, see **s. 186(6)**

I576 Sch. 4 para. 31 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

32 In section 29 (recoupment of cost of providing services etc), in subsection (8)(c), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I577 Sch. 4 para. 32 not in force at Royal Assent, see **s. 186(6)**

I578 Sch. 4 para. 32 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

33 In section 47 (local authority's duty to investigate), in subsection (11)(d), for "clinical commissioning group," substitute "integrated care board,".

Commencement Information

I579 Sch. 4 para. 33 not in force at Royal Assent, see **s. 186(6)**

I580 Sch. 4 para. 33 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

34 In section 80 (inspection of children's homes etc by persons authorised by the Appropriate National Authority), in subsections (1)(d) and (5)(ea), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I581 Sch. 4 para. 34 not in force at Royal Assent, see **s. 186(6)**

I582 Sch. 4 para. 34 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

35 In section 85 (children accommodated by health authorities and local education authorities), in subsection (2ZA)—

(a) in paragraph (b), for "a clinical commissioning group" substitute "an integrated care board";

(b) in the words after paragraph (b), for "the clinical commissioning group" substitute "the integrated care board".

Commencement Information

I583 Sch. 4 para. 35 not in force at Royal Assent, see **s. 186(6)**

I584 Sch. 4 para. 35 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

36 In section 105 (interpretation), in subsection (1)—

(a) omit the definition of "clinical commissioning group";

(b) at the appropriate place insert—

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

Commencement Information

I585 Sch. 4 para. 36 not in force at Royal Assent, see **s. 186(6)**

I586 Sch. 4 para. 36 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I567 Sch. 4 para. 27 not in force at Royal Assent, see **s. 186(6)**

I568 Sch. 4 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I569 Sch. 4 para. 28 not in force at Royal Assent, see **s. 186(6)**

I570 Sch. 4 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I571 Sch. 4 para. 29 not in force at Royal Assent, see **s. 186(6)**

I572 Sch. 4 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I573 Sch. 4 para. 30 not in force at Royal Assent, see **s. 186(6)**

I574 Sch. 4 para. 30 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I575 Sch. 4 para. 31 not in force at Royal Assent, see **s. 186(6)**

I576 Sch. 4 para. 31 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I577 Sch. 4 para. 32 not in force at Royal Assent, see **s. 186(6)**

I578 Sch. 4 para. 32 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I579 Sch. 4 para. 33 not in force at Royal Assent, see **s. 186(6)**

I580 Sch. 4 para. 33 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I581 Sch. 4 para. 34 not in force at Royal Assent, see **s. 186(6)**

I582 Sch. 4 para. 34 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I583 Sch. 4 para. 35 not in force at Royal Assent, see **s. 186(6)**

I584 Sch. 4 para. 35 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I585 Sch. 4 para. 36 not in force at Royal Assent, see **s. 186(6)**

I586 Sch. 4 para. 36 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service and Community Care Act 1990

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

Commencement Information

I587 Sch. 4 para. 37 not in force at Royal Assent, see **s. 186(6)**

I588 Sch. 4 para. 37 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

London Local Authorities Act 1991

38 In section 4 of the London Local Authorities Act 1991 (interpretation of Part 2), in paragraph (d) of the definition of "establishment for special treatment", for "a

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

clinical commissioning group under the National Health Service Act 2006 (including by virtue of section 7A of that Act)" substitute "an integrated care board under the National Health Service Act 2006".

Commencement Information
I589 Sch. 4 para. 38 not in force at Royal Assent, see **s. 186(6)**
I590 Sch. 4 para. 38 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health Service Commissioners Act 1993

39 In section 2 of the Health Service Commissioners Act 1993 (the bodies subject to investigation), in subsection (1), for paragraph (dd) substitute—

"(dd) integrated care boards,".

Commencement Information
I591 Sch. 4 para. 39 not in force at Royal Assent, see **s. 186(6)**
I592 Sch. 4 para. 39 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30, 31)

Value Added Tax Act 1994

40 The Value Added Tax Act 1994 is amended as follows.

Commencement Information
I593 Sch. 4 para. 40 not in force at Royal Assent, see **s. 186(6)**
I594 Sch. 4 para. 40 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

41 In section 41 (application to the Crown), in subsection (7), for paragraph (f) substitute—

"(f) an integrated care board,".

Commencement Information
I595 Sch. 4 para. 41 not in force at Royal Assent, see **s. 186(6)**
I596 Sch. 4 para. 41 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

42 (1) Schedule 8 (zero-rating) is amended as follows.

(2) In Group 12, in Note (5H), for paragraph (ea) substitute—

"(ea) an integrated care board established under section 14Z25 of the National Health Service Act 2006;".

(3) In Group 15, in Note (4), for paragraph (j) substitute—

"(j) an integrated care board established under section 14Z25 of the National Health Service Act 2006."

Commencement Information

I597 Sch. 4 para. 42 not in force at Royal Assent, see **s. 186(6)**

I598 Sch. 4 para. 42 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I593 Sch. 4 para. 40 not in force at Royal Assent, see **s. 186(6)**

I594 Sch. 4 para. 40 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I595 Sch. 4 para. 41 not in force at Royal Assent, see **s. 186(6)**

I596 Sch. 4 para. 41 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I597 Sch. 4 para. 42 not in force at Royal Assent, see **s. 186(6)**

I598 Sch. 4 para. 42 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Education Act 1996

43 The Education Act 1996 is amended as follows.

Commencement Information

I599 Sch. 4 para. 43 not in force at Royal Assent, see **s. 186(6)**

I600 Sch. 4 para. 43 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

44 In section 322 (duty of certain bodies to help local authority), in subsections (1), (3)(a) and (4), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I601 Sch. 4 para. 44 not in force at Royal Assent, see **s. 186(6)**

I602 Sch. 4 para. 44 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

45 In section 332 (duty of Local Health Board, a Primary Care Trust or National Health Service trust to notify parent etc), in subsection (1), for "a clinical commissioning group," substitute "an integrated care board,".

Commencement Information

I603 Sch. 4 para. 45 not in force at Royal Assent, see **s. 186(6)**

I604 Sch. 4 para. 45 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I599 Sch. 4 para. 43 not in force at Royal Assent, see **s. 186(6)**

I600 Sch. 4 para. 43 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I601 Sch. 4 para. 44 not in force at Royal Assent, see **s. 186(6)**

I602 Sch. 4 para. 44 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I603 Sch. 4 para. 45 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I604 Sch. 4 para. 45 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Employment Rights Act 1996

46 The Employment Rights Act 1996 is amended as follows.

Commencement Information
I605 Sch. 4 para. 46 not in force at Royal Assent, see **s. 186(6)**
I606 Sch. 4 para. 46 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

47 In section 49B (the health service: regulations prohibiting discrimination because of protected disclosure), in subsection (7), for paragraph (b) substitute—

"(b) an integrated care board;".

Commencement Information
I607 Sch. 4 para. 47 not in force at Royal Assent, see **s. 186(6)**
I608 Sch. 4 para. 47 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

48 In section 50 (right to time off for public duties), in subsection (8), for paragraph (zb) substitute—

"(zb) an integrated care board established under section 14Z25 of the National Health Service Act 2006,".

Commencement Information
I609 Sch. 4 para. 48 not in force at Royal Assent, see **s. 186(6)**
I610 Sch. 4 para. 48 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

49 In section 218 (change of employer), in subsection (10), for paragraph (zb) substitute—

"(zb) an integrated care board established under section 14Z25 of the National Health Service Act 2006,".

Commencement Information
I611 Sch. 4 para. 49 not in force at Royal Assent, see **s. 186(6)**
I612 Sch. 4 para. 49 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I605 Sch. 4 para. 46 not in force at Royal Assent, see **s. 186(6)**
I606 Sch. 4 para. 46 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I607 Sch. 4 para. 47 not in force at Royal Assent, see **s. 186(6)**
I608 Sch. 4 para. 47 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I609 Sch. 4 para. 48 not in force at Royal Assent, see **s. 186(6)**
I610 Sch. 4 para. 48 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I611 Sch. 4 para. 49 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I612 Sch. 4 para. 49 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Housing Grants, Construction and Regeneration Act 1996

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

Commencement Information

I613 Sch. 4 para. 50 not in force at Royal Assent, see **s. 186(6)**

I614 Sch. 4 para. 50 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Crime and Disorder Act 1998

51 The Crime and Disorder Act 1998 is amended as follows.

Commencement Information

I615 Sch. 4 para. 51 not in force at Royal Assent, see **s. 186(6)**

I616 Sch. 4 para. 51 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

52 In section 5 (authorities responsible for crime and disorder strategies), in subsection (1)(e), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I617 Sch. 4 para. 52 not in force at Royal Assent, see **s. 186(6)**

I618 Sch. 4 para. 52 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

53 In section 38 (local provision of youth justice services), in subsection (2)(b), for ", clinical commissioning group or" substitute ", integrated care board or".

Commencement Information

I619 Sch. 4 para. 53 not in force at Royal Assent, see **s. 186(6)**

I620 Sch. 4 para. 53 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

54 (1) Section 39 (youth offending teams) is amended as follows.

(2) In subsection (3)(b), for ", clinical commissioning group or" substitute ", integrated care board or".

(3) In subsection (5)(d), for "a clinical commissioning group or" substitute "an integrated care board or".

Commencement Information

I621 Sch. 4 para. 54 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I622 Sch. 4 para. 54 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

55 In section 41 (the Youth Justice Board), in subsection (10), for "a clinical commissioning group," substitute "an integrated care board,".

Commencement Information
I623 Sch. 4 para. 55 not in force at Royal Assent, see **s. 186(6)**
I624 Sch. 4 para. 55 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

56 In section 42 (supplementary provision), in subsection (3), for "a clinical commissioning group," substitute "an integrated care board,".

Commencement Information
I625 Sch. 4 para. 56 not in force at Royal Assent, see **s. 186(6)**
I626 Sch. 4 para. 56 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

57 In section 115 (disclosure of information), in subsection (2), for paragraph (fb) substitute—

"(fb) an integrated care board;".

Commencement Information
I627 Sch. 4 para. 57 not in force at Royal Assent, see **s. 186(6)**
I628 Sch. 4 para. 57 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I615 Sch. 4 para. 51 not in force at Royal Assent, see **s. 186(6)**
I616 Sch. 4 para. 51 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I617 Sch. 4 para. 52 not in force at Royal Assent, see **s. 186(6)**
I618 Sch. 4 para. 52 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I619 Sch. 4 para. 53 not in force at Royal Assent, see **s. 186(6)**
I620 Sch. 4 para. 53 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I621 Sch. 4 para. 54 not in force at Royal Assent, see **s. 186(6)**
I622 Sch. 4 para. 54 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I623 Sch. 4 para. 55 not in force at Royal Assent, see **s. 186(6)**
I624 Sch. 4 para. 55 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I625 Sch. 4 para. 56 not in force at Royal Assent, see **s. 186(6)**
I626 Sch. 4 para. 56 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I627 Sch. 4 para. 57 not in force at Royal Assent, see **s. 186(6)**
I628 Sch. 4 para. 57 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Greater London Authority Act 1999

58 In section 309E of the Greater London Authority Act 1999 (the Mayor's health inequalities strategy), in subsection (5), for paragraph (gc) substitute—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(gc) any integrated care board (established under section 14Z25 of the National Health Service Act 2006) for an area wholly or partly in Greater London,".

Commencement Information

I629 Sch. 4 para. 58 not in force at Royal Assent, see **s. 186(6)**

I630 Sch. 4 para. 58 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health Act 1999

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

Commencement Information

I631 Sch. 4 para. 59 not in force at Royal Assent, see **s. 186(6)**

I632 Sch. 4 para. 59 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Freedom of Information Act 2000

60 In Part 3 of Schedule 1 to the Freedom of Information Act 2000 (NHS in England and Wales), for paragraph 37B substitute—

"37B An integrated care board established under section 14Z25 of the National Health Service Act 2006."

Commencement Information

I633 Sch. 4 para. 60 not in force at Royal Assent, see **s. 186(6)**

I634 Sch. 4 para. 60 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Local Government Act 2000

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

"(za) an integrated care board,".

Commencement Information

I635 Sch. 4 para. 61 not in force at Royal Assent, see **s. 186(6)**

I636 Sch. 4 para. 61 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Adoption and Children Act 2002

62 The Adoption and Children Act 2002 is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I637 Sch. 4 para. 62 not in force at Royal Assent, see **s. 186(6)**
I638 Sch. 4 para. 62 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

63 In section 4 (assessments etc for adoption support services), in subsection (9), in the words after paragraph (b), for "clinical commissioning group," substitute "integrated care board,".

Commencement Information
I639 Sch. 4 para. 63 not in force at Royal Assent, see **s. 186(6)**
I640 Sch. 4 para. 63 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

64 In section 8 (adoption support agencies), in subsection (2)(d), for ", clinical commissioning group" substitute ", integrated care board".

Commencement Information
I641 Sch. 4 para. 64 not in force at Royal Assent, see **s. 186(6)**
I642 Sch. 4 para. 64 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I637 Sch. 4 para. 62 not in force at Royal Assent, see **s. 186(6)**
I638 Sch. 4 para. 62 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I639 Sch. 4 para. 63 not in force at Royal Assent, see **s. 186(6)**
I640 Sch. 4 para. 63 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I641 Sch. 4 para. 64 not in force at Royal Assent, see **s. 186(6)**
I642 Sch. 4 para. 64 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

International Development Act 2002

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

Commencement Information
I643 Sch. 4 para. 65 not in force at Royal Assent, see **s. 186(6)**
I644 Sch. 4 para. 65 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Nationality, Immigration and Asylum Act 2002

66 In section 133 of the Nationality, Immigration and Asylum Act 2002 (power of medical inspector to disclose information to health service bodies), in subsection (4)(a), for sub-paragraph (ib) substitute—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(ib) an integrated care board established under section 14Z25 of the National Health Service Act 2006,".

Commencement Information

I645 Sch. 4 para. 66 not in force at Royal Assent, see **s. 186(6)**

I646 Sch. 4 para. 66 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Criminal Justice Act 2003

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

Commencement Information

I647 Sch. 4 para. 67 not in force at Royal Assent, see **s. 186(6)**

I648 Sch. 4 para. 67 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Finance Act 2003

68 In section 67A of the Finance Act 2003 (acquisitions by certain health service bodies), in subsection (1), for paragraph (b) substitute—

"(b) an integrated care board established under section 14Z25 of the National Health Service Act 2006;".

Commencement Information

I649 Sch. 4 para. 68 not in force at Royal Assent, see **s. 186(6)**

I650 Sch. 4 para. 68 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

69 The Health and Social Care (Community Health and Standards) Act 2003 is amended as follows.

Commencement Information

I651 Sch. 4 para. 69 not in force at Royal Assent, see **s. 186(6)**

I652 Sch. 4 para. 69 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

70 In section 148 (interpretation of Part 2), in the definition of "English NHS body", for paragraph (cb) substitute—

"("cb) an integrated care board;".

Commencement Information

I653 Sch. 4 para. 70 not in force at Royal Assent, see **s. 186(6)**

I654 Sch. 4 para. 70 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

71 In section 160 (provision of information), in subsection (1)(h)—

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) for "the clinical commissioning group" substitute "the integrated care board".

Commencement Information

I655 Sch. 4 para. 71 not in force at Royal Assent, see **s. 186(6)**

I656 Sch. 4 para. 71 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

72 In section 165 (power to apply provisions about recovery of charges to non-NHS hospitals), in subsection (3)(b), for sub-paragraph (ib) substitute—

"(ib) an integrated care board,".

Commencement Information

I657 Sch. 4 para. 72 not in force at Royal Assent, see **s. 186(6)**

I658 Sch. 4 para. 72 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I651 Sch. 4 para. 69 not in force at Royal Assent, see **s. 186(6)**

I652 Sch. 4 para. 69 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I653 Sch. 4 para. 70 not in force at Royal Assent, see **s. 186(6)**

I654 Sch. 4 para. 70 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I655 Sch. 4 para. 71 not in force at Royal Assent, see **s. 186(6)**

I656 Sch. 4 para. 71 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I657 Sch. 4 para. 72 not in force at Royal Assent, see **s. 186(6)**

I658 Sch. 4 para. 72 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Children Act 2004

73 The Children Act 2004 is amended as follows.

Commencement Information

I659 Sch. 4 para. 73 not in force at Royal Assent, see **s. 186(6)**

I660 Sch. 4 para. 73 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

74 In section 10 (co-operation to improve wellbeing), in subsection (4)(db), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I661 Sch. 4 para. 74 not in force at Royal Assent, see **s. 186(6)**

I662 Sch. 4 para. 74 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

75 In section 11 (arrangements to safeguard and promote welfare), in subsection (1), for paragraph (bb) substitute—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(bb) an integrated care board;".

Commencement Information

I663 Sch. 4 para. 75 not in force at Royal Assent, see **s. 186(6)**

I664 Sch. 4 para. 75 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

76 In section 16E (local arrangements for safeguarding and promoting welfare of children), in subsection (3), in paragraph (b) of the definition of "safeguarding partner" for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I665 Sch. 4 para. 76 not in force at Royal Assent, see **s. 186(6)**

I666 Sch. 4 para. 76 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

77 In section 16J (combining safeguarding partner areas and delegating functions), for subsection (4) substitute—

"(4) Where an integrated care board is a safeguarding partner for the same local authority area as another integrated care board, the boards may arrange for one of them to carry out functions under sections 16E to 16I on behalf of the other."

Commencement Information

I667 Sch. 4 para. 77 not in force at Royal Assent, see **s. 186(6)**

I668 Sch. 4 para. 77 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

78 In section 16P (combining child death review partner areas and delegating functions), for subsection (4) substitute—

"(4) Where an integrated care board is a child death review partner for the same local authority area as another integrated care board, the boards may arrange for one of them to carry out functions under sections 16M to 16O on behalf of the other."

Commencement Information

I669 Sch. 4 para. 78 not in force at Royal Assent, see **s. 186(6)**

I670 Sch. 4 para. 78 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

79 In section 16Q (guidance and interpretation), in subsection (2)(b), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I671 Sch. 4 para. 79 not in force at Royal Assent, see **s. 186(6)**

I672 Sch. 4 para. 79 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I659 Sch. 4 para. 73 not in force at Royal Assent, see **s. 186(6)**
I660 Sch. 4 para. 73 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I661 Sch. 4 para. 74 not in force at Royal Assent, see **s. 186(6)**
I662 Sch. 4 para. 74 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I663 Sch. 4 para. 75 not in force at Royal Assent, see **s. 186(6)**
I664 Sch. 4 para. 75 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I665 Sch. 4 para. 76 not in force at Royal Assent, see **s. 186(6)**
I666 Sch. 4 para. 76 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I667 Sch. 4 para. 77 not in force at Royal Assent, see **s. 186(6)**
I668 Sch. 4 para. 77 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I669 Sch. 4 para. 78 not in force at Royal Assent, see **s. 186(6)**
I670 Sch. 4 para. 78 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I671 Sch. 4 para. 79 not in force at Royal Assent, see **s. 186(6)**
I672 Sch. 4 para. 79 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Civil Contingencies Act 2004

80 (1) Schedule 1 to the Civil Contingencies Act 2004 (lists of Category 1 and 2 responders) is amended as follows.

(2) After paragraph 4A insert—

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

(3) Omit paragraph 29ZA.

Commencement Information

I673 Sch. 4 para. 80 not in force at Royal Assent, see **s. 186(6)**
I674 Sch. 4 para. 80 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Domestic Violence, Crime and Victims Act 2004

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

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

Commencement Information

I675 Sch. 4 para. 81 not in force at Royal Assent, see **s. 186(6)**
I676 Sch. 4 para. 81 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Mental Capacity Act 2005

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In paragraph 3—

(a) omit the definition of "clinical commissioning group";

(b) at the appropriate place insert—

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

(3) In paragraph 6(1)(d)—

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

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

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

"(b) an integrated care board;".

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

"(b) each integrated care board;".

Commencement Information

I677 Sch. 4 para. 82 not in force at Royal Assent, see **s. 186(6)**

I678 Sch. 4 para. 82 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Armed Forces Act 2006

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

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

"(h) an integrated care board;".

(3) In subsection (8)—

(a) omit the definition of "clinical commissioning group";

(b) at the appropriate place insert—

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

Commencement Information

I679 Sch. 4 para. 83 not in force at Royal Assent, see **s. 186(6)**

I680 Sch. 4 para. 83 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Childcare Act 2006

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I681 Sch. 4 para. 84 not in force at Royal Assent, see **s. 186(6)**
I682 Sch. 4 para. 84 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Emergency Workers (Obstruction) Act 2006

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

Commencement Information
I683 Sch. 4 para. 85 not in force at Royal Assent, see **s. 186(6)**
I684 Sch. 4 para. 85 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service Act 2006

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

Commencement Information
I685 Sch. 4 para. 86 not in force at Royal Assent, see **s. 186(6)**
I686 Sch. 4 para. 86 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

87 In section 1H (NHS England and its general functions), in subsection (3)(b), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information
I687 Sch. 4 para. 87 not in force at Royal Assent, see **s. 186(6)**
I688 Sch. 4 para. 87 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

88 (1) Section 6 (performance of functions outside England) is amended as follows.

(2) In subsection (1A), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (2), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information
I689 Sch. 4 para. 88 not in force at Royal Assent, see **s. 186(6)**
I690 Sch. 4 para. 88 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

89 (1) Section 6E (regulations as to the exercise of functions) is amended as follows.

(2) In the heading, for "clinical commissioning groups" substitute "integrated care boards".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) In subsections (1) and (2), for "clinical commissioning groups", in each place it occurs, substitute "integrated care boards".

(4) In subsection (3)(a), for "a clinical commissioning group" substitute "an integrated care board".

(5) In subsections (4)(a) and (c), (5)(a) and (b) and (7), for "clinical commissioning groups", in each place it occurs, substitute "integrated care boards".

(6) In subsection (8), for "clinical commissioning group" substitute "integrated care board".

(7) In subsection (10)(a) and (b), for "clinical commissioning groups", in each place it occurs, substitute "integrated care boards".

Commencement Information
I691 Sch. 4 para. 89 not in force at Royal Assent, see **s. 186(6)**
I692 Sch. 4 para. 89 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

90 In section 9 (NHS contracts), in subsection (4), for paragraph (zb) substitute—

"(zb) an integrated care board,".

Commencement Information
I693 Sch. 4 para. 90 not in force at Royal Assent, see **s. 186(6)**
I694 Sch. 4 para. 90 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

91 (1) Section 12 (arrangements with other bodies) is amended as follows.

(2) In subsection (2), for paragraph (b) substitute—

"(b) integrated care boards,".

(3) In subsection (4), for paragraph (ab) substitute—

"(ab) an integrated care board,".

Commencement Information
I695 Sch. 4 para. 91 not in force at Royal Assent, see **s. 186(6)**
I696 Sch. 4 para. 91 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

92 (1) Section 12ZA (commissioning arrangements) is amended as follows.

(2) In the heading, for "clinical commissioning groups" substitute "integrated care boards".

(3) In subsections (1), (3) and (4), for "a clinical commissioning group" substitute "an integrated care board".

(4) In subsection (5), for paragraph (c) substitute—

"(c) an integrated care board,".

(5) In subsection (9), in the definition of "service provider", for "a clinical commissioning group" substitute "an integrated care board".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I697 Sch. 4 para. 92 not in force at Royal Assent, see **s. 186(6)**
I698 Sch. 4 para. 92 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

93 (1) Section 12A (direct payments for health care) is amended as follows.

(2) In subsections (1) and (2)(aa), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (4)—

(a) for "a clinical commissioning group", in both places it occurs, substitute "an integrated care board";

(b) for "the group" substitute "the board".

Commencement Information
I699 Sch. 4 para. 93 not in force at Royal Assent, see **s. 186(6)**
I700 Sch. 4 para. 93 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

94 In section 12B (regulations about direct payments), in subsections (2)(d), (g), (h) and (j), (4) and (5)(a) and (b), for "a clinical commissioning group", in each place it occurs, substitute "an integrated care board".

Commencement Information
I701 Sch. 4 para. 94 not in force at Royal Assent, see **s. 186(6)**
I702 Sch. 4 para. 94 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

95 In section 12D (arrangements with other bodies relating to direct payments), in subsections (1) and (3), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I703 Sch. 4 para. 95 not in force at Royal Assent, see **s. 186(6)**
I704 Sch. 4 para. 95 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

96 In section 13A (mandate), in subsection (6), for "clinical commissioning group" substitute "integrated care board".

Commencement Information
I705 Sch. 4 para. 96 not in force at Royal Assent, see **s. 186(6)**
I706 Sch. 4 para. 96 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

97 In section 13N (duty as to promoting integration), in subsection (3), for "clinical commissioning groups" substitute "integrated care boards".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I707 Sch. 4 para. 97 not in force at Royal Assent, see **s. 186(6)**

I708 Sch. 4 para. 97 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

98 In section 13R (information on safety of services provided by the health service), in subsection (6), for "A clinical commissioning group" substitute "An integrated care board".

Commencement Information

I709 Sch. 4 para. 98 not in force at Royal Assent, see **s. 186(6)**

I710 Sch. 4 para. 98 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

99 In section 13V (pooled funds), in subsection (1), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information

I711 Sch. 4 para. 99 not in force at Royal Assent, see **s. 186(6)**

I712 Sch. 4 para. 99 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

100 In Part 2, omit Chapter A2 (clinical commissioning groups).

Commencement Information

I713 Sch. 4 para. 100 not in force at Royal Assent, see **s. 186(6)**

I714 Sch. 4 para. 100 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 23, 24, 28, 29, 30)

101 In section 71 (schemes for meeting losses and liabilities etc of certain health service bodies), in subsection (2), for paragraph (zb) substitute—

"(zb) integrated care boards,".

Commencement Information

I715 Sch. 4 para. 101 not in force at Royal Assent, see **s. 186(6)**

I716 Sch. 4 para. 101 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

102 In section 74 (supply of goods and services by local authorities), in subsection (1)(a), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I717 Sch. 4 para. 102 not in force at Royal Assent, see **s. 186(6)**

I718 Sch. 4 para. 102 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

103 In section 76 (power of local authorities to make payments), in subsection (1), for "a clinical commissioning group" substitute "an integrated care board".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I719 Sch. 4 para. 103 not in force at Royal Assent, see **s. 186(6)**

I720 Sch. 4 para. 103 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

104 (1) Section 77 (care trusts) is amended as follows.

(2) In subsection (1), in paragraph (a), for "an NHS trust or a clinical commissioning group" substitute "an integrated care board, an NHS trust".

(3) In subsection (10), for "NHS trust or clinical commissioning group" substitute "an integrated care board, NHS trust".

(4) In subsection (12), in the definition of "NHS functions", for "NHS trust or clinical commissioning group" substitute "an integrated care board, NHS trust".

Commencement Information

I721 Sch. 4 para. 104 not in force at Royal Assent, see **s. 186(6)**

I722 Sch. 4 para. 104 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

105 (1) In section 80 (supply of goods and services by the Secretary of State, the Board and clinical commissioning groups) is amended as follows.

(2) In the heading, for "clinical commissioning groups" substitute "integrated care boards".

(3) In subsection (1), for "a clinical commissioning group" substitute "an integrated care board".

(4) For subsection (3A) substitute—

"(3A) NHS England or an integrated care board may make available to persons falling within subsection (1)—

(a) any facilities the provision of which is arranged by NHS England or (as the case may be) the integrated care board in pursuance of its functions under this Act;

(b) any facilities of NHS England or (as the case may be) the integrated care board;

(c) the services of persons employed by NHS England or (as the case may be) the integrated care board."

(5) In subsection (4), for "a clinical commissioning group" substitute "an integrated care board".

(6) For subsection (6A) substitute—

"(6A) NHS England and each integrated care board must make available to local authorities—

(a) any services (other than the services of any person) or other facilities the provision of which is arranged by NHS England or (as the case may be) the integrated care board in pursuance of its functions under this Act;

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(b) the services of persons employed by NHS England or (as the case may be) the integrated care board;

(c) any facilities of NHS England or (as the case may be) the integrated care board,

so far as is reasonably necessary and practicable to enable local authorities to discharge their functions relating to social services, education and public health."

(7) In subsection (9)—

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) for "the clinical commissioning group" substitute "the integrated care board in the exercise of its functions".

(8) Omit subsection (10).

Commencement Information

I723 Sch. 4 para. 105 not in force at Royal Assent, see **s. 186(6)**

I724 Sch. 4 para. 105 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

106 In section 183 (payment of travelling expenses), in paragraphs (a), (b) and (c), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I725 Sch. 4 para. 106 not in force at Royal Assent, see **s. 186(6)**

I726 Sch. 4 para. 106 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

107 In section 185 (charges for more expensive supplies), in subsection (2), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I727 Sch. 4 para. 107 not in force at Royal Assent, see **s. 186(6)**

I728 Sch. 4 para. 107 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

108 In section 186 (charges for repairs and replacements in certain cases), in subsection (2), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I729 Sch. 4 para. 108 not in force at Royal Assent, see **s. 186(6)**

I730 Sch. 4 para. 108 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

109 In section 187 (charges for designated services or facilities), for "section 3(1)(d) or (e)" substitute "section 3(1)(e) or (f)".

Commencement Information

I731 Sch. 4 para. 109 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I732 Sch. 4 para. 109 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

110 In section 188 (sums otherwise payable to those providing services), in subsection (2), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I733 Sch. 4 para. 110 not in force at Royal Assent, see **s. 186(6)**
I734 Sch. 4 para. 110 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

111 In section 196 (persons and bodies about which provision is made by this Part), in subsection (3), for paragraph (zb) substitute—

"(zb) an integrated care board,".

Commencement Information
I735 Sch. 4 para. 111 not in force at Royal Assent, see **s. 186(6)**
I736 Sch. 4 para. 111 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

112 In section 201 (disclosure of information), in subsection (3)(a), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I737 Sch. 4 para. 112 not in force at Royal Assent, see **s. 186(6)**
I738 Sch. 4 para. 112 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

113 In section 214 (transfer of functions and property to or from Welsh special trustees), in subsection (1), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I739 Sch. 4 para. 113 not in force at Royal Assent, see **s. 186(6)**
I740 Sch. 4 para. 113 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

114 In section 222 (power to raise money), in subsection (3A)(a), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I741 Sch. 4 para. 114 not in force at Royal Assent, see **s. 186(6)**
I742 Sch. 4 para. 114 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

115 For section 223A (application of provision about public-private partnerships) substitute—

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"**223A Application of section 223 to integrated care boards**

(1) Section 223 applies in relation to an integrated care board as it applies in relation to NHS England.

(2) But the powers conferred by that section are exercisable by an integrated care board only for the purpose of securing improvement—

(a) in the physical and mental health of the group of people for whom it has core responsibility (see section 14Z31), or

(b) in the prevention, diagnosis and treatment of illness in such people."

Commencement Information

I743 Sch. 4 para. 115 not in force at Royal Assent, see **s. 186(6)**

I744 Sch. 4 para. 115 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

116 In section 223B (funding of NHS England), in subsection (8), for "14Z1" substitute "14Z42".

Commencement Information

I745 Sch. 4 para. 116 not in force at Royal Assent, see **s. 186(6)**

I746 Sch. 4 para. 116 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

117 In section 223F (power to establish contingency fund), in subsection (2)(b), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I747 Sch. 4 para. 117 not in force at Royal Assent, see **s. 186(6)**

I748 Sch. 4 para. 117 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

118 (1) Section 223G (means of meeting expenditure of clinical commissioning groups out of public funds) is amended as follows.

(2) In the heading, for "clinical commissioning groups" substitute "integrated care boards".

(3) In subsection (1)—

(a) for "clinical commissioning group" substitute "integrated care board";

(b) for "the group", in both places it occurs, substitute "the board".

(4) In subsection (2)—

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) in paragraph (a), for "clinical commissioning group" substitute "integrated care board".

(5) In subsection (3)—

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) for "the group" substitute "the board".

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(6) In subsections (5) and (6), for "a clinical commissioning group" substitute "an integrated care board".

(7) In subsection (7), for "clinical commissioning groups" substitute "integrated care boards".

(8) Omit subsection (8).

Commencement Information
I749 Sch. 4 para. 118 not in force at Royal Assent, see **s. 186(6)**
I750 Sch. 4 para. 118 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

119 (1) Section 223GA (expenditure on integration) is amended as follows.

(2) In subsection (3), for "the group" substitute "the integrated care board".

(3) In subsection (4)(a)—
(a) for "the group" substitute "the integrated care board";
(b) for "clinical commissioning group" substitute "integrated care board".

(4) In subsections (5)(c) and (6)(b), for "clinical commissioning group" substitute "integrated care board".

(5) In subsections (10)(b) and (11), for "14Z1" substitute "14Z42".

Commencement Information
I751 Sch. 4 para. 119 not in force at Royal Assent, see **s. 186(6)**
I752 Sch. 4 para. 119 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

120 (1) Section 223K (payments in respect of quality) is amended as follows.

(2) In subsection (1), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (6), omit the words from "(which may include" to the end.

(4) In subsection (7)—
(a) for "A clinical commissioning group" substitute "An integrated care board";
(b) for "the group" substitute "the board".

Commencement Information
I753 Sch. 4 para. 120 not in force at Royal Assent, see **s. 186(6)**
I754 Sch. 4 para. 120 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

121 (1) Section 236 (payments for certain medical examinations) is amended as follows.

(2) In subsection (1), for "clinical commissioning group" substitute "integrated care board".

(3) In subsection (2)(b)(ii), for "a clinical commissioning group" substitute "an integrated care board".

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I755 Sch. 4 para. 121 not in force at Royal Assent, see **s. 186(6)**

I756 Sch. 4 para. 121 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

122 (1) Section 244 (review and scrutiny by local authorities) is amended as follows

(2) In subsection (2ZA)(c) and (d), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (3A), for paragraph (a) substitute—

"(a) in relation to an integrated care board, includes a person who is not a member of the board but is a member of a committee or sub-committee of it;".

(4) Omit subsection (3B).

Commencement Information

I757 Sch. 4 para. 122 not in force at Royal Assent, see **s. 186(6)**

I758 Sch. 4 para. 122 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

123 In the italic heading before section 252A, for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information

I759 Sch. 4 para. 123 not in force at Royal Assent, see **s. 186(6)**

I760 Sch. 4 para. 123 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

124 (1) In section 252A (role of NHS England and clinical commissioning groups in respect of emergencies).

(2) In the heading, for "clinical commissioning groups" substitute "integrated care boards".

(3) In subsections (1), (2) and (3), for "clinical commissioning group" substitute "integrated care board".

(4) In subsection (6), for "clinical commissioning groups" substitute "integrated care boards".

(5) In subsection (10), in the definition of "relevant emergency", in paragraph (a)—

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) for "the group" substitute "the board".

Commencement Information

I761 Sch. 4 para. 124 not in force at Royal Assent, see **s. 186(6)**

I762 Sch. 4 para. 124 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

125 (1) Section 256 (power of NHS England or a clinical commissioning group to make payments towards expenditure on community services) is amended as follows.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In the heading, for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (1), for "a clinical commissioning group" substitute "an integrated care board".

(4) In subsection (3)—

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) for "the clinical commissioning group" substitute "the integrated care board".

Commencement Information

I763 Sch. 4 para. 125 not in force at Royal Assent, see **s. 186(6)**

I764 Sch. 4 para. 125 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

126 In section 257 (payments in respect of voluntary organisations under section 256), in subsection (2), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I765 Sch. 4 para. 126 not in force at Royal Assent, see **s. 186(6)**

I766 Sch. 4 para. 126 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

127 (1) Section 258 (university clinical teaching and research) is amended as follows.

(2) In subsection (1), for "clinical commissioning group", in both places it occurs, substitute "integrated care board".

(3) In subsection (2)(a), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I767 Sch. 4 para. 127 not in force at Royal Assent, see **s. 186(6)**

I768 Sch. 4 para. 127 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

128 In section 269 (special notices of births and deaths), in subsection (11), for paragraph (b) substitute—

"(b) integrated care boards,".

Commencement Information

I769 Sch. 4 para. 128 not in force at Royal Assent, see **s. 186(6)**

I770 Sch. 4 para. 128 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

129 In section 270 (provision of information by Registrar General), in subsection (1), for paragraph (c) substitute—

"(c) an integrated care board,".

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Commencement Information

I771 Sch. 4 para. 129 not in force at Royal Assent, see **s. 186(6)**

I772 Sch. 4 para. 129 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

130 In section 271A (services to be treated as services of the Crown for certain purposes), in subsection (2)(a), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I773 Sch. 4 para. 130 not in force at Royal Assent, see **s. 186(6)**

I774 Sch. 4 para. 130 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

131 (1) Section 272 (orders, regulations, rules and directions) is amended as follows.

(2) In subsection (5), omit paragraph (za).

(3) In subsection (6), omit paragraph (zza).

Commencement Information

I775 Sch. 4 para. 131 not in force at Royal Assent, see **s. 186(6)**

I776 Sch. 4 para. 131 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

132 In section 275 (interpretation), in subsection (1)—

(a) omit the definition of "clinical commissioning group";

(b) in the definition of "financial year", after "any year" insert "(except that in relation to an integrated care board it has the meaning given by section 14Z52(8))";

(c) at the appropriate places insert—

""integrated care board" means a body established under section 14Z25,";

""information" includes documents or records,";

(d) in the definition of "NHS body", for paragraph (b) substitute—

"(b) an integrated care board,".

Commencement Information

I777 Sch. 4 para. 132 not in force at Royal Assent, see **s. 186(6)**

I778 Sch. 4 para. 132 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

133 In section 276 (index of defined expressions), in the appropriate places insert—

"group of people for whom an integrated care board has core responsibility	section 14Z31"
"partner, in relation to an NHS trust or NHS foundation trust and an integrated care board	section 14Z48".

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Commencement Information

I779 Sch. 4 para. 133 not in force at Royal Assent, see **s. 186(6)**

I780 Sch. 4 para. 133 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

134 (1) Schedule A1 (NHS England) is amended as follows.

(2) In paragraph 16(2)(b), for "clinical commissioning group" substitute "integrated care board".

(3) In paragraph 17(2)(b)—

(a) for "clinical commissioning groups" substitute "integrated care boards";

(b) for "paragraph 17(3) of Schedule 1A" substitute "paragraph 22(3) of Schedule 1B".

Commencement Information

I781 Sch. 4 para. 134 not in force at Royal Assent, see **s. 186(6)**

I782 Sch. 4 para. 134 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 26, 27, 29, 30)

135 (1) Schedule 1 (further provision about services) is amended as follows.

(2) For paragraph 9 substitute—

"9 (1) An integrated care board may make arrangements for the provision of vehicles (including wheelchairs) for people for whom the board has responsibility and who appear to it to have a physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

(2) For the purposes of this paragraph an integrated care board has responsibility for—

(a) the group of people for whom it has core responsibility (see section 14Z31), and

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

(3) In paragraph 10—

(a) in sub-paragraph (2), for "clinical commissioning group" substitute "integrated care board";

(b) in sub-paragraph (3), for "A clinical commissioning group" substitute "An integrated care board";

(c) in sub-paragraph (5), for "clinical commissioning group" substitute "integrated care board".

(4) In paragraph 13—

(a) in sub-paragraph (1)—

(i) for "a clinical commissioning group" substitute "an integrated care board";

(ii) in paragraph (b), for "clinical commissioning group" substitute "integrated care board";

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(b) in sub-paragraph (3), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I783 Sch. 4 para. 135 not in force at Royal Assent, see **s. 186(6)**

I784 Sch. 4 para. 135 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

136 In Schedule 4 (NHS trusts: constitution etc), in paragraph 12, after sub-paragraph (1) insert—

"(1A) The annual report must, in particular, review the extent to which the NHS trust has exercised its functions in accordance with the plans published under—

(a) section 14Z52 (joint forward plans for integrated care board and its partners), and

(b) section 14Z56 (joint capital resource use plan for integrated care board and its partners)."

Commencement Information

I785 Sch. 4 para. 136 not in force at Royal Assent, see **s. 186(6)**

I786 Sch. 4 para. 136 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 16(b), 29, 30)

137 In Schedule 7 (constitution of public benefit corporations), in paragraph 26, after sub-paragraph (1) insert—

"(1A) The reports must, in particular, review the extent to which the public benefit corporation has exercised its functions in accordance with the plans published under—

(a) section 14Z52 (joint forward plans for integrated care board and its partners), and

(b) section 14Z56 (joint capital resource use plan for integrated care board and its partners)."

Commencement Information

I787 Sch. 4 para. 137 not in force at Royal Assent, see **s. 186(6)**

I788 Sch. 4 para. 137 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

138 In Schedule 12A (pharmaceutical remuneration), in paragraph 2—

(a) in the heading for "clinical commissioning groups" substitute "integrated care boards";

(b) in sub-paragraph (3), for "clinical commissioning group" substitute "integrated care board";

(c) in sub-paragraph (4), for "clinical commissioning groups" substitute "integrated care boards";

(d) in sub-paragraph (5), for "clinical commissioning group" substitute "integrated care board";

(e) in sub-paragraph (6)—

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(i) for "a clinical commissioning group" substitute "an integrated care board";

(ii) in paragraphs (a) and (b), for "the group", in both places it occurs, substitute "the board";

(f) in sub-paragraph (8), for "a clinical commissioning group" substitute "an integrated care board";

(g) for sub-paragraph (9) substitute—

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

Commencement Information

I789 Sch. 4 para. 138 not in force at Royal Assent, see **s. 186(6)**

I790 Sch. 4 para. 138 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I685 Sch. 4 para. 86 not in force at Royal Assent, see **s. 186(6)**

I686 Sch. 4 para. 86 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I687 Sch. 4 para. 87 not in force at Royal Assent, see **s. 186(6)**

I688 Sch. 4 para. 87 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I689 Sch. 4 para. 88 not in force at Royal Assent, see **s. 186(6)**

I690 Sch. 4 para. 88 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I691 Sch. 4 para. 89 not in force at Royal Assent, see **s. 186(6)**

I692 Sch. 4 para. 89 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I693 Sch. 4 para. 90 not in force at Royal Assent, see **s. 186(6)**

I694 Sch. 4 para. 90 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I695 Sch. 4 para. 91 not in force at Royal Assent, see **s. 186(6)**

I696 Sch. 4 para. 91 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I697 Sch. 4 para. 92 not in force at Royal Assent, see **s. 186(6)**

I698 Sch. 4 para. 92 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I699 Sch. 4 para. 93 not in force at Royal Assent, see **s. 186(6)**

I700 Sch. 4 para. 93 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I701 Sch. 4 para. 94 not in force at Royal Assent, see **s. 186(6)**

I702 Sch. 4 para. 94 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I703 Sch. 4 para. 95 not in force at Royal Assent, see **s. 186(6)**

I704 Sch. 4 para. 95 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I705 Sch. 4 para. 96 not in force at Royal Assent, see **s. 186(6)**

I706 Sch. 4 para. 96 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I707 Sch. 4 para. 97 not in force at Royal Assent, see **s. 186(6)**

I708 Sch. 4 para. 97 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I709 Sch. 4 para. 98 not in force at Royal Assent, see **s. 186(6)**

I710 Sch. 4 para. 98 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I711 Sch. 4 para. 99 not in force at Royal Assent, see **s. 186(6)**

I712 Sch. 4 para. 99 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I713 Sch. 4 para. 100 not in force at Royal Assent, see **s. 186(6)**

I714 Sch. 4 para. 100 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 23, 24, 28, 29, 30)

I715 Sch. 4 para. 101 not in force at Royal Assent, see **s. 186(6)**
I716 Sch. 4 para. 101 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I717 Sch. 4 para. 102 not in force at Royal Assent, see **s. 186(6)**
I718 Sch. 4 para. 102 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I719 Sch. 4 para. 103 not in force at Royal Assent, see **s. 186(6)**
I720 Sch. 4 para. 103 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I721 Sch. 4 para. 104 not in force at Royal Assent, see **s. 186(6)**
I722 Sch. 4 para. 104 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I723 Sch. 4 para. 105 not in force at Royal Assent, see **s. 186(6)**
I724 Sch. 4 para. 105 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I725 Sch. 4 para. 106 not in force at Royal Assent, see **s. 186(6)**
I726 Sch. 4 para. 106 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I727 Sch. 4 para. 107 not in force at Royal Assent, see **s. 186(6)**
I728 Sch. 4 para. 107 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I729 Sch. 4 para. 108 not in force at Royal Assent, see **s. 186(6)**
I730 Sch. 4 para. 108 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I731 Sch. 4 para. 109 not in force at Royal Assent, see **s. 186(6)**
I732 Sch. 4 para. 109 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I733 Sch. 4 para. 110 not in force at Royal Assent, see **s. 186(6)**
I734 Sch. 4 para. 110 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I735 Sch. 4 para. 111 not in force at Royal Assent, see **s. 186(6)**
I736 Sch. 4 para. 111 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I737 Sch. 4 para. 112 not in force at Royal Assent, see **s. 186(6)**
I738 Sch. 4 para. 112 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I739 Sch. 4 para. 113 not in force at Royal Assent, see **s. 186(6)**
I740 Sch. 4 para. 113 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I741 Sch. 4 para. 114 not in force at Royal Assent, see **s. 186(6)**
I742 Sch. 4 para. 114 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I743 Sch. 4 para. 115 not in force at Royal Assent, see **s. 186(6)**
I744 Sch. 4 para. 115 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I745 Sch. 4 para. 116 not in force at Royal Assent, see **s. 186(6)**
I746 Sch. 4 para. 116 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I747 Sch. 4 para. 117 not in force at Royal Assent, see **s. 186(6)**
I748 Sch. 4 para. 117 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I749 Sch. 4 para. 118 not in force at Royal Assent, see **s. 186(6)**
I750 Sch. 4 para. 118 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I751 Sch. 4 para. 119 not in force at Royal Assent, see **s. 186(6)**
I752 Sch. 4 para. 119 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I753 Sch. 4 para. 120 not in force at Royal Assent, see **s. 186(6)**
I754 Sch. 4 para. 120 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I755 Sch. 4 para. 121 not in force at Royal Assent, see **s. 186(6)**
I756 Sch. 4 para. 121 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I757 Sch. 4 para. 122 not in force at Royal Assent, see **s. 186(6)**
I758 Sch. 4 para. 122 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I759 Sch. 4 para. 123 not in force at Royal Assent, see **s. 186(6)**
I760 Sch. 4 para. 123 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I761 Sch. 4 para. 124 not in force at Royal Assent, see **s. 186(6)**
I762 Sch. 4 para. 124 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I763 Sch. 4 para. 125 not in force at Royal Assent, see **s. 186(6)**
I764 Sch. 4 para. 125 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I765 Sch. 4 para. 126 not in force at Royal Assent, see **s. 186(6)**
I766 Sch. 4 para. 126 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I767 Sch. 4 para. 127 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I768 Sch. 4 para. 127 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I769 Sch. 4 para. 128 not in force at Royal Assent, see **s. 186(6)**
I770 Sch. 4 para. 128 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I771 Sch. 4 para. 129 not in force at Royal Assent, see **s. 186(6)**
I772 Sch. 4 para. 129 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I773 Sch. 4 para. 130 not in force at Royal Assent, see **s. 186(6)**
I774 Sch. 4 para. 130 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I775 Sch. 4 para. 131 not in force at Royal Assent, see **s. 186(6)**
I776 Sch. 4 para. 131 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I777 Sch. 4 para. 132 not in force at Royal Assent, see **s. 186(6)**
I778 Sch. 4 para. 132 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I779 Sch. 4 para. 133 not in force at Royal Assent, see **s. 186(6)**
I780 Sch. 4 para. 133 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I781 Sch. 4 para. 134 not in force at Royal Assent, see **s. 186(6)**
I782 Sch. 4 para. 134 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 26, 27, 29, 30)
I783 Sch. 4 para. 135 not in force at Royal Assent, see **s. 186(6)**
I784 Sch. 4 para. 135 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I785 Sch. 4 para. 136 not in force at Royal Assent, see **s. 186(6)**
I786 Sch. 4 para. 136 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 16(b), 29, 30)
I787 Sch. 4 para. 137 not in force at Royal Assent, see **s. 186(6)**
I788 Sch. 4 para. 137 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I789 Sch. 4 para. 138 not in force at Royal Assent, see **s. 186(6)**
I790 Sch. 4 para. 138 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service (Wales) Act 2006

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

Commencement Information
I791 Sch. 4 para. 139 not in force at Royal Assent, see **s. 186(6)**
I792 Sch. 4 para. 139 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

140 In section 7 (NHS contracts), in subsection (4), for paragraph (bb) substitute—
"(bb) an integrated care board,".

Commencement Information
I793 Sch. 4 para. 140 not in force at Royal Assent, see **s. 186(6)**
I794 Sch. 4 para. 140 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

141 In section 13 (exercise of Local Health Board functions), in subsection (3), for paragraph (ab) substitute—
"(ab) integrated care boards,".

Commencement Information
I795 Sch. 4 para. 141 not in force at Royal Assent, see **s. 186(6)**
I796 Sch. 4 para. 141 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

142 In section 17 (plans for improving health etc), in subsection (6)(g) and (h), for ", clinical commissioning groups," substitute ", integrated care boards,".

Commencement Information

I797 Sch. 4 para. 142 not in force at Royal Assent, see **s. 186(6)**

I798 Sch. 4 para. 142 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

143 In section 26 (intervention orders), in subsection (1), for ", clinical commissioning groups and" substitute ", integrated care boards and".

Commencement Information

I799 Sch. 4 para. 143 not in force at Royal Assent, see **s. 186(6)**

I800 Sch. 4 para. 143 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

144 In section 28 (default powers), in subsection (1), for ", clinical commissioning groups and" substitute ", integrated care boards and".

Commencement Information

I801 Sch. 4 para. 144 not in force at Royal Assent, see **s. 186(6)**

I802 Sch. 4 para. 144 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

145 In section 34 (power of local authorities to make payments), in subsection (1), for ", a clinical commissioning group" substitute ", an integrated care board".

Commencement Information

I803 Sch. 4 para. 145 not in force at Royal Assent, see **s. 186(6)**

I804 Sch. 4 para. 145 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

146 In section 162 (transfer of functions and property to or from special trustees), in subsection (1), for ", a clinical commissioning group," substitute ", an integrated care board,".

Commencement Information

I805 Sch. 4 para. 146 not in force at Royal Assent, see **s. 186(6)**

I806 Sch. 4 para. 146 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

147 In section 197 (university clinical teaching and research), in subsection (2)(a), for "a clinical commissioning group," substitute "an integrated care board,".

Commencement Information

I807 Sch. 4 para. 147 not in force at Royal Assent, see **s. 186(6)**

I808 Sch. 4 para. 147 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

148 In section 206 (interpretation), in subsection (1)—

(a) omit the definition of "clinical commissioning group";

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(b) at the appropriate place insert—

""integrated care board" means a body established under section 14Z25 of the National Health Service Act 2006,";

(c) in the definition of "NHS body", for paragraph (f) substitute—

"(f) an integrated care board."

Commencement Information

I809 Sch. 4 para. 148 not in force at Royal Assent, see **s. 186(6)**

I810 Sch. 4 para. 148 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I791 Sch. 4 para. 139 not in force at Royal Assent, see **s. 186(6)**

I792 Sch. 4 para. 139 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I793 Sch. 4 para. 140 not in force at Royal Assent, see **s. 186(6)**

I794 Sch. 4 para. 140 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I795 Sch. 4 para. 141 not in force at Royal Assent, see **s. 186(6)**

I796 Sch. 4 para. 141 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I797 Sch. 4 para. 142 not in force at Royal Assent, see **s. 186(6)**

I798 Sch. 4 para. 142 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I799 Sch. 4 para. 143 not in force at Royal Assent, see **s. 186(6)**

I800 Sch. 4 para. 143 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I801 Sch. 4 para. 144 not in force at Royal Assent, see **s. 186(6)**

I802 Sch. 4 para. 144 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I803 Sch. 4 para. 145 not in force at Royal Assent, see **s. 186(6)**

I804 Sch. 4 para. 145 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I805 Sch. 4 para. 146 not in force at Royal Assent, see **s. 186(6)**

I806 Sch. 4 para. 146 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I807 Sch. 4 para. 147 not in force at Royal Assent, see **s. 186(6)**

I808 Sch. 4 para. 147 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I809 Sch. 4 para. 148 not in force at Royal Assent, see **s. 186(6)**

I810 Sch. 4 para. 148 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

NHS Redress Act 2006

149 In section 1 of the NHS Redress Act 2006 (power to establish redress scheme), in subsection (3), for paragraph (ab) substitute—

"(ab) an integrated care board,".

Commencement Information

I811 Sch. 4 para. 149 not in force at Royal Assent, see **s. 186(6)**

I812 Sch. 4 para. 149 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Safeguarding Vulnerable Groups Act 2006

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

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) for "the clinical commissioning group" substitute "the integrated care board".

Commencement Information

I813 Sch. 4 para. 150 not in force at Royal Assent, see **s. 186(6)**

I814 Sch. 4 para. 150 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Corporate Manslaughter and Corporate Homicide Act 2007

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

Commencement Information

I815 Sch. 4 para. 151 not in force at Royal Assent, see **s. 186(6)**

I816 Sch. 4 para. 151 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Local Government and Public Involvement in Health Act 2007

152 The Local Government and Public Involvement in Health Act 2007 is amended as follows.

Commencement Information

I817 Sch. 4 para. 152 not in force at Royal Assent, see **s. 186(6)**

I818 Sch. 4 para. 152 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

153 Section 222 (Local Healthwatch organisations), in subsection (3), for paragraph (ca) substitute—

"(ca) an integrated care board;".

Commencement Information

I819 Sch. 4 para. 153 not in force at Royal Assent, see **s. 186(6)**

I820 Sch. 4 para. 153 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

154 In section 224 (duties of services-providers to respond to local involvement networks), in subsection (2), for paragraph (zb) substitute—

"(zb) an integrated care board;".

Commencement Information

I821 Sch. 4 para. 154 not in force at Royal Assent, see **s. 186(6)**

I822 Sch. 4 para. 154 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

155 In section 227 (Local Healthwatch organisations: annual reports), in subsection (4)(ab), for "clinical commissioning group" substitute "integrated care board".

Commencement Information
I823 Sch. 4 para. 155 not in force at Royal Assent, see **s. 186(6)**
I824 Sch. 4 para. 155 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I817 Sch. 4 para. 152 not in force at Royal Assent, see **s. 186(6)**
I818 Sch. 4 para. 152 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I819 Sch. 4 para. 153 not in force at Royal Assent, see **s. 186(6)**
I820 Sch. 4 para. 153 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I821 Sch. 4 para. 154 not in force at Royal Assent, see **s. 186(6)**
I822 Sch. 4 para. 154 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I823 Sch. 4 para. 155 not in force at Royal Assent, see **s. 186(6)**
I824 Sch. 4 para. 155 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Statistics and Registration Service Act 2007

156 (1) Section 42 of the Statistics and Registration Service Act 2007 (information relating to births and deaths etc) is amended as follows.

(2) In subsection (4A), for paragraph (d) substitute—

"(d) an integrated care board,".

(3) In subsection (7), for ""clinical commissioning group"" substitute ""integrated care board"".

Commencement Information
I825 Sch. 4 para. 156 not in force at Royal Assent, see **s. 186(6)**
I826 Sch. 4 para. 156 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Education and Skills Act 2008

157 The Education and Skills Act 2008 is amended as follows.

Commencement Information
I827 Sch. 4 para. 157 not in force at Royal Assent, see **s. 186(6)**
I828 Sch. 4 para. 157 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

158 In section 16 (supply of information by public bodies), in subsection (2), for paragraph (da) substitute—

"(da) an integrated care board,".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I829 Sch. 4 para. 158 not in force at Royal Assent, see **s. 186(6)**

I830 Sch. 4 para. 158 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

159 In section 77 (supply of information by public bodies), in subsection (2), for paragraph (da) substitute—

"(da) an integrated care board,".

Commencement Information

I831 Sch. 4 para. 159 not in force at Royal Assent, see **s. 186(6)**

I832 Sch. 4 para. 159 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I827 Sch. 4 para. 157 not in force at Royal Assent, see **s. 186(6)**

I828 Sch. 4 para. 157 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I829 Sch. 4 para. 158 not in force at Royal Assent, see **s. 186(6)**

I830 Sch. 4 para. 158 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I831 Sch. 4 para. 159 not in force at Royal Assent, see **s. 186(6)**

I832 Sch. 4 para. 159 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2008

160 The Health and Social Care Act 2008 is amended as follows.

Commencement Information

I833 Sch. 4 para. 160 not in force at Royal Assent, see **s. 186(6)**

I834 Sch. 4 para. 160 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

161 In section 30 (urgent procedure for cancellation), in subsection (3)(a), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I835 Sch. 4 para. 161 not in force at Royal Assent, see **s. 186(6)**

I836 Sch. 4 para. 161 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

162 In section 39 (bodies required to be notified of certain matters), in subsection (1)(a), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I837 Sch. 4 para. 162 not in force at Royal Assent, see **s. 186(6)**

I838 Sch. 4 para. 162 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

163 In section 48 (reviews and investigations), in subsection (2)(ba), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I839 Sch. 4 para. 163 not in force at Royal Assent, see **s. 186(6)**
I840 Sch. 4 para. 163 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

164 In section 54 (studies as to economy, efficiency etc), in subsection (5), for "a clinical commissioning group or" substitute "an integrated care board or".

Commencement Information
I841 Sch. 4 para. 164 not in force at Royal Assent, see **s. 186(6)**
I842 Sch. 4 para. 164 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

165 In section 59 (additional functions), in subsection (3), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information
I843 Sch. 4 para. 165 not in force at Royal Assent, see **s. 186(6)**
I844 Sch. 4 para. 165 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

166 In section 64 (power to require documents and information), in subsection (2)(b), for sub-paragraph (ii) (but not the "or" at the end) substitute—

"(ii) an integrated care board,".

Commencement Information
I845 Sch. 4 para. 166 not in force at Royal Assent, see **s. 186(6)**
I846 Sch. 4 para. 166 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

167 In section 97 (general interpretation of Part 1), in subsection (1)—

(a) in the definition of "English NHS body", for paragraph (cb) substitute—

"("cb) an integrated care board,";

(b) in the definition of "NHS care", for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I847 Sch. 4 para. 167 not in force at Royal Assent, see **s. 186(6)**
I848 Sch. 4 para. 167 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I833 Sch. 4 para. 160 not in force at Royal Assent, see **s. 186(6)**
I834 Sch. 4 para. 160 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I835 Sch. 4 para. 161 not in force at Royal Assent, see **s. 186(6)**
I836 Sch. 4 para. 161 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I837 Sch. 4 para. 162 not in force at Royal Assent, see **s. 186(6)**
I838 Sch. 4 para. 162 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I839 Sch. 4 para. 163 not in force at Royal Assent, see **s. 186(6)**
I840 Sch. 4 para. 163 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I841 Sch. 4 para. 164 not in force at Royal Assent, see **s. 186(6)**
I842 Sch. 4 para. 164 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I843 Sch. 4 para. 165 not in force at Royal Assent, see **s. 186(6)**
I844 Sch. 4 para. 165 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I845 Sch. 4 para. 166 not in force at Royal Assent, see **s. 186(6)**
I846 Sch. 4 para. 166 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I847 Sch. 4 para. 167 not in force at Royal Assent, see **s. 186(6)**
I848 Sch. 4 para. 167 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Autism Act 2009

168 In section 4 of the Autism Act 2009 (interpretation), in subsection (1), in the definition of "NHS body", for paragraph (cb) substitute—

"(cb) an integrated care board;".

Commencement Information
I849 Sch. 4 para. 168 not in force at Royal Assent, see **s. 186(6)**
I850 Sch. 4 para. 168 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health Act 2009

169 The Health Act 2009 is amended as follows.

Commencement Information
I851 Sch. 4 para. 169 not in force at Royal Assent, see **s. 186(6)**
I852 Sch. 4 para. 169 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

170 (1) Section 2 (duty to have regard to NHS constitution) is amended as follows.

(2) In subsection (2) for paragraph (cb) substitute—

"(cb) integrated care boards;".

(3) In subsection (4)(za) for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I853 Sch. 4 para. 170 not in force at Royal Assent, see **s. 186(6)**
I854 Sch. 4 para. 170 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

171 In section 8 (duty of providers to publish information), in subsection (6), for "a clinical commissioning group" substitute "an integrated care board".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I855 Sch. 4 para. 171 not in force at Royal Assent, see **s. 186(6)**
I856 Sch. 4 para. 171 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I851 Sch. 4 para. 169 not in force at Royal Assent, see **s. 186(6)**
I852 Sch. 4 para. 169 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I853 Sch. 4 para. 170 not in force at Royal Assent, see **s. 186(6)**
I854 Sch. 4 para. 170 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I855 Sch. 4 para. 171 not in force at Royal Assent, see **s. 186(6)**
I856 Sch. 4 para. 171 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Corporation Tax Act 2010

172 In section 986 of the Corporation Tax Act 2010 (meaning of "health service body"), in the table—

(a) omit the entry for a clinical commissioning group;

(b) after the entry for a Health Board insert—

"an integrated care board	section 14Z25 of the National Health Service Act 2006".

Commencement Information
I857 Sch. 4 para. 172 not in force at Royal Assent, see **s. 186(6)**
I858 Sch. 4 para. 172 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Equality Act 2010

173 In Part 1 of Schedule 19 to the Equality Act 2010 (bodies subject to public sector equality duty), in the group of entries that includes entries for bodies whose functions relate to health, social care and social security, for the entry for a clinical commissioning group substitute—

"An integrated care board established under section 14Z25 of the National Health Service Act 2006."

Commencement Information
I859 Sch. 4 para. 173 not in force at Royal Assent, see **s. 186(6)**
I860 Sch. 4 para. 173 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Charities Act 2011

174 In section 149 of the Charities Act 2011 (audit or examination of English NHS charity accounts), in subsection (7), for paragraph (bb) substitute—

"(bb) an integrated care board,".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I861 Sch. 4 para. 174 not in force at Royal Assent, see **s. 186(6)**

I862 Sch. 4 para. 174 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2012

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

Commencement Information

I863 Sch. 4 para. 175 not in force at Royal Assent, see **s. 186(6)**

I864 Sch. 4 para. 175 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

176 In section 95 (licensing: special conditions), in subsection (2)(d), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information

I865 Sch. 4 para. 176 not in force at Royal Assent, see **s. 186(6)**

I866 Sch. 4 para. 176 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

177 In section 99 (notification of commissioners where continuation of services at risk), in subsection (5), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information

I867 Sch. 4 para. 177 not in force at Royal Assent, see **s. 186(6)**

I868 Sch. 4 para. 177 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

178 In section 100 (modification of standard conditions), in subsection (2)(d), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I869 Sch. 4 para. 178 not in force at Royal Assent, see **s. 186(6)**

I870 Sch. 4 para. 178 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

179 In section 102 (modification of conditions by order under other enactments), in subsection (4)(c)(i), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I871 Sch. 4 para. 179 not in force at Royal Assent, see **s. 186(6)**

I872 Sch. 4 para. 179 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

180 In section 104 (power to require documents and information), in subsection (2), for paragraph (f) substitute—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(f) an integrated care board."

Commencement Information
I873 Sch. 4 para. 180 not in force at Royal Assent, see **s. 186(6)**
I874 Sch. 4 para. 180 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

181 In section 110 (notification of enforcement action), in subsection (1)(b), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information
I875 Sch. 4 para. 181 not in force at Royal Assent, see **s. 186(6)**
I876 Sch. 4 para. 181 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

182 In section 141 (levy on providers: consultation), in subsection (3), for paragraph (c) substitute—

"(c) each integrated care board,".

Commencement Information
I877 Sch. 4 para. 182 not in force at Royal Assent, see **s. 186(6)**
I878 Sch. 4 para. 182 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

183 In section 150 (interpretation, transitional provision and consequential amendments), omit subsection (3).

Commencement Information
I879 Sch. 4 para. 183 not in force at Royal Assent, see **s. 186(6)**
I880 Sch. 4 para. 183 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

184 In section 194 (establishment of Health and Wellbeing Boards), in subsections (2)(f) (6), (7), (10) and (13)(c), for "clinical commissioning group", in each place it occurs, substitute "integrated care board".

Commencement Information
I881 Sch. 4 para. 184 not in force at Royal Assent, see **s. 186(6)**
I882 Sch. 4 para. 184 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

185 In section 196 (other functions of Health and Wellbeing Boards), in subsection (1), for "clinical commissioning groups" substitute "integrated care boards".

Commencement Information
I883 Sch. 4 para. 185 not in force at Royal Assent, see **s. 186(6)**
I884 Sch. 4 para. 185 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

186 In section 241 (commissioning guidance), in subsection (1), for "section 14Z8 of the National Health Service Act 2006" substitute "section 14Z51 of the National Health Service Act 2006 so far as relating to arrangements for the provision of services as part of the health service".

Commencement Information

I885 Sch. 4 para. 186 not in force at Royal Assent, see **s. 186(6)**

I886 Sch. 4 para. 186 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

187 (1) Section 298 (advice or assistance to public authorities in the Isle of Man or Channel Islands) is amended as follows.

(2) In subsection (1), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (2), for "clinical commissioning group" substitute "integrated care board".

Commencement Information

I887 Sch. 4 para. 187 not in force at Royal Assent, see **s. 186(6)**

I888 Sch. 4 para. 187 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

188 In section 306 (commencement), omit subsection (7).

Commencement Information

I889 Sch. 4 para. 188 not in force at Royal Assent, see **s. 186(6)**

I890 Sch. 4 para. 188 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

189 Omit Schedule 6 (transitional provision in connection with clinical commissioning groups).

Commencement Information

I891 Sch. 4 para. 189 not in force at Royal Assent, see **s. 186(6)**

I892 Sch. 4 para. 189 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I863 Sch. 4 para. 175 not in force at Royal Assent, see **s. 186(6)**

I864 Sch. 4 para. 175 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I865 Sch. 4 para. 176 not in force at Royal Assent, see **s. 186(6)**

I866 Sch. 4 para. 176 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I867 Sch. 4 para. 177 not in force at Royal Assent, see **s. 186(6)**

I868 Sch. 4 para. 177 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I869 Sch. 4 para. 178 not in force at Royal Assent, see **s. 186(6)**

I870 Sch. 4 para. 178 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I871 Sch. 4 para. 179 not in force at Royal Assent, see **s. 186(6)**

I872 Sch. 4 para. 179 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I873 Sch. 4 para. 180 not in force at Royal Assent, see **s. 186(6)**
I874 Sch. 4 para. 180 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I875 Sch. 4 para. 181 not in force at Royal Assent, see **s. 186(6)**
I876 Sch. 4 para. 181 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I877 Sch. 4 para. 182 not in force at Royal Assent, see **s. 186(6)**
I878 Sch. 4 para. 182 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I879 Sch. 4 para. 183 not in force at Royal Assent, see **s. 186(6)**
I880 Sch. 4 para. 183 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I881 Sch. 4 para. 184 not in force at Royal Assent, see **s. 186(6)**
I882 Sch. 4 para. 184 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I883 Sch. 4 para. 185 not in force at Royal Assent, see **s. 186(6)**
I884 Sch. 4 para. 185 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I885 Sch. 4 para. 186 not in force at Royal Assent, see **s. 186(6)**
I886 Sch. 4 para. 186 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I887 Sch. 4 para. 187 not in force at Royal Assent, see **s. 186(6)**
I888 Sch. 4 para. 187 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I889 Sch. 4 para. 188 not in force at Royal Assent, see **s. 186(6)**
I890 Sch. 4 para. 188 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I891 Sch. 4 para. 189 not in force at Royal Assent, see **s. 186(6)**
I892 Sch. 4 para. 189 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Anti-social Behaviour, Crime and Policing Act 2014

190 The Anti-social Behaviour, Crime and Policing Act 2014 is amended as follows.

Commencement Information
I893 Sch. 4 para. 190 not in force at Royal Assent, see **s. 186(6)**
I894 Sch. 4 para. 190 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

191 In section 105 (ASB case reviews: interpretation), in subsection (2), for paragraph (c) of the definition of "relevant bodies" (but not the "and" at the end) substitute—

"(c) each integrated care board established under section 14Z25 of the National Health Service Act 2006 whose area is wholly or partly within that local government area,".

Commencement Information
I895 Sch. 4 para. 191 not in force at Royal Assent, see **s. 186(6)**
I896 Sch. 4 para. 191 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

192 In Schedule 4 (case reviews: supplementary provision), in paragraph 5(2)(a), for sub-paragraph (iii) substitute—

"(iii) each integrated care board established under section 14Z25 of the National Health Service Act 2006 whose area is wholly or partly within that local government area;".

Commencement Information
I897 Sch. 4 para. 192 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I898 Sch. 4 para. 192 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I893 Sch. 4 para. 190 not in force at Royal Assent, see **s. 186(6)**
I894 Sch. 4 para. 190 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I895 Sch. 4 para. 191 not in force at Royal Assent, see **s. 186(6)**
I896 Sch. 4 para. 191 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I897 Sch. 4 para. 192 not in force at Royal Assent, see **s. 186(6)**
I898 Sch. 4 para. 192 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Care Act 2014

193 The Care Act 2014 is amended as follows.

Commencement Information

I899 Sch. 4 para. 193 not in force at Royal Assent, see **s. 186(6)**
I900 Sch. 4 para. 193 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

194 In section 6 (co-operating generally), in subsection (8)(b), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I901 Sch. 4 para. 194 not in force at Royal Assent, see **s. 186(6)**
I902 Sch. 4 para. 194 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

195 (1) Section 22 (exception for provision of health services) is amended as follows.

(2) In subsection (4)(a), for "clinical commissioning group" substitute "integrated care board".

(3) In subsection (6)(b), for "a clinical commissioning group" substitute "an integrated care board".

(4) In subsection (9), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information

I903 Sch. 4 para. 195 not in force at Royal Assent, see **s. 186(6)**
I904 Sch. 4 para. 195 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

196 In section 52 (sections 48 to 51: supplementary), in subsection (9)—

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

Commencement Information

I905 Sch. 4 para. 196 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I906 Sch. 4 para. 196 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

197 In Schedule 1 (cross-border placements), in paragraph 1(5)(a)(ii), (b)(ii) and (c)(ii), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I907 Sch. 4 para. 197 not in force at Royal Assent, see **s. 186(6)**
I908 Sch. 4 para. 197 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

198 (1) Paragraph 1 of Schedule 2 (Safeguarding Adults Boards) is amended as follows.

(2) In sub-paragraph (1)(b), for "a clinical commissioning group" substitute "an integrated care board".

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

Commencement Information
I909 Sch. 4 para. 198 not in force at Royal Assent, see **s. 186(6)**
I910 Sch. 4 para. 198 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I899 Sch. 4 para. 193 not in force at Royal Assent, see **s. 186(6)**
I900 Sch. 4 para. 193 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I901 Sch. 4 para. 194 not in force at Royal Assent, see **s. 186(6)**
I902 Sch. 4 para. 194 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I903 Sch. 4 para. 195 not in force at Royal Assent, see **s. 186(6)**
I904 Sch. 4 para. 195 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I905 Sch. 4 para. 196 not in force at Royal Assent, see **s. 186(6)**
I906 Sch. 4 para. 196 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I907 Sch. 4 para. 197 not in force at Royal Assent, see **s. 186(6)**
I908 Sch. 4 para. 197 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I909 Sch. 4 para. 198 not in force at Royal Assent, see **s. 186(6)**
I910 Sch. 4 para. 198 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Children and Families Act 2014

199 The Children and Families Act 2014 is amended as follows.

Commencement Information
I911 Sch. 4 para. 199 not in force at Royal Assent, see **s. 186(6)**
I912 Sch. 4 para. 199 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

200 (1) Section 23 (duty of health bodies to bring certain children to local authority's attention) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (1), for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsections (2) to (4), for "group", in each place it occurs, substitute "board".

Commencement Information
I913 Sch. 4 para. 200 not in force at Royal Assent, see **s. 186(6)**
I914 Sch. 4 para. 200 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

201 (1) Section 26 (joint commissioning arrangements) is amended as follows.

(2) In subsection (8)(b), for "clinical commissioning group" substitute "integrated care board".

(3) In subsection (9), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I915 Sch. 4 para. 201 not in force at Royal Assent, see **s. 186(6)**
I916 Sch. 4 para. 201 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

202 In section 28 (co-operating generally: local authority functions), in subsections (2)(l) and (4), for "a clinical commissioning group" substitute "an integrated care board".

Commencement Information
I917 Sch. 4 para. 202 not in force at Royal Assent, see **s. 186(6)**
I918 Sch. 4 para. 202 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

203 In section 31 (co-operating in specific cases: local authority functions), in subsection (1), for paragraph (e) substitute—

"(e) an integrated care board;".

Commencement Information
I919 Sch. 4 para. 203 not in force at Royal Assent, see **s. 186(6)**
I920 Sch. 4 para. 203 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

204 In section 53 (mediation: health care issues), in subsection (5), for paragraph (b) substitute—

"(b) an integrated care board;".

Commencement Information
I921 Sch. 4 para. 204 not in force at Royal Assent, see **s. 186(6)**
I922 Sch. 4 para. 204 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

205 In section 56 (mediation: supplementary), in subsection (3), for paragraph (b) substitute—

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"(b) an integrated care board;".

Commencement Information
I923 Sch. 4 para. 205 not in force at Royal Assent, see **s. 186(6)**
I924 Sch. 4 para. 205 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

206 In section 57 (resolution of disagreements), in subsection (7), for paragraph (b) substitute—

"(b) an integrated care board;".

Commencement Information
I925 Sch. 4 para. 206 not in force at Royal Assent, see **s. 186(6)**
I926 Sch. 4 para. 206 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

207 In section 77 (code of practice), in subsection (1), for paragraph (k) substitute—

"(k) integrated care boards;".

Commencement Information
I927 Sch. 4 para. 207 not in force at Royal Assent, see **s. 186(6)**
I928 Sch. 4 para. 207 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I911 Sch. 4 para. 199 not in force at Royal Assent, see **s. 186(6)**
I912 Sch. 4 para. 199 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I913 Sch. 4 para. 200 not in force at Royal Assent, see **s. 186(6)**
I914 Sch. 4 para. 200 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I915 Sch. 4 para. 201 not in force at Royal Assent, see **s. 186(6)**
I916 Sch. 4 para. 201 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I917 Sch. 4 para. 202 not in force at Royal Assent, see **s. 186(6)**
I918 Sch. 4 para. 202 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I919 Sch. 4 para. 203 not in force at Royal Assent, see **s. 186(6)**
I920 Sch. 4 para. 203 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I921 Sch. 4 para. 204 not in force at Royal Assent, see **s. 186(6)**
I922 Sch. 4 para. 204 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I923 Sch. 4 para. 205 not in force at Royal Assent, see **s. 186(6)**
I924 Sch. 4 para. 205 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I925 Sch. 4 para. 206 not in force at Royal Assent, see **s. 186(6)**
I926 Sch. 4 para. 206 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I927 Sch. 4 para. 207 not in force at Royal Assent, see **s. 186(6)**
I928 Sch. 4 para. 207 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Immigration Act 2014

208 In Schedule 3 to the Immigration Act 2014 (excluded residential tenancy agreements), in paragraph 5(2)(a), for sub-paragraph (i) (but not the "or" at the end) substitute—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(i) an integrated care board,".

Commencement Information

I929 Sch. 4 para. 208 not in force at Royal Assent, see **s. 186(6)**

I930 Sch. 4 para. 208 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Local Audit and Accountability Act 2014

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

Commencement Information

I931 Sch. 4 para. 209 not in force at Royal Assent, see **s. 186(6)**

I932 Sch. 4 para. 209 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

210 In section 4 (general requirements for audit), for subsection (4) substitute—

"(4) In relation to an integrated care board, "accounts" means—

(a) the annual accounts of the board prepared under paragraph 22(2) of Schedule 1B to the National Health Service Act 2006 (accounts and audit of integrated care boards);

(b) any accounts of the board prepared under paragraph 22(3) of that Schedule in respect of which a direction has been given under paragraph 22(6) of that Schedule."

Commencement Information

I933 Sch. 4 para. 210 not in force at Royal Assent, see **s. 186(6)**

I934 Sch. 4 para. 210 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

211 In section 8 (procedure for appointment), in subsection (4), for paragraph (b) substitute—

"(b) in the case of an integrated care board, it publishes the notice in such manner as it thinks is likely to bring the notice to the attention of—

(i) the group of people for whom it has core responsibility, and

(ii) anyone who lives within its area but does not fall within sub-paragraph (i)".

Commencement Information

I935 Sch. 4 para. 211 not in force at Royal Assent, see **s. 186(6)**

I936 Sch. 4 para. 211 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

212 In section 10 (functions of auditor panel), in subsection (10), for paragraph (b)—

"(b) in the case of an integrated care board, it publishes the advice in such manner as it thinks is likely to bring the advice to the attention of—

(i) the group of people for whom it has core responsibility, and

(ii) anyone who lives within its area but does not fall within sub-paragraph (i);".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I937 Sch. 4 para. 212 not in force at Royal Assent, see **s. 186(6)**
I938 Sch. 4 para. 212 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

213 In section 21 (general duties of auditors of accounts of health service bodies), in subsection (1)—

(a) for "a clinical commissioning group" substitute "an integrated care board";

(b) in paragraphs (c) and (f), for "the group" substitute "the board".

Commencement Information
I939 Sch. 4 para. 213 not in force at Royal Assent, see **s. 186(6)**
I940 Sch. 4 para. 213 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

214 (1) Section 44 (interpretation of Act) is amended as follows.

(2) In subsection (1), for paragraph (b) of the definition of "area" substitute—

"(b) in relation to an integrated care board, means the area specified in the board's constitution (see Schedule 1B to the National Health Service Act 2006);".

(3) For subsection (5) substitute—

"(5) References in this Act to the group of people for whom an integrated care board has core responsibility are to be read in accordance with section 14Z31 of the National Health Service Act 2006."

Commencement Information
I941 Sch. 4 para. 214 not in force at Royal Assent, see **s. 186(6)**
I942 Sch. 4 para. 214 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

215 In Schedule 2 (relevant authorities), for paragraph 23 substitute—

"23 An integrated care board."

Commencement Information
I943 Sch. 4 para. 215 not in force at Royal Assent, see **s. 186(6)**
I944 Sch. 4 para. 215 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

216 In Schedule 5 (eligibility and regulation of local auditors), in paragraph 5, in the modified section 1214 of the Companies Act 2006—

(a) in subsection (1), omit "(3),";

(b) for subsection (3) substitute—

"(3) In relation to a relevant authority that is an integrated care board, subsection (2)(a) has effect as if "or officer" were omitted."

Commencement Information
I945 Sch. 4 para. 216 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I946 Sch. 4 para. 216 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

217 In Schedule 7 (reports and recommendations), in paragraph 4(8), for paragraph (b) substitute—

"(b) in the case of an integrated care board, it publishes the notice or report in such manner as it thinks is likely to bring the notice or report to the attention of—

(i) the group of people for whom it has core responsibility, and

(ii) anyone who lives within its area but does not fall within sub-paragraph (i)".

Commencement Information

I947 Sch. 4 para. 217 not in force at Royal Assent, see **s. 186(6)**

I948 Sch. 4 para. 217 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I931 Sch. 4 para. 209 not in force at Royal Assent, see **s. 186(6)**

I932 Sch. 4 para. 209 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I933 Sch. 4 para. 210 not in force at Royal Assent, see **s. 186(6)**

I934 Sch. 4 para. 210 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I935 Sch. 4 para. 211 not in force at Royal Assent, see **s. 186(6)**

I936 Sch. 4 para. 211 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I937 Sch. 4 para. 212 not in force at Royal Assent, see **s. 186(6)**

I938 Sch. 4 para. 212 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I939 Sch. 4 para. 213 not in force at Royal Assent, see **s. 186(6)**

I940 Sch. 4 para. 213 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I941 Sch. 4 para. 214 not in force at Royal Assent, see **s. 186(6)**

I942 Sch. 4 para. 214 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I943 Sch. 4 para. 215 not in force at Royal Assent, see **s. 186(6)**

I944 Sch. 4 para. 215 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I945 Sch. 4 para. 216 not in force at Royal Assent, see **s. 186(6)**

I946 Sch. 4 para. 216 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I947 Sch. 4 para. 217 not in force at Royal Assent, see **s. 186(6)**

I948 Sch. 4 para. 217 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

218 The Social Services and Well-being (Wales) Act 2014 is amended as follows.

Commencement Information

I949 Sch. 4 para. 218 not in force at Royal Assent, see **s. 186(6)**

I950 Sch. 4 para. 218 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

219 In section 47 (exception for provision of health services), in subsection (10)—

(a) in the English language text—

(i) in the definition of "English health body", for paragraph (a) substitute—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(a) an integrated care board;";

(ii) in the definition of "health body", for paragraph (b) substitute—

"(b) an integrated care board;";

(b) in the Welsh language text—

(i) in the definition of "corff iechyd", for paragraph (b) substitute—

"(b) bwrdd gofal integredig;";

(ii) in the definition of "corff iechyd Seisnig", for paragraph (a) substitute—

"(a) bwrdd gofal integredig;".

Commencement Information

I951 Sch. 4 para. 219 not in force at Royal Assent, see **s. 186(6)**

I952 Sch. 4 para. 219 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

220 In section 77 (accommodation for children in police protection or detention or on remand etc), in subsection (4)(b)(ii)—

(a) in the English language text, for "a clinical commissioning group" substitute "an integrated care board";

(b) in the Welsh language text, for "grŵp comisiynu clinigol" substitute "fwrdd gofal integredig".

Commencement Information

I953 Sch. 4 para. 220 not in force at Royal Assent, see **s. 186(6)**

I954 Sch. 4 para. 220 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

221 In section 104 (young people entitled to support under sections 105 to 115), in subsection (3)(d)(ii)—

(a) in the English language text, for "a clinical commissioning group" substitute "an integrated care board";

(b) in the Welsh language text, for "grŵp comisiynu clinigol" substitute "bwrdd gofal integredig".

Commencement Information

I955 Sch. 4 para. 221 not in force at Royal Assent, see **s. 186(6)**

I956 Sch. 4 para. 221 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

222 In section 118 (information), in subsection (2)(c)—

(a) in the English language text, for "a clinical commissioning group" substitute "an integrated care board";

(b) in the Welsh language text, for "grŵp comisiynu clinigol" substitute "bwrdd gofal integredig".

Commencement Information

I957 Sch. 4 para. 222 not in force at Royal Assent, see **s. 186(6)**

I958 Sch. 4 para. 222 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

223 In section 164A (duty of other persons to co-operate and provide information), in subsection (4)(d)—

(a) in the English language text, for "clinical commissioning group" substitute "integrated care board";

(b) in the Welsh language text, for "grŵp comisiynu clinigol" substitute "fwrdd gofal integredig".

Commencement Information

I959 Sch. 4 para. 223 not in force at Royal Assent, see **s. 186(6)**

I960 Sch. 4 para. 223 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

224 In section 193 (recovery of costs between local authorities), in subsection (4)(c)—

(a) in the English language text, for "a clinical commissioning group" substitute "an integrated care board";

(b) in the Welsh language text, for "grŵp comisiynu clinigol" substitute "fwrdd gofal integredig".

Commencement Information

I961 Sch. 4 para. 224 not in force at Royal Assent, see **s. 186(6)**

I962 Sch. 4 para. 224 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

225 In section 197 (general interpretation and index of defined expressions), in subsection (1)—

(a) in the English language text—

(i) omit the definition of "clinical commissioning group";

(ii) at the appropriate place insert—

""integrated care board" ("bwrdd gofal integredig") means a body established under section 14Z25 of the National Health Service Act 2006;";

(b) in the Welsh language text—

(i) omit the definition of "grŵp comisiynu clinigol";

(ii) at the appropriate place insert—

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

Commencement Information

I963 Sch. 4 para. 225 not in force at Royal Assent, see **s. 186(6)**

I964 Sch. 4 para. 225 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I949 Sch. 4 para. 218 not in force at Royal Assent, see **s. 186(6)**

I950 Sch. 4 para. 218 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I951 Sch. 4 para. 219 not in force at Royal Assent, see **s. 186(6)**

I952 Sch. 4 para. 219 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I953 Sch. 4 para. 220 not in force at Royal Assent, see **s. 186(6)**
I954 Sch. 4 para. 220 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I955 Sch. 4 para. 221 not in force at Royal Assent, see **s. 186(6)**
I956 Sch. 4 para. 221 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I957 Sch. 4 para. 222 not in force at Royal Assent, see **s. 186(6)**
I958 Sch. 4 para. 222 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I959 Sch. 4 para. 223 not in force at Royal Assent, see **s. 186(6)**
I960 Sch. 4 para. 223 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I961 Sch. 4 para. 224 not in force at Royal Assent, see **s. 186(6)**
I962 Sch. 4 para. 224 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I963 Sch. 4 para. 225 not in force at Royal Assent, see **s. 186(6)**
I964 Sch. 4 para. 225 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Housing (Wales) Act 2014 (anaw 7)

226 (1) Section 70 of the Housing (Wales) Act 2014 (priority need for accommodation) is amended as follows.

(2) In subsection (2)—

(a) in the English language text, in paragraph (d)(ii), for "a clinical commissioning group" substitute "an integrated care board";

(b) in the Welsh language text, in paragraph (d)(ii), for "grŵp comisiynu clinigol" substitute "fwrdd gofal integredig".

(3) In subsection (3)—

(a) in the English language text—

(i) omit the definition of "clinical commissioning group";

(ii) at the appropriate place insert—

""integrated care board" ("bwrdd gofal integredig") means a body established under section 14Z25 of the National Health Service Act 2006;";

(b) in the Welsh language text—

(i) omit the definition of "grŵp comisiynu clinigol";

(ii) at the appropriate place insert—

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

Commencement Information
I965 Sch. 4 para. 226 not in force at Royal Assent, see **s. 186(6)**
I966 Sch. 4 para. 226 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Counter-Terrorism and Security Act 2015

227 In Schedule 7 to the Counter-Terrorism and Security Act 2015 (partners of local panels), under the italic heading "Health and social care", for "A clinical commissioning group established under section 14D" substitute "An integrated care board established under section 14Z25".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I967 Sch. 4 para. 227 not in force at Royal Assent, see **s. 186(6)**

I968 Sch. 4 para. 227 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Cities and Local Government Devolution Act 2016

228 (1) Section 18 of the Cities and Local Government Devolution Act 2016 (devolving health service functions) is amended as follows.

(2) In subsection (3)(b), for "Chapter A2 of Part 2 of the NHSA 2006 (clinical commissioning groups)" substitute "Chapter A3 of Part 2 of the NHSA 2006 (integrated care boards)".

(3) In subsection (5)—

(a) in paragraph (b), for "clinical commissioning groups" substitute "integrated care boards";

(b) for paragraph (f) substitute—

"(f) the guidance published under section 14Z51 of the NHSA 2006 (guidance for integrated care boards);".

Commencement Information

I969 Sch. 4 para. 228 not in force at Royal Assent, see **s. 186(6)**

I970 Sch. 4 para. 228 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Data Protection Act 2018

229 In Schedule 3 to the Data Protection Act 2018 (social work data), in paragraph 8(2), for paragraph (d) substitute—

"(d) an integrated care board established under section 14Z25 of the National Health Service Act 2006;".

Commencement Information

I971 Sch. 4 para. 229 not in force at Royal Assent, see **s. 186(6)**

I972 Sch. 4 para. 229 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

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

Commencement Information

I973 Sch. 4 para. 230 not in force at Royal Assent, see **s. 186(6)**

I974 Sch. 4 para. 230 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

231 In section 4 (additional learning needs code), in subsection (3)—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) in the English language text, for paragraph (j) substitute—

"(j) an integrated care board;";

(b) in the Welsh language text, for paragraph (j) substitute—

"(j) bwrdd gofal integredig;".

Commencement Information

I975 Sch. 4 para. 231 not in force at Royal Assent, see **s. 186(6)**

I976 Sch. 4 para. 231 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

232 In section 64 (duty of health bodies to notify parents etc), in subsection (2)—

(a) in the English language text, for paragraph (c) substitute—

"(c) an integrated care board;";

(b) in the Welsh language text, for paragraph (c) substitute—

"(c) bwrdd gofal integredig;".

Commencement Information

I977 Sch. 4 para. 232 not in force at Royal Assent, see **s. 186(6)**

I978 Sch. 4 para. 232 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

233 In section 65 (duties to provide information and other help), in subsection (4)—

(a) in the English language text, for paragraph (k) substitute—

"(k) an integrated care board;";

(b) in the Welsh language text, for paragraph (k) substitute—

"(k) bwrdd gofal integredig;".

Commencement Information

I979 Sch. 4 para. 233 not in force at Royal Assent, see **s. 186(6)**

I980 Sch. 4 para. 233 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

234 In section 99 (general interpretation), in subsection (1)—

(a) in the English language text—

(i) omit the definition of "clinical commissioning group";

(ii) at the appropriate place insert—

""integrated care board" ("bwrdd gofal integredig") means a body established under section 14Z25 of the National Health Service Act 2006;";

(b) in the Welsh language text—

(i) omit the definition of "grŵp comisiynu clinigol";

(ii) at the appropriate place insert—

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I981 Sch. 4 para. 234 not in force at Royal Assent, see **s. 186(6)**

I982 Sch. 4 para. 234 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I973 Sch. 4 para. 230 not in force at Royal Assent, see **s. 186(6)**

I974 Sch. 4 para. 230 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I975 Sch. 4 para. 231 not in force at Royal Assent, see **s. 186(6)**

I976 Sch. 4 para. 231 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I977 Sch. 4 para. 232 not in force at Royal Assent, see **s. 186(6)**

I978 Sch. 4 para. 232 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I979 Sch. 4 para. 233 not in force at Royal Assent, see **s. 186(6)**

I980 Sch. 4 para. 233 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I981 Sch. 4 para. 234 not in force at Royal Assent, see **s. 186(6)**

I982 Sch. 4 para. 234 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

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

Commencement Information

I983 Sch. 4 para. 235 not in force at Royal Assent, see **s. 186(6)**

I984 Sch. 4 para. 235 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

236 In regulation 1(2) (interpretation), in the definition of "OES", after "regulation 8(1)" insert "or (2A)".

Commencement Information

I985 Sch. 4 para. 236 not in force at Royal Assent, see **s. 186(6)**

I986 Sch. 4 para. 236 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

(2) After paragraph (2) insert—

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

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

Commencement Information

I987 Sch. 4 para. 237 not in force at Royal Assent, see **s. 186(6)**

I988 Sch. 4 para. 237 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I983 Sch. 4 para. 235 not in force at Royal Assent, see **s. 186(6)**

I984 Sch. 4 para. 235 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I985 Sch. 4 para. 236 not in force at Royal Assent, see **s. 186(6)**

I986 Sch. 4 para. 236 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I987 Sch. 4 para. 237 not in force at Royal Assent, see **s. 186(6)**

I988 Sch. 4 para. 237 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

NHS Funding Act 2020

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

Commencement Information

I989 Sch. 4 para. 238 not in force at Royal Assent, see **s. 186(6)**

I990 Sch. 4 para. 238 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Domestic Abuse Act 2021

239 In section 15 of the Domestic Abuse Act 2021 (duty to co-operate with the Domestic Abuse Commissioner), in subsection (7), for paragraph (d) of the definition of "NHS body in England" and the "or" at the end of that paragraph substitute—

"(d) an integrated care board established under section 14Z25 of that Act;".

Commencement Information

I991 Sch. 4 para. 239 not in force at Royal Assent, see **s. 186(6)**

I992 Sch. 4 para. 239 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Police, Crime, Sentencing and Courts Act 2022

240 The Police, Crime, Sentencing and Courts Act 2022 is amended as follows.

Commencement Information

I993 Sch. 4 para. 240 not in force at Royal Assent, see **s. 186(6)**

I994 Sch. 4 para. 240 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

241 (1) Section 25 (relevant review partners) is amended as follows.

(2) In subsection (2)(c) for "a clinical commissioning group" substitute "an integrated care board".

(3) In subsection (3)(c) for "clinical commissioning group" substitute "integrated care board".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I995 Sch. 4 para. 241 not in force at Royal Assent, see **s. 186(6)**

I996 Sch. 4 para. 241 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

242 In section 36 (interpretation), in subsection (1)—

(a) omit the definition of "clinical commissioning group";

(b) at the appropriate place insert—

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

(c) in the definition of "review partner", for paragraph (c) substitute—

"(c) an integrated care board, or".

Commencement Information

I997 Sch. 4 para. 242 not in force at Royal Assent, see **s. 186(6)**

I998 Sch. 4 para. 242 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

243 In Schedule 1 (specified authorities and local government areas), in the table headed "Health and social care"—

(a) for "A clinical commissioning group established under section 14D" substitute "An integrated care board established under section 14Z25";

(b) for "the group's" substitute "the board's".

Commencement Information

I999 Sch. 4 para. 243 not in force at Royal Assent, see **s. 186(6)**

I1000 Sch. 4 para. 243 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I993 Sch. 4 para. 240 not in force at Royal Assent, see **s. 186(6)**

I994 Sch. 4 para. 240 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I995 Sch. 4 para. 241 not in force at Royal Assent, see **s. 186(6)**

I996 Sch. 4 para. 241 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I997 Sch. 4 para. 242 not in force at Royal Assent, see **s. 186(6)**

I998 Sch. 4 para. 242 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I999 Sch. 4 para. 243 not in force at Royal Assent, see **s. 186(6)**

I1000 Sch. 4 para. 243 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

SCHEDULE 5

Section 33

ABOLITION OF MONITOR AND TRANSFER OF ITS FUNCTIONS

General

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

Commencement Information
I1001 Sch. 5 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1002 Sch. 5 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Public Bodies (Admission to Meetings) Act 1960

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

Commencement Information
I1003 Sch. 5 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1004 Sch. 5 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Parliamentary Commissioner Act 1967

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

Commencement Information
I1005 Sch. 5 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1006 Sch. 5 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 7, 13, 29, 30)

Superannuation Act 1972

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

Commencement Information
I1007 Sch. 5 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1008 Sch. 5 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

House of Commons Disqualification Act 1975

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1009 Sch. 5 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1010 Sch. 5 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Northern Ireland Assembly Disqualification Act 1975

6 In Part 3 of Schedule 1 to the Northern Ireland Assembly Disqualification Act 1975 (other disqualifying offices)—

(a) at the appropriate place insert—

"Chair or non-executive member of NHS England.";

(b) omit the entry for the chair or other member of Monitor.

Commencement Information
I1011 Sch. 5 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1012 Sch. 5 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Employment Rights Act 1996

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

Commencement Information
I1013 Sch. 5 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1014 Sch. 5 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Freedom of Information Act 2000

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

Commencement Information
I1015 Sch. 5 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1016 Sch. 5 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service Act 2006

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

Commencement Information
I1017 Sch. 5 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1018 Sch. 5 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

10 For section 2 substitute—

"**2 General power**

(1) The Secretary of State may do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any function conferred on the Secretary of State by this Act.

(2) NHS England or an integrated care board may do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions."

Commencement Information
I1019 Sch. 5 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1020 Sch. 5 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

11 In section 33 (applications by NHS trusts), in each of subsections (1) to (3), for "the regulator" substitute "NHS England".

Commencement Information
I1021 Sch. 5 para. 11 not in force at Royal Assent, see **s. 186(6)**
I1022 Sch. 5 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

12 (1) Section 35 (authorisation of NHS foundation trusts) is amended as follows.

(2) In subsection (1)—
(a) for "The regulator" substitute "NHS England";
(b) for "the regulator" substitute "NHS England".

(3) In subsections (2)(f) and (3), for "the regulator" substitute "NHS England".

(4) In subsection (3A) and (5), for "The regulator" substitute "NHS England".

(5) In subsection (6), for "the regulator" substitute "NHS England".

Commencement Information
I1023 Sch. 5 para. 12 not in force at Royal Assent, see **s. 186(6)**
I1024 Sch. 5 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

13 In section 37 (amendments of constitution), in subsection (4)—
(a) for "the regulator" substitute "NHS England";
(b) for "the regulator's" substitute "NHS England's".

Commencement Information
I1025 Sch. 5 para. 13 not in force at Royal Assent, see **s. 186(6)**
I1026 Sch. 5 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

14 (1) Section 39 (register of NHS foundation trusts) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (1), for "The regulator" substitute "NHS England".

(3) In subsection (3), for "the regulator" substitute "NHS England".

Commencement Information
I1027 Sch. 5 para. 14 not in force at Royal Assent, see **s. 186(6)**
I1028 Sch. 5 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

15 In section 39A (panel for advising governors), in subsections (1) and (9), for "The regulator" substitute "NHS England".

Commencement Information
I1029 Sch. 5 para. 15 not in force at Royal Assent, see **s. 186(6)**
I1030 Sch. 5 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

16 In section 42A (criteria for making loans etc), in subsection (7)(b), for "the regulator" substitute "NHS England".

Commencement Information
I1031 Sch. 5 para. 16 not in force at Royal Assent, see **s. 186(6)**
I1032 Sch. 5 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

17 In section 50 (fees), for "the regulator", in both places it occurs, substitute "NHS England".

Commencement Information
I1033 Sch. 5 para. 17 not in force at Royal Assent, see **s. 186(6)**
I1034 Sch. 5 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

18 In section 56 (mergers), in subsection (1), for "the regulator" substitute "NHS England".

Commencement Information
I1035 Sch. 5 para. 18 not in force at Royal Assent, see **s. 186(6)**
I1036 Sch. 5 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

19 (1) Section 56A (acquisitions) is amended as follows.

(2) In subsection (1), for "the regulator" substitute "NHS England".

(3) In subsection (4A), for "the regulator" substitute "NHS England".

Commencement Information
I1037 Sch. 5 para. 19 not in force at Royal Assent, see **s. 186(6)**
I1038 Sch. 5 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

20 In section 56AA (acquisitions under section 56A: supplementary), in subsection (1)(a), for "the regulator" substitute "NHS England".

Commencement Information
I1039 Sch. 5 para. 20 not in force at Royal Assent, see **s. 186(6)**
I1040 Sch. 5 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

21 In section 56B (separations), in subsection (1), for "the regulator" substitute "NHS England".

Commencement Information
I1041 Sch. 5 para. 21 not in force at Royal Assent, see **s. 186(6)**
I1042 Sch. 5 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

22 In section 57 (sections 56 to 56B: supplementary), in subsections (1) and (2), for "the regulator", in each place it occurs, substitute "NHS England".

Commencement Information
I1043 Sch. 5 para. 22 not in force at Royal Assent, see **s. 186(6)**
I1044 Sch. 5 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

23 (1) Section 57A (dissolution) is amended as follows.

(2) In subsection (1), for "the regulator" substitute "NHS England".

(3) In subsection (3), for "The regulator" substitute "NHS England".

(4) In subsection (4), for "the regulator" substitute "NHS England".

Commencement Information
I1045 Sch. 5 para. 23 not in force at Royal Assent, see **s. 186(6)**
I1046 Sch. 5 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

24 In section 64 (orders and regulations under Chapter), in subsection (4A), for "the regulator", in both places it occurs, substitute "NHS England".

Commencement Information
I1047 Sch. 5 para. 24 not in force at Royal Assent, see **s. 186(6)**
I1048 Sch. 5 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

25 (1) Section 244 (review and scrutiny by local authorities) is amended as follows.

(2) In subsection (2)(b), for "the Secretary of State or the regulator" substitute "or the Secretary of State".

(3) In subsections (2ZA)(a) and (2ZC), omit ", the regulator".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1049 Sch. 5 para. 25 not in force at Royal Assent, see **s. 186(6)**
I1050 Sch. 5 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

26 In section 247C (Secretary of State's duty to keep health service functions under review), in subsection (2), omit paragraph (b).

Commencement Information
I1051 Sch. 5 para. 26 not in force at Royal Assent, see **s. 186(6)**
I1052 Sch. 5 para. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

27 In section 258 (university clinical teaching and research), after subsection (2) insert—

"(3) A reference in this section to the functions of NHS England does not include its regulatory functions."

Commencement Information
I1053 Sch. 5 para. 27 not in force at Royal Assent, see **s. 186(6)**
I1054 Sch. 5 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

28 In section 272 (orders, regulations, rules and directions), in subsection (6ZA), for "the regulator", in both places it occurs, substitute "NHS England".

Commencement Information
I1055 Sch. 5 para. 28 not in force at Royal Assent, see **s. 186(6)**
I1056 Sch. 5 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

29 In section 275 (interpretation), in subsection (1), omit the definition of "the regulator".

Commencement Information
I1057 Sch. 5 para. 29 not in force at Royal Assent, see **s. 186(6)**
I1058 Sch. 5 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

30 In section 276 (index of defined expressions), omit the entry for "the regulator".

Commencement Information
I1059 Sch. 5 para. 30 not in force at Royal Assent, see **s. 186(6)**
I1060 Sch. 5 para. 30 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

31 (1) Schedule 7 (constitution of public benefit corporations) is amended as follows.

(2) In paragraph 24—

(a) in sub-paragraph (1A), for "The regulator" substitute "NHS England";

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) in sub-paragraph (4C), for "the regulator" substitute "NHS England".

(3) In paragraph 25—

(a) in sub-paragraph (1), for "the regulator" substitute "NHS England";

(b) in sub-paragraph (1A), for "The regulator" substitute "NHS England";

(c) in sub-paragraphs (2), (3), (4) and (4A), for "the regulator", in each place it occurs, substitute "NHS England".

(4) In paragraph 26(1), (2), (2A), and (3), for "the regulator", in each place it occurs, substitute "NHS England".

(5) In paragraph 27(1), for "the regulator" substitute "NHS England".

Commencement Information

I1061 Sch. 5 para. 31 not in force at Royal Assent, see **s. 186(6)**

I1062 Sch. 5 para. 31 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

32 In Schedule 10 (audit of accounts of NHS foundation trusts)—

(a) in paragraphs 5, 6 and 8(1)(c), for "the regulator" substitute "NHS England";

(b) in the italic heading before paragraph 6, for "regulator" substitute "NHS England".

Commencement Information

I1063 Sch. 5 para. 32 not in force at Royal Assent, see **s. 186(6)**

I1064 Sch. 5 para. 32 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I1017 Sch. 5 para. 9 not in force at Royal Assent, see **s. 186(6)**

I1018 Sch. 5 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1019 Sch. 5 para. 10 not in force at Royal Assent, see **s. 186(6)**

I1020 Sch. 5 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1021 Sch. 5 para. 11 not in force at Royal Assent, see **s. 186(6)**

I1022 Sch. 5 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1023 Sch. 5 para. 12 not in force at Royal Assent, see **s. 186(6)**

I1024 Sch. 5 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1025 Sch. 5 para. 13 not in force at Royal Assent, see **s. 186(6)**

I1026 Sch. 5 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1027 Sch. 5 para. 14 not in force at Royal Assent, see **s. 186(6)**

I1028 Sch. 5 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1029 Sch. 5 para. 15 not in force at Royal Assent, see **s. 186(6)**

I1030 Sch. 5 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1031 Sch. 5 para. 16 not in force at Royal Assent, see **s. 186(6)**

I1032 Sch. 5 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1033 Sch. 5 para. 17 not in force at Royal Assent, see **s. 186(6)**

I1034 Sch. 5 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1035 Sch. 5 para. 18 not in force at Royal Assent, see **s. 186(6)**

I1036 Sch. 5 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1037 Sch. 5 para. 19 not in force at Royal Assent, see **s. 186(6)**
I1038 Sch. 5 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1039 Sch. 5 para. 20 not in force at Royal Assent, see **s. 186(6)**
I1040 Sch. 5 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1041 Sch. 5 para. 21 not in force at Royal Assent, see **s. 186(6)**
I1042 Sch. 5 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1043 Sch. 5 para. 22 not in force at Royal Assent, see **s. 186(6)**
I1044 Sch. 5 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1045 Sch. 5 para. 23 not in force at Royal Assent, see **s. 186(6)**
I1046 Sch. 5 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1047 Sch. 5 para. 24 not in force at Royal Assent, see **s. 186(6)**
I1048 Sch. 5 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1049 Sch. 5 para. 25 not in force at Royal Assent, see **s. 186(6)**
I1050 Sch. 5 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1051 Sch. 5 para. 26 not in force at Royal Assent, see **s. 186(6)**
I1052 Sch. 5 para. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1053 Sch. 5 para. 27 not in force at Royal Assent, see **s. 186(6)**
I1054 Sch. 5 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1055 Sch. 5 para. 28 not in force at Royal Assent, see **s. 186(6)**
I1056 Sch. 5 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1057 Sch. 5 para. 29 not in force at Royal Assent, see **s. 186(6)**
I1058 Sch. 5 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1059 Sch. 5 para. 30 not in force at Royal Assent, see **s. 186(6)**
I1060 Sch. 5 para. 30 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1061 Sch. 5 para. 31 not in force at Royal Assent, see **s. 186(6)**
I1062 Sch. 5 para. 31 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1063 Sch. 5 para. 32 not in force at Royal Assent, see **s. 186(6)**
I1064 Sch. 5 para. 32 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service (Wales) Act 2006

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

Commencement Information
I1065 Sch. 5 para. 33 not in force at Royal Assent, see **s. 186(6)**
I1066 Sch. 5 para. 33 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2008

34 The Health and Social Care Act 2008 is amended as follows.

Commencement Information
I1067 Sch. 5 para. 34 not in force at Royal Assent, see **s. 186(6)**
I1068 Sch. 5 para. 34 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

35 In section 20A (functions relating to processing of information by registered persons), in subsection (1)(b), omit "and Monitor".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1069 Sch. 5 para. 35 not in force at Royal Assent, see **s. 186(6)**
I1070 Sch. 5 para. 35 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

36 In section 30 (urgent procedure for cancellation), in subsection (3), omit paragraph (c).

Commencement Information
I1071 Sch. 5 para. 36 not in force at Royal Assent, see **s. 186(6)**
I1072 Sch. 5 para. 36 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

37 In section 39 (bodies required to be notified of certain matters), in subsection (1), omit paragraph (c).

Commencement Information
I1073 Sch. 5 para. 37 not in force at Royal Assent, see **s. 186(6)**
I1074 Sch. 5 para. 37 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

38 In section 45A (functions to be exercised by Healthwatch England), in subsection (6), omit paragraph (c).

Commencement Information
I1075 Sch. 5 para. 38 not in force at Royal Assent, see **s. 186(6)**
I1076 Sch. 5 para. 38 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

39 In section 59 (additional functions), in subsection (2), for "Monitor" substitute "NHS England".

Commencement Information
I1077 Sch. 5 para. 39 not in force at Royal Assent, see **s. 186(6)**
I1078 Sch. 5 para. 39 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

40 (1) Section 70 (Co-operation between the Care Quality Commission and Monitor) is amended as follows.

(2) In the heading, for "the Monitor" substitute "NHS England".

(3) In subsection (1), for "Monitor" substitute "NHS England".

(4) In subsection (2)—

(a) in paragraph (a)—

(i) for "Monitor", in each place it occurs, substitute "NHS England";

(ii) for "its functions" substitute "—

(i) its regulatory functions, within the meaning given by section 13SB(2) of the National Health Service Act 2006, or

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(ii) its functions under section 27A of the National Health Service Act 2006 (NHS trusts: oversight and support)";

(b) in paragraph (b), for "Monitor" substitute "NHS England".

(5) In subsection (3) for "Monitor" substitute "NHS England".

Commencement Information
I1079 Sch. 5 para. 40 not in force at Royal Assent, see **s. 186(6)**
I1080 Sch. 5 para. 40 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I1067 Sch. 5 para. 34 not in force at Royal Assent, see **s. 186(6)**
I1068 Sch. 5 para. 34 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1069 Sch. 5 para. 35 not in force at Royal Assent, see **s. 186(6)**
I1070 Sch. 5 para. 35 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1071 Sch. 5 para. 36 not in force at Royal Assent, see **s. 186(6)**
I1072 Sch. 5 para. 36 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1073 Sch. 5 para. 37 not in force at Royal Assent, see **s. 186(6)**
I1074 Sch. 5 para. 37 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1075 Sch. 5 para. 38 not in force at Royal Assent, see **s. 186(6)**
I1076 Sch. 5 para. 38 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1077 Sch. 5 para. 39 not in force at Royal Assent, see **s. 186(6)**
I1078 Sch. 5 para. 39 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1079 Sch. 5 para. 40 not in force at Royal Assent, see **s. 186(6)**
I1080 Sch. 5 para. 40 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health Act 2009

41 The Health Act 2009 is amended as follows.

Commencement Information
I1081 Sch. 5 para. 41 not in force at Royal Assent, see **s. 186(6)**
I1082 Sch. 5 para. 41 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

42 In section 2 (duty to have regard to NHS Constitution), in subsection (2), omit paragraph (f).

Commencement Information
I1083 Sch. 5 para. 42 not in force at Royal Assent, see **s. 186(6)**
I1084 Sch. 5 para. 42 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

43 In section 9 (supplementary provision about the duty), in subsection (3), for "Monitor" substitute "NHS England".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1085 Sch. 5 para. 43 not in force at Royal Assent, see **s. 186(6)**
I1086 Sch. 5 para. 43 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I1081 Sch. 5 para. 41 not in force at Royal Assent, see **s. 186(6)**
I1082 Sch. 5 para. 41 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1083 Sch. 5 para. 42 not in force at Royal Assent, see **s. 186(6)**
I1084 Sch. 5 para. 42 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1085 Sch. 5 para. 43 not in force at Royal Assent, see **s. 186(6)**
I1086 Sch. 5 para. 43 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Equality Act 2010

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

Commencement Information
I1087 Sch. 5 para. 44 not in force at Royal Assent, see **s. 186(6)**
I1088 Sch. 5 para. 44 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2012

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

Commencement Information
I1089 Sch. 5 para. 45 not in force at Royal Assent, see **s. 186(6)**
I1090 Sch. 5 para. 45 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

46 In Part 3, omit Chapter 1 (Monitor).

Commencement Information
I1091 Sch. 5 para. 46 not in force at Royal Assent, see **s. 186(6)**
I1092 Sch. 5 para. 46 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

47 (1) Section 83 (exemption regulations) is amended as follows.

(2) In subsection (3)(a), (b) and (c), for "Monitor" substitute "NHS England".

(3) In subsection (4), omit paragraph (a).

Commencement Information
I1093 Sch. 5 para. 47 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1094 Sch. 5 para. 47 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

48 In section 84 (exemption regulations: supplementary), in subsection (5)(a), omit sub-paragraph (i).

Commencement Information
I1095 Sch. 5 para. 48 not in force at Royal Assent, see **s. 186(6)**
I1096 Sch. 5 para. 48 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

49 In section 85 (application for licence), in subsections (1) and (2), for "Monitor" substitute "NHS England".

Commencement Information
I1097 Sch. 5 para. 49 not in force at Royal Assent, see **s. 186(6)**
I1098 Sch. 5 para. 49 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

50 In section 86 (licensing criteria), in each of subsections (1) to (3), for "Monitor" substitute "NHS England".

Commencement Information
I1099 Sch. 5 para. 50 not in force at Royal Assent, see **s. 186(6)**
I1100 Sch. 5 para. 50 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 6, 13, 29, 30)

51 In section 87 (grant or refusal of licence), in subsections (2) and (3), for "Monitor" substitute "NHS England".

Commencement Information
I1101 Sch. 5 para. 51 not in force at Royal Assent, see **s. 186(6)**
I1102 Sch. 5 para. 51 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

52 In section 88 (application and grant: NHS foundation trusts), in subsection (2), for "Monitor" substitute "NHS England".

Commencement Information
I1103 Sch. 5 para. 52 not in force at Royal Assent, see **s. 186(6)**
I1104 Sch. 5 para. 52 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

53 In section 89 (revocation of licence), for "Monitor", in both places it occurs, substitute "NHS England".

Commencement Information
I1105 Sch. 5 para. 53 not in force at Royal Assent, see **s. 186(6)**
I1106 Sch. 5 para. 53 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

54 (1) Section 90 (right to make representations) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (2)—

(a) in paragraph (a), for "Monitor's" substitute "NHS England's";

(b) in paragraph (b), for "Monitor" substitute "NHS England".

Commencement Information

I1107 Sch. 5 para. 54 not in force at Royal Assent, see **s. 186(6)**

I1108 Sch. 5 para. 54 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

55 In section 91 (notice of decisions), in subsections (1), (2) and (4), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information

I1109 Sch. 5 para. 55 not in force at Royal Assent, see **s. 186(6)**

I1110 Sch. 5 para. 55 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

56 (1) Section 92 (appeals to the Tribunal) is amended as follows.

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (3)—

(a) in paragraph (a), for "Monitor's" substitute "NHS England's";

(b) in paragraph (c), for "Monitor" substitute "NHS England".

Commencement Information

I1111 Sch. 5 para. 56 not in force at Royal Assent, see **s. 186(6)**

I1112 Sch. 5 para. 56 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

57 In section 93 (register of licence holders), in each of subsections (1) to (4) and (6), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information

I1113 Sch. 5 para. 57 not in force at Royal Assent, see **s. 186(6)**

I1114 Sch. 5 para. 57 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

58 (1) Section 94 (standard conditions) is amended as follows.

(2) In subsections (1) and (4), for "Monitor", in each place it occurs, substitute "NHS England".

(3) Omit subsections (7) to (11).

Commencement Information

I1115 Sch. 5 para. 58 not in force at Royal Assent, see **s. 186(6)**

I1116 Sch. 5 para. 58 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

59 (1) Section 95 (special conditions) is amended as follows.

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (2)—

(a) for "Monitor" substitute "NHS England";

(b) omit paragraph (c).

(4) In subsection (3), for "Monitor" substitute "NHS England".

(5) In subsection (4)—

(a) in paragraph (a), for "Monitor" substitute "NHS England";

(b) in paragraph (b), for "Monitor's" substitute "NHS England's";

(c) in paragraph (c), for "Monitor" substitute "NHS England".

Commencement Information

I1117 Sch. 5 para. 59 not in force at Royal Assent, see **s. 186(6)**

I1118 Sch. 5 para. 59 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

60 (1) Section 96 (limits on Monitor's functions to set or modify licence conditions) is amended as follows.

(2) In the heading for "Monitor's" substitute "NHS England's".

(3) In subsection (1), for "Monitor" substitute "NHS England".

(4) In subsection (2)—

(a) in the words before paragraph (a), for "Monitor" substitute "NHS England";

(b) in paragraph (e), for "Monitor" substitute "NHS England";

(c) in paragraph (f), for "Monitor" substitute "NHS England";

(d) in paragraph (i), for "Monitor's" substitute "NHS England's";

(e) for paragraph (k) substitute—

"(k) for such other purposes as may be prescribed."

(5) In subsection (4), for "Monitor" substitute "NHS England".

Commencement Information

I1119 Sch. 5 para. 60 not in force at Royal Assent, see **s. 186(6)**

I1120 Sch. 5 para. 60 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

61 In section 97 (conditions: supplementary), in subsections (1)(a), (b), (e), (f), (h), (i)(ii) and (iii) and (3), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information

I1121 Sch. 5 para. 61 not in force at Royal Assent, see **s. 186(6)**

I1122 Sch. 5 para. 61 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

62 (1) Section 98 (conditions relating to the continuation of the provision of services etc) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (1)(a), (b) and (c), for "Monitor" substitute "NHS England".

(3) In subsection (3), for "Monitor" substitute "NHS England".

(4) In subsection (4) for "Monitor" substitute "NHS England".

(5) After subsection (5) insert—

"(5A) In subsections (4)(a) and (5) "commissioner" does not include NHS England."

(6) In subsection (6), for "Monitor" substitute "NHS England".

(7) In subsection (7)—

(a) for "Monitor" substitute "NHS England";

(b) omit paragraph (b) and the "and" before it.

Commencement Information

I1123 Sch. 5 para. 62 not in force at Royal Assent, see **s. 186(6)**

I1124 Sch. 5 para. 62 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

63 (1) Section 99 (notification of commissioners where continuation of services at risk) is amended as follows.

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) For subsection (3) substitute—

"(3) NHS England must as soon as reasonably practicable notify such integrated care boards as NHS England considers appropriate—

(a) of the action it has taken, and

(b) of its reasons for being satisfied as mentioned in subsection (1)(b)."

(4) In subsection (4)—

(a) for "Monitor" substitute "NHS England";

(b) for "Monitor's" substitute "NHS England's".

(5) In subsection (5), omit "The Board and".

Commencement Information

I1125 Sch. 5 para. 63 not in force at Royal Assent, see **s. 186(6)**

I1126 Sch. 5 para. 63 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

64 (1) Section 100 (modification of standard conditions) is amended as follows.

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (2)—

(a) for "Monitor" substitute "NHS England";

(b) omit paragraph (c).

(4) In subsection (3), for "Monitor" substitute "NHS England".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(5) In subsection (4)—

(a) in paragraph (a), for "Monitor" substitute "NHS England";

(b) in paragraph (c), for "Monitor's" substitute "NHS England's";

(c) in paragraph (d), for "Monitor" substitute "NHS England".

(6) In subsection (10), for "Monitor", in both places it occurs, substitute "NHS England".

Commencement Information

I1127 Sch. 5 para. 64 not in force at Royal Assent, see **s. 186(6)**

I1128 Sch. 5 para. 64 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

65 In section 102 (modification of conditions by order under other enactments), in subsection (6)(a), for "Monitor" substitute "NHS England".

Commencement Information

I1129 Sch. 5 para. 65 not in force at Royal Assent, see **s. 186(6)**

I1130 Sch. 5 para. 65 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

66 (1) Section 104 (power to require documents and information) is amended as follows.

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (2), omit paragraph (e) (but not the "and" at the end).

(4) For subsection (4) substitute—

"(4) In this section "regulatory functions", in relation to NHS England, has the meaning given by section 13SB(2) of the National Health Service Act 2006."

Commencement Information

I1131 Sch. 5 para. 66 not in force at Royal Assent, see **s. 186(6)**

I1132 Sch. 5 para. 66 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

67 In section 105 (discretionary requirements), in subsections (1), (2)(a), (b) and (c) and (3), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information

I1133 Sch. 5 para. 67 not in force at Royal Assent, see **s. 186(6)**

I1134 Sch. 5 para. 67 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

68 In section 106 (enforcement undertakings), in subsections (1), (4) and (5), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information

I1135 Sch. 5 para. 68 not in force at Royal Assent, see **s. 186(6)**

I1136 Sch. 5 para. 68 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

69 (1) Section 108 (guidance as to use of enforcement powers) is amended as follows.

(2) In each of subsections (1) to (3), for "Monitor" substitute "NHS England".

(3) In subsection (4)—

(a) in the words before paragraph (a), for "Monitor's" substitute "NHS England's";

(b) in paragraphs (a), (b) and (c), for "Monitor" substitute "NHS England".

(4) In subsection (5), for "Monitor" substitute "NHS England".

Commencement Information

I1137 Sch. 5 para. 69 not in force at Royal Assent, see **s. 186(6)**

I1138 Sch. 5 para. 69 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

70 In section 109 (publication of enforcement action), in subsections (1) and (2), for "Monitor" substitute "NHS England".

Commencement Information

I1139 Sch. 5 para. 70 not in force at Royal Assent, see **s. 186(6)**

I1140 Sch. 5 para. 70 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

71 In section 110 (notification of enforcement action), in subsection (1)—

(a) for "Monitor" substitute "NHS England";

(b) omit paragraph (a).

Commencement Information

I1141 Sch. 5 para. 71 not in force at Royal Assent, see **s. 186(6)**

I1142 Sch. 5 para. 71 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

72 In section 111 (imposition of licence conditions on NHS foundation trusts), in each of subsections (1) to (2A), and (4) to (9), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information

I1143 Sch. 5 para. 72 not in force at Royal Assent, see **s. 186(6)**

I1144 Sch. 5 para. 72 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

73 (1) Section 113 (orders under section 112: criteria for deciding applicable trusts) is amended as follows.

(2) In each of subsections (1) to (5), for "Monitor", in each place it occurs, substitute "NHS England".

(3) In subsection (6), for "Monitor's" substitute "NHS England's".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1145 Sch. 5 para. 73 not in force at Royal Assent, see **s. 186(6)**
I1146 Sch. 5 para. 73 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

74 In section 128 (health special administration orders), in subsection (2), for "Monitor" substitute "NHS England".

Commencement Information
I1147 Sch. 5 para. 74 not in force at Royal Assent, see **s. 186(6)**
I1148 Sch. 5 para. 74 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

75 (1) Section 130 (health special administration regulations) is amended as follows.

(2) In subsection (5), for "Monitor" substitute "NHS England".

(3) In subsection (6)—
(a) in paragraphs (a) and (b), "Monitor" substitute "NHS England";
(b) in paragraph (c)—
(i) for "Monitor" substitute "NHS England";
(ii) omit "and the National Health Service Commissioning Board";
(c) in paragraph (d), for "Monitor" substitute "NHS England".

(4) In subsection (11), for paragraphs (a) and (b) substitute "such persons as the Secretary of State considers appropriate".

Commencement Information
I1149 Sch. 5 para. 75 not in force at Royal Assent, see **s. 186(6)**
I1150 Sch. 5 para. 75 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

76 In section 131 (transfer schemes), in subsection (2)(a), (b) and (c), for "Monitor" substitute "NHS England".

Commencement Information
I1151 Sch. 5 para. 76 not in force at Royal Assent, see **s. 186(6)**
I1152 Sch. 5 para. 76 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

77 In section 132 (indemnities), for "Monitor" substitute "NHS England".

Commencement Information
I1153 Sch. 5 para. 77 not in force at Royal Assent, see **s. 186(6)**
I1154 Sch. 5 para. 77 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

78 In section 134 (duty to establish mechanisms for providing financial assistance), in each of subsections (1) to (6), for "Monitor", in each place it occurs, substitute "NHS England".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1155 Sch. 5 para. 78 not in force at Royal Assent, see **s. 186(6)**
I1156 Sch. 5 para. 78 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

79 (1) Section 135 (power to establish fund) is amended as follows

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (2)—

(a) for "Monitor" substitute "NHS England";

(b) for "commissioners" substitute "integrated care boards".

(4) In each of subsections (3) and (5) to (8), for "Monitor" substitute "NHS England".

Commencement Information
I1157 Sch. 5 para. 79 not in force at Royal Assent, see **s. 186(6)**
I1158 Sch. 5 para. 79 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

80 In section 136 (applications), in each of subsections (1) to (3) and (6) to (9), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information
I1159 Sch. 5 para. 80 not in force at Royal Assent, see **s. 186(6)**
I1160 Sch. 5 para. 80 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

81 In section 137 (grants and loans), in each of subsections (1) and (3) to (5), for "Monitor" substitute "NHS England".

Commencement Information
I1161 Sch. 5 para. 81 not in force at Royal Assent, see **s. 186(6)**
I1162 Sch. 5 para. 81 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

82 (1) Section 138 (power to impose charges on commissioners) is amended as follows.

(2) For subsection (1) substitute—

"(1) The Secretary of State may by regulations confer power on NHS England to require integrated care boards to pay charges relating to such of NHS England's regulatory functions as relate to securing the continued provision of health care services for the purposes of the NHS.

(1A) In subsection (1) "regulatory functions", in relation to NHS England, has the meaning given by section 13SB(2) of the National Health Service Act 2006."

(3) In subsection (3)(c), for "Monitor" substitute "NHS England".

(4) In subsection (4), for "Monitor", in both places it occurs, substitute "NHS England".

(5) For subsection (5) substitute—

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"(5) Before making regulations under this section, the Secretary of State must consult NHS England."

Commencement Information
I1163 Sch. 5 para. 82 not in force at Royal Assent, see **s. 186(6)**
I1164 Sch. 5 para. 82 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

83 (1) Section 139 (imposition of levy) is amended as follows.

(2) In subsection (2)—

(a) for "Monitor" substitute "NHS England";

(b) in paragraph (b), for "commissioners" substitute "integrated care boards".

(3) In subsection (3), for "Monitor" substitute "NHS England".

Commencement Information
I1165 Sch. 5 para. 83 not in force at Royal Assent, see **s. 186(6)**
I1166 Sch. 5 para. 83 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

84 In section 140 (power of Secretary of State to set limit on levy and charges), in subsections (1)(a) and (2), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information
I1167 Sch. 5 para. 84 not in force at Royal Assent, see **s. 186(6)**
I1168 Sch. 5 para. 84 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

85 (1) Section 141 (consultation) is amended as follows.

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (3)—

(a) for "Monitor" substitute "NHS England";

(b) omit paragraph (b).

(4) In subsections (4), (5)(a), (6) and (8), for "Monitor" substitute "NHS England".

Commencement Information
I1169 Sch. 5 para. 85 not in force at Royal Assent, see **s. 186(6)**
I1170 Sch. 5 para. 85 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

86 In section 143 (amount payable), in each of subsections (1), (4) to (6) and (8), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information
I1171 Sch. 5 para. 86 not in force at Royal Assent, see **s. 186(6)**

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I1172 Sch. 5 para. 86 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

87 In section 144 (investment principles and reviews), in each of subsections (1) to (3), (4)(b) and (6), for "Monitor" substitute "NHS England".

Commencement Information
I1173 Sch. 5 para. 87 not in force at Royal Assent, see **s. 186(6)**
I1174 Sch. 5 para. 87 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

88 In section 145 (borrowing), in subsections (1) and (2), for "Monitor" substitute "NHS England".

Commencement Information
I1175 Sch. 5 para. 88 not in force at Royal Assent, see **s. 186(6)**
I1176 Sch. 5 para. 88 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

89 In section 146 (shortfall or excess of available funds, etc), in each of subsections (1) to (3), for "Monitor" substitute "NHS England".

Commencement Information
I1177 Sch. 5 para. 89 not in force at Royal Assent, see **s. 186(6)**
I1178 Sch. 5 para. 89 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

90 (1) Section 148 (service of documents) is amended as follows.

(2) In subsection (6)(a), for "Monitor" substitute "NHS England".

(3) Omit subsection (9).

Commencement Information
I1179 Sch. 5 para. 90 not in force at Royal Assent, see **s. 186(6)**
I1180 Sch. 5 para. 90 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

91 In section 149 (electronic communications), in each of subsections (2) to (5), for "Monitor", in each place it occurs, substitute "NHS England".

Commencement Information
I1181 Sch. 5 para. 91 not in force at Royal Assent, see **s. 186(6)**
I1182 Sch. 5 para. 91 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

92 (1) Section 150 is amended as follows.

(2) In subsection (1)—

(a) for the definition of "anti-competitive behaviour" substitute—

""anti-competitive behaviour" means behaviour which would (or would be likely to) prevent, restrict or distort competition and a reference to preventing anti-competitive behaviour includes a

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reference to eliminating or reducing the effects (or potential effects) of the behaviour;";

(b) for the definitions of "health care" and "health care service" substitute—

""health care" means all forms of health care provided for individuals, whether relating to physical or mental health, with a reference in this Part to "health care services" being read accordingly; and for the purposes of this Part it does not matter if a health care service is also an adult social care service;";

(c) for the definition of "the NHS" substitute—

""the NHS" means the comprehensive health service continued under section 1(1) of the National Health Service Act 2006, except the part of it that is provided in pursuance of the public health functions (within the meaning of that Act) of the Secretary of State or local authorities;".

(3) After subsection (1) insert—

"(1A) A reference in this Part to the provision of health care services for the purposes of the NHS is a reference to their provision for those purposes in accordance with the National Health Service Act 2006."

Commencement Information
I1183 Sch. 5 para. 92 not in force at Royal Assent, see **s. 186(6)**
I1184 Sch. 5 para. 92 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

93 In section 175 (objective of trust special administration), omit subsection (2).

Commencement Information
I1185 Sch. 5 para. 93 not in force at Royal Assent, see **s. 186(6)**
I1186 Sch. 5 para. 93 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

94 (1) Section 254 (powers to direct Information Centre to establish information systems) is amended as follows.

(2) In subsection (3) for "NHS Services" substitute "health services".

(3) Omit subsection (4).

Commencement Information
I1187 Sch. 5 para. 94 not in force at Royal Assent, see **s. 186(6)**
I1188 Sch. 5 para. 94 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

95 In section 255 (powers to request Information Centre to establish information systems), in subsection (9), omit paragraph (a).

Commencement Information
I1189 Sch. 5 para. 95 not in force at Royal Assent, see **s. 186(6)**
I1190 Sch. 5 para. 95 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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96 (1) In section 288 (duty to co-operate with Care Quality Commission) is amended as follows.

(2) In subsection (1), for "Monitor" substitute "NHS England".

(3) In subsection (2)(a)—

(a) for "Monitor", in each place it occurs, substitute "NHS England";

(b) after "any" insert "relevant".

(4) After subsection (2) insert—

"(2A) In subsection (2)(a) "relevant information" means information held by NHS England in connection with—

(a) its regulatory functions, within the meaning given by section 13SB(2) of the National Health Service Act 2006, or

(b) its functions under section 27A of the National Health Service Act 2006 Act (NHS trusts: oversight and support)."

Commencement Information

I1191 Sch. 5 para. 96 not in force at Royal Assent, see **s. 186(6)**

I1192 Sch. 5 para. 96 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

97 (1) Section 290 (other duties to co-operate) is amended as follows.

(2) Omit subsection (1).

(3) In subsection (3), omit paragraph (a).

(4) Omit subsections (5) and (6).

Commencement Information

I1193 Sch. 5 para. 97 not in force at Royal Assent, see **s. 186(6)**

I1194 Sch. 5 para. 97 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

98 In section 291 (breaches of duties to co-operate), in subsection (2)—

(a) in paragraph (a), for "Monitor" substitute "NHS England";

(b) for paragraph (b), substitute—

"(b) the duty under section 290(2),";

(c) in paragraph (c), for "Monitor" substitute "NHS England".

Commencement Information

I1195 Sch. 5 para. 98 not in force at Royal Assent, see **s. 186(6)**

I1196 Sch. 5 para. 98 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

99 (1) Section 304 (regulations, orders and directions) is amended as follows.

(2) In subsection (5), omit paragraph (a).

(3) In subsection (12)(a), omit sub-paragraph (i).

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Commencement Information

I1197 Sch. 5 para. 99 not in force at Royal Assent, see **s. 186(6)**

I1198 Sch. 5 para. 99 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

100 (1) Schedule 11 (further provision about Monitor's enforcement powers) is amended as follows.

(2) In the heading, for "Monitor's" substitute "NHS England's".

(3) In the following provisions for "Monitor", in each place it occurs, substitute "NHS England"—

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

(4) In paragraph 13(3), for "Monitor's" substitute "NHS England's".

Commencement Information

I1199 Sch. 5 para. 100 not in force at Royal Assent, see **s. 186(6)**

I1200 Sch. 5 para. 100 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I1089 Sch. 5 para. 45 not in force at Royal Assent, see **s. 186(6)**

I1090 Sch. 5 para. 45 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1091 Sch. 5 para. 46 not in force at Royal Assent, see **s. 186(6)**

I1092 Sch. 5 para. 46 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1093 Sch. 5 para. 47 not in force at Royal Assent, see **s. 186(6)**

I1094 Sch. 5 para. 47 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1095 Sch. 5 para. 48 not in force at Royal Assent, see **s. 186(6)**

I1096 Sch. 5 para. 48 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1097 Sch. 5 para. 49 not in force at Royal Assent, see **s. 186(6)**

I1098 Sch. 5 para. 49 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1099 Sch. 5 para. 50 not in force at Royal Assent, see **s. 186(6)**

I1100 Sch. 5 para. 50 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 6, 13, 29, 30)

I1101 Sch. 5 para. 51 not in force at Royal Assent, see **s. 186(6)**

I1102 Sch. 5 para. 51 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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I1103 Sch. 5 para. 52 not in force at Royal Assent, see **s. 186(6)**
I1104 Sch. 5 para. 52 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1105 Sch. 5 para. 53 not in force at Royal Assent, see **s. 186(6)**
I1106 Sch. 5 para. 53 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1107 Sch. 5 para. 54 not in force at Royal Assent, see **s. 186(6)**
I1108 Sch. 5 para. 54 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1109 Sch. 5 para. 55 not in force at Royal Assent, see **s. 186(6)**
I1110 Sch. 5 para. 55 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1111 Sch. 5 para. 56 not in force at Royal Assent, see **s. 186(6)**
I1112 Sch. 5 para. 56 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1113 Sch. 5 para. 57 not in force at Royal Assent, see **s. 186(6)**
I1114 Sch. 5 para. 57 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1115 Sch. 5 para. 58 not in force at Royal Assent, see **s. 186(6)**
I1116 Sch. 5 para. 58 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1117 Sch. 5 para. 59 not in force at Royal Assent, see **s. 186(6)**
I1118 Sch. 5 para. 59 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1119 Sch. 5 para. 60 not in force at Royal Assent, see **s. 186(6)**
I1120 Sch. 5 para. 60 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1121 Sch. 5 para. 61 not in force at Royal Assent, see **s. 186(6)**
I1122 Sch. 5 para. 61 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1123 Sch. 5 para. 62 not in force at Royal Assent, see **s. 186(6)**
I1124 Sch. 5 para. 62 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1125 Sch. 5 para. 63 not in force at Royal Assent, see **s. 186(6)**
I1126 Sch. 5 para. 63 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1127 Sch. 5 para. 64 not in force at Royal Assent, see **s. 186(6)**
I1128 Sch. 5 para. 64 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1129 Sch. 5 para. 65 not in force at Royal Assent, see **s. 186(6)**
I1130 Sch. 5 para. 65 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1131 Sch. 5 para. 66 not in force at Royal Assent, see **s. 186(6)**
I1132 Sch. 5 para. 66 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1133 Sch. 5 para. 67 not in force at Royal Assent, see **s. 186(6)**
I1134 Sch. 5 para. 67 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1135 Sch. 5 para. 68 not in force at Royal Assent, see **s. 186(6)**
I1136 Sch. 5 para. 68 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1137 Sch. 5 para. 69 not in force at Royal Assent, see **s. 186(6)**
I1138 Sch. 5 para. 69 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1139 Sch. 5 para. 70 not in force at Royal Assent, see **s. 186(6)**
I1140 Sch. 5 para. 70 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1141 Sch. 5 para. 71 not in force at Royal Assent, see **s. 186(6)**
I1142 Sch. 5 para. 71 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1143 Sch. 5 para. 72 not in force at Royal Assent, see **s. 186(6)**
I1144 Sch. 5 para. 72 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1145 Sch. 5 para. 73 not in force at Royal Assent, see **s. 186(6)**
I1146 Sch. 5 para. 73 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1147 Sch. 5 para. 74 not in force at Royal Assent, see **s. 186(6)**
I1148 Sch. 5 para. 74 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1149 Sch. 5 para. 75 not in force at Royal Assent, see **s. 186(6)**
I1150 Sch. 5 para. 75 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1151 Sch. 5 para. 76 not in force at Royal Assent, see **s. 186(6)**
I1152 Sch. 5 para. 76 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1153 Sch. 5 para. 77 not in force at Royal Assent, see **s. 186(6)**
I1154 Sch. 5 para. 77 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1155 Sch. 5 para. 78 not in force at Royal Assent, see **s. 186(6)**

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I1156 Sch. 5 para. 78 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1157 Sch. 5 para. 79 not in force at Royal Assent, see **s. 186(6)**
I1158 Sch. 5 para. 79 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1159 Sch. 5 para. 80 not in force at Royal Assent, see **s. 186(6)**
I1160 Sch. 5 para. 80 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1161 Sch. 5 para. 81 not in force at Royal Assent, see **s. 186(6)**
I1162 Sch. 5 para. 81 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1163 Sch. 5 para. 82 not in force at Royal Assent, see **s. 186(6)**
I1164 Sch. 5 para. 82 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1165 Sch. 5 para. 83 not in force at Royal Assent, see **s. 186(6)**
I1166 Sch. 5 para. 83 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1167 Sch. 5 para. 84 not in force at Royal Assent, see **s. 186(6)**
I1168 Sch. 5 para. 84 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1169 Sch. 5 para. 85 not in force at Royal Assent, see **s. 186(6)**
I1170 Sch. 5 para. 85 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1171 Sch. 5 para. 86 not in force at Royal Assent, see **s. 186(6)**
I1172 Sch. 5 para. 86 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1173 Sch. 5 para. 87 not in force at Royal Assent, see **s. 186(6)**
I1174 Sch. 5 para. 87 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1175 Sch. 5 para. 88 not in force at Royal Assent, see **s. 186(6)**
I1176 Sch. 5 para. 88 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1177 Sch. 5 para. 89 not in force at Royal Assent, see **s. 186(6)**
I1178 Sch. 5 para. 89 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1179 Sch. 5 para. 90 not in force at Royal Assent, see **s. 186(6)**
I1180 Sch. 5 para. 90 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1181 Sch. 5 para. 91 not in force at Royal Assent, see **s. 186(6)**
I1182 Sch. 5 para. 91 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1183 Sch. 5 para. 92 not in force at Royal Assent, see **s. 186(6)**
I1184 Sch. 5 para. 92 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1185 Sch. 5 para. 93 not in force at Royal Assent, see **s. 186(6)**
I1186 Sch. 5 para. 93 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1187 Sch. 5 para. 94 not in force at Royal Assent, see **s. 186(6)**
I1188 Sch. 5 para. 94 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1189 Sch. 5 para. 95 not in force at Royal Assent, see **s. 186(6)**
I1190 Sch. 5 para. 95 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1191 Sch. 5 para. 96 not in force at Royal Assent, see **s. 186(6)**
I1192 Sch. 5 para. 96 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1193 Sch. 5 para. 97 not in force at Royal Assent, see **s. 186(6)**
I1194 Sch. 5 para. 97 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1195 Sch. 5 para. 98 not in force at Royal Assent, see **s. 186(6)**
I1196 Sch. 5 para. 98 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1197 Sch. 5 para. 99 not in force at Royal Assent, see **s. 186(6)**
I1198 Sch. 5 para. 99 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1199 Sch. 5 para. 100 not in force at Royal Assent, see **s. 186(6)**
I1200 Sch. 5 para. 100 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Local Audit and Accountability Act 2014

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1201 Sch. 5 para. 101 not in force at Royal Assent, see **s. 186(6)**
I1202 Sch. 5 para. 101 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Mental Health Units (Use of Force) Act 2018

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

Commencement Information
I1203 Sch. 5 para. 102 not in force at Royal Assent, see **s. 186(6)**
I1204 Sch. 5 para. 102 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Domestic Abuse Act 2021

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

Commencement Information
I1205 Sch. 5 para. 103 not in force at Royal Assent, see **s. 186(6)**
I1206 Sch. 5 para. 103 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

SCHEDULE 6 Section 46

INTERVENTION POWERS OVER THE RECONFIGURATION OF NHS SERVICES

Commencement Information
I1207 Sch. 6 not in force at Royal Assent, see **s. 186(6)**
I1208 Sch. 6 in force at 31.1.2024 for specified purposes by S.I. 2023/1431, **reg. 4(c)**

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

"SCHEDULE 10A Section 68A

INTERVENTION POWERS IN RELATION TO THE RECONFIGURATION OF NHS SERVICES

Definitions

1 In this Schedule—

"NHS commissioning body" means NHS England or an integrated care board;

"NHS services" means services provided as part of the health service in England;

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"NHS trust" means an NHS trust established under section 25;

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

(a) the manner in which a service is delivered to individuals (at the point when the service is received by users), or

(b) the range of health services available to individuals.

Duty to notify Secretary of State of reconfiguration proposals

2 (1) If an NHS commissioning body proposes a notifiable reconfiguration of NHS services it must notify the Secretary of State.

(2) For the purposes of this paragraph a reconfiguration of NHS services is "notifiable" if it is of a description specified in regulations.

Power to call-in proposal for reconfiguration

3 (1) The Secretary of State may give an NHS commissioning body a direction calling in any proposal by the body for the reconfiguration of NHS services.

(2) Where a direction is given under sub-paragraph (1), the Secretary of State—

(a) may, within the period of 6 months beginning with the date of the direction, take any decision in relation to the proposal that could have been taken by the NHS commissioning body, and

(b) must notify the NHS commissioning body once the Secretary of State has finished considering the proposal.

(3) The power of the Secretary of State to take decisions under sub-paragraph (2)(a) includes—

(a) power to decide whether a proposal should, or should not, proceed, or should proceed in a modified form;

(b) power to decide particular results to be achieved by the NHS commissioning body in taking decisions in relation to the proposal;

(c) power to decide procedural or other steps that should, or should not, be taken in relation to the proposal;

(d) power to retake any decision previously taken by the NHS commissioning body.

(4) The Secretary of State must, before acting under sub-paragraph (2), give each of the following an opportunity to make representations to the Secretary of State in relation to the proposal—

(a) the NHS commissioning body,

(b) if the NHS commissioning body is an integrated care board, NHS England,

(c) each local authority (within the meaning of section 2B) to whose area the proposed reconfiguration of NHS services relates, and

(d) any other person that the Secretary of State considers appropriate.

(5) The Secretary of State must—

(a) publish any decision under sub-paragraph (2)(a) together with an explanation of the reasons for taking it, and

(b) notify the NHS commissioning body of the decision and the reasons.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(6) The Secretary of State must publish a summary of any representations made under sub-paragraph (4).

4 (1) This paragraph applies where the Secretary of State gives a direction under paragraph 3(1) calling in a proposal for the reconfiguration of NHS services.

(2) Until notified that the Secretary of State has finished considering the proposal, the NHS commissioning body must not take further steps in relation to a proposal except to such extent (if any) as may be permitted by the direction.

(3) Once notified that the Secretary of State has finished considering the proposal, the NHS commissioning body must give effect to any decision of the Secretary of State under paragraph 3(2)(a) in relation to the proposal.

Power to require consideration of proposals for reconfiguration

5 (1) The Secretary of State may direct an NHS commissioning body to consider a reconfiguration of NHS services.

(2) The Secretary of State must publish any direction under this paragraph, together with an explanation of the reasons for giving it.

Duties to provide information and other assistance

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

Guidance

7 (1) The Secretary of State must publish guidance for NHS commissioning bodies, NHS trusts and NHS foundation trusts about—

(a) the exercise of their functions under this Schedule, and

(b) how the Secretary of State proposes to exercise the Secretary of State's functions under this Schedule.

(2) NHS commissioning bodies, NHS trusts and NHS foundation trusts must have regard to any guidance published under sub- paragraph (1)."

SCHEDULE 7 Section 50

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

Value Added Tax Act 1994

1 In section 33D of the Value Added Tax Act 1994 (descriptions of charities qualifying for VAT refunds), in subsection (4), before paragraph (a) insert—

"(za) an NHS trust in England,".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1209 Sch. 7 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1210 Sch. 7 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Finance Act 2003

2 In section 67A of the Finance Act 2003 (acquisitions by certain health service bodies), in subsection (1), after paragraph (b) insert—

"(ba) an NHS trust established under section 25 of the National Health Service Act 2006;".

Commencement Information
I1211 Sch. 7 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1212 Sch. 7 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service Act 2006

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

Commencement Information
I1213 Sch. 7 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1214 Sch. 7 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

4 In section 215 (trustees and property under section 222), in subsection (3)(b), omit "paragraph 10 of Schedule 4, or".

Commencement Information
I1215 Sch. 7 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1216 Sch. 7 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

5 In section 217 (supplementary provisions about trusts), in subsection (1), omit paragraph (h) (but not the "and" at the end).

Commencement Information
I1217 Sch. 7 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1218 Sch. 7 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

6 In Schedule 4 (NHS trusts), in paragraph 12, omit sub-paragraph (2A).

Commencement Information
I1219 Sch. 7 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1220 Sch. 7 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1213 Sch. 7 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1214 Sch. 7 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1215 Sch. 7 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1216 Sch. 7 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1217 Sch. 7 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1218 Sch. 7 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1219 Sch. 7 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1220 Sch. 7 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service (Wales) Act 2006

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

Commencement Information
I1221 Sch. 7 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1222 Sch. 7 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2012

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

Commencement Information
I1223 Sch. 7 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1224 Sch. 7 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

9 In section 112 (transitional provision relating to abolition of NHS trusts etc), in subsection (5)(b), omit the words from "(whether because" to the end.

Commencement Information
I1225 Sch. 7 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1226 Sch. 7 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

10 Omit section 180 (repeal of provisions on authorisation for NHS foundation trusts).

Commencement Information
I1227 Sch. 7 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1228 Sch. 7 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

11 In section 200 (care trusts), omit subsection (15).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1229 Sch. 7 para. 11 not in force at Royal Assent, see **s. 186(6)**
I1230 Sch. 7 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

12 In Schedule 13, in paragraph 10 (saving provision: general duty of regulator), omit sub-paragraph (2).

Commencement Information
I1231 Sch. 7 para. 12 not in force at Royal Assent, see **s. 186(6)**
I1232 Sch. 7 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

13 Omit Schedule 14 (abolition of NHS trusts in England: consequential amendments).

Commencement Information
I1233 Sch. 7 para. 13 not in force at Royal Assent, see **s. 186(6)**
I1234 Sch. 7 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I1223 Sch. 7 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1224 Sch. 7 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1225 Sch. 7 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1226 Sch. 7 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1227 Sch. 7 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1228 Sch. 7 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1229 Sch. 7 para. 11 not in force at Royal Assent, see **s. 186(6)**
I1230 Sch. 7 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1231 Sch. 7 para. 12 not in force at Royal Assent, see **s. 186(6)**
I1232 Sch. 7 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1233 Sch. 7 para. 13 not in force at Royal Assent, see **s. 186(6)**
I1234 Sch. 7 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Finance Act 2012

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

Commencement Information
I1235 Sch. 7 para. 14 not in force at Royal Assent, see **s. 186(6)**
I1236 Sch. 7 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Local Audit and Accountability Act 2014

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1237 Sch. 7 para. 15 not in force at Royal Assent, see **s. 186(6)**
I1238 Sch. 7 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

16 In section 3 (general requirements for accounts), for subsection (9) substitute—

"(9) In this Act "health service body" means—

(a) an integrated care board;

(b) an NHS trust all or most of whose hospitals, establishments and facilities are situated in England."

Commencement Information
I1239 Sch. 7 para. 16 not in force at Royal Assent, see **s. 186(6)**
I1240 Sch. 7 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

17 In section 4 (general requirements for audit), at the end insert—

"(6) In relation to an NHS trust, "accounts" means the annual accounts prepared under paragraph 11A of Schedule 4 to the National Health Service Act 2006."

Commencement Information
I1241 Sch. 7 para. 17 not in force at Royal Assent, see **s. 186(6)**
I1242 Sch. 7 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

18 In section 8 (procedure for appointment), in subsection (4), at the end insert—

"(d) in the case of an NHS trust, it publishes the notice in such manner as it thinks is likely to bring the notice to the attention of persons to whom the trust provides services for the purposes of the health service in England."

Commencement Information
I1243 Sch. 7 para. 18 not in force at Royal Assent, see **s. 186(6)**
I1244 Sch. 7 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

19 In section 10 (functions of auditor panel), in subsection (10), at the end insert—

"(d) in the case of an NHS trust, it publishes the advice in such manner as it thinks is likely to bring the advice to the attention of persons to whom the trust provides services for the purposes of the health service in England."

Commencement Information
I1245 Sch. 7 para. 19 not in force at Royal Assent, see **s. 186(6)**
I1246 Sch. 7 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

20 In section 12 (failure to appoint local auditor), in subsections (1) and (2), for "a clinical commissioning group," substitute "a health service body".

Commencement Information

I1247 Sch. 7 para. 20 not in force at Royal Assent, see **s. 186(6)**

I1248 Sch. 7 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

21 (1) Section 13 (failure of clinical commissioning group to appoint local auditor) is amended as follows.

(2) In the heading, for "clinical commissioning group" substitute "health service bodies".

(3) In subsections (1) and (2), for "clinical commissioning group" substitute "health service body".

(4) In subsection (4)—

(a) in paragraph (a), for "clinical commissioning group" substitute "health service body";

(b) in paragraph (b), for "group" substitute "health service body".

(5) In subsection (5)(a), for "clinical commissioning group" substitute "health service body".

(6) In subsection (6)—

(a) in paragraph (a), for "clinical commissioning group" substitute "health service body";

(b) in paragraph (b), for "group" substitute "health service body".

(7) In subsection (7), for "clinical commissioning group" substitute "health service body".

Commencement Information

I1249 Sch. 7 para. 21 not in force at Royal Assent, see **s. 186(6)**

I1250 Sch. 7 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

22 In section 21 (general duties of auditors of accounts of health service bodies), after subsection (2) insert—

"(2A) In auditing the accounts of an NHS trust a local auditor must, by examination of the accounts and otherwise, be satisfied—

(a) that the accounts present a true and fair view, and comply with the requirements of the enactments that apply to them,

(b) that proper practices have been observed in the preparation of the accounts, and

(c) that the NHS trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources."

Commencement Information

I1251 Sch. 7 para. 22 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1252 Sch. 7 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

23 In section 30 (unlawful expenditure or activity of health service bodies), in subsection (2), for paragraph (b) substitute—

"(b) notify NHS England of the matter."

Commencement Information
I1253 Sch. 7 para. 23 not in force at Royal Assent, see **s. 186(6)**
I1254 Sch. 7 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

24 In section 43 (orders and regulations), in subsection (6), omit paragraphs (b) and (c).

Commencement Information
I1255 Sch. 7 para. 24 not in force at Royal Assent, see **s. 186(6)**
I1256 Sch. 7 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

25 In section 44 (interpretation), in the definition of "accounts", for "(5)" substitute "(6)".

Commencement Information
I1257 Sch. 7 para. 25 not in force at Royal Assent, see **s. 186(6)**
I1258 Sch. 7 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

26 Omit section 47 (application to NHS trusts and trustees).

Commencement Information
I1259 Sch. 7 para. 26 not in force at Royal Assent, see **s. 186(6)**
I1260 Sch. 7 para. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

27 In Schedule 2 (relevant authorities), after paragraph 23 insert—

"23A An NHS trust all or most of whose hospitals, establishments and facilities are situated in England."

Commencement Information
I1261 Sch. 7 para. 27 not in force at Royal Assent, see **s. 186(6)**
I1262 Sch. 7 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

28 In Schedule 5 (eligibility and regulation of local auditors), in paragraph 5, in the modified section 1214 of the Companies Act 2006—

(a) in subsection (1), after "(3)," insert "(3A),";

(b) after subsection (3) insert—

"(3A) This subsection applies if—

(a) the relevant authority is an NHS trust, and

(b) P is a director of that NHS trust."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I1263 Sch. 7 para. 28 not in force at Royal Assent, see **s. 186(6)**

I1264 Sch. 7 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

29 (1) Schedule 7 (reports and recommendations) is amended as follows.

(2) In paragraph 2, in sub-paragraph (3)(d), for "clinical commissioning group" substitute "health service body".

(3) In paragraph 3, in sub-paragraph (2)(c), for "clinical commissioning group" substitute "health service body".

(4) In paragraph 4, in sub-paragraph (8), at the end insert—

"(d) in the case of an NHS trust, it publishes the notice in such manner as it thinks is likely to bring the notice to the attention of persons to whom the trust provides services for the purposes of the health service in England."

Commencement Information

I1265 Sch. 7 para. 29 not in force at Royal Assent, see **s. 186(6)**

I1266 Sch. 7 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I1237 Sch. 7 para. 15 not in force at Royal Assent, see **s. 186(6)**

I1238 Sch. 7 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1239 Sch. 7 para. 16 not in force at Royal Assent, see **s. 186(6)**

I1240 Sch. 7 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1241 Sch. 7 para. 17 not in force at Royal Assent, see **s. 186(6)**

I1242 Sch. 7 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1243 Sch. 7 para. 18 not in force at Royal Assent, see **s. 186(6)**

I1244 Sch. 7 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1245 Sch. 7 para. 19 not in force at Royal Assent, see **s. 186(6)**

I1246 Sch. 7 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1247 Sch. 7 para. 20 not in force at Royal Assent, see **s. 186(6)**

I1248 Sch. 7 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1249 Sch. 7 para. 21 not in force at Royal Assent, see **s. 186(6)**

I1250 Sch. 7 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1251 Sch. 7 para. 22 not in force at Royal Assent, see **s. 186(6)**

I1252 Sch. 7 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1253 Sch. 7 para. 23 not in force at Royal Assent, see **s. 186(6)**

I1254 Sch. 7 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1255 Sch. 7 para. 24 not in force at Royal Assent, see **s. 186(6)**

I1256 Sch. 7 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1257 Sch. 7 para. 25 not in force at Royal Assent, see **s. 186(6)**

I1258 Sch. 7 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1259 Sch. 7 para. 26 not in force at Royal Assent, see **s. 186(6)**

I1260 Sch. 7 para. 26 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1261 Sch. 7 para. 27 not in force at Royal Assent, see **s. 186(6)**

I1262 Sch. 7 para. 27 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1263 Sch. 7 para. 28 not in force at Royal Assent, see **s. 186(6)**
I1264 Sch. 7 para. 28 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1265 Sch. 7 para. 29 not in force at Royal Assent, see **s. 186(6)**
I1266 Sch. 7 para. 29 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Finance Act 2015

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

Commencement Information
I1267 Sch. 7 para. 30 not in force at Royal Assent, see **s. 186(6)**
I1268 Sch. 7 para. 30 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

NHS (Charitable Trusts Etc) Act 2016

31 (1) Schedule 1 to the NHS (Charitable Trusts Etc) Act 2016 is amended as follows.

(2) In paragraph 4(b), omit paragraph (ii) (including the "and" at the end).

(3) Omit paragraph 14.

(4) In paragraph 18, omit paragraphs (f) and (h).

(5) Omit paragraph 19.

Commencement Information
I1269 Sch. 7 para. 31 not in force at Royal Assent, see **s. 186(6)**
I1270 Sch. 7 para. 31 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

SCHEDULE 8 Section 70

TRUST SPECIAL ADMINISTRATORS: NHS TRUSTS AND NHS FOUNDATION TRUSTS

PART 1

AMENDMENTS ABOUT TRUST SPECIAL ADMINISTRATORS

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

Commencement Information
I1271 Sch. 8 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1272 Sch. 8 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

2 For section 65B substitute—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"**65B NHS trusts: appointment of trust special administrator**

(1) NHS England may make an order in accordance with this section authorising the appointment of a trust special administrator to exercise the functions of the chair and directors of an NHS trust to which this Chapter applies.

(2) NHS England—

(a) must make an order under subsection (1) if required to do so by the Care Quality Commission, and

(b) may otherwise make an order under subsection (1) only if—

(i) NHS England considers it appropriate to do so in the interests of the health service, and

(ii) the Secretary of State has approved the making of the order.

(3) The Care Quality Commission may require NHS England to make an order under subsection (1) only if it is satisfied that there is a serious failure by the NHS trust to provide services that are of sufficient quality to be provided under this Act.

(4) Before requiring NHS England to make an order under subsection (1) the Care Quality Commission must—

(a) consult the Secretary of State and NHS England, and

(b) having done that, consult—

(i) the trust,

(ii) any integrated care board in whose area the trust has hospitals, establishments or facilities, and

(iii) any person to which the trust provides goods or services under this Act and which the Commission considers it appropriate to consult.

(5) Before making an order under subsection (1) in a case where it is not required to do so by the Care Quality Commission, NHS England must consult—

(a) the trust,

(b) any integrated care board in whose area the trust has hospitals, establishments or facilities,

(c) any other person to which the trust provides goods or services under this Act and which NHS England considers it appropriate to consult, and

(d) the Care Quality Commission.

(6) An order under subsection (1) must specify the date when the appointment is to take effect, which must be within the period of 5 working days beginning with the day on which the order is made.

(7) NHS England must lay before Parliament (with the statutory instrument containing the order) a report stating the reasons for making the order.

(8) If an order is made under subsection (1), NHS England must—

(a) appoint a person as the trust special administrator with effect from the day specified in the order, and

(b) publish the name of the person appointed.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(9) A person appointed as a trust special administrator holds and vacates office in accordance with the terms of the appointment.

(10) NHS England may pay remuneration and expenses to a trust special administrator appointed under this section.

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

(1) This section applies where the Care Quality Commission require NHS England to make an order under section 65B(1) in relation to an NHS trust.

(2) The Care Quality Commission must, as soon as reasonably practicable after the making of the order, provide to NHS England and the Secretary of State a report on the safety and quality of the services that the trust provides under this Act."

Commencement Information

I1273 Sch. 8 para. 2 not in force at Royal Assent, see **s. 186(6)**

I1274 Sch. 8 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

3 (1) Section 65D (NHS foundation trusts: appointment of trust special administrator) is amended as follows.

(2) In subsections (1) and (1A)(b) and (c), for "the regulator", in each place it occurs, substitute "NHS England".

(3) In subsection (2), for "The regulator" substitute "NHS England".

(4) After subsection (2) insert—

"(2A) Where NHS England is not required to make an order under this section as a result of subsection (1A), it may do so only if the Secretary of State has approved the making of the order."

(5) In subsection (3), for "the regulator" substitute "NHS England".

(6) In subsection (3A)—

(a) in paragraph (a), for "the regulator" substitute "NHS England";

(b) in paragraph (b), omit sub-paragraph (ii) (but not the "and" at the end).

(7) For subsection (4) substitute—

"(4) Before making an order under this section in a case where it is not required to do so as a result of subsection (1A), NHS England must consult—

(a) the trust,

(b) any person to which the trust provides services under this Act and which NHS England considers it appropriate to consult, and

(c) the Care Quality Commission."

(8) In subsection (6), for "The regulator" substitute "NHS England".

(9) In subsection (7), for "the regulator" substitute "NHS England".

(10) For subsection (12) substitute—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"(12) NHS England may pay remuneration and expenses to a trust special administrator appointed under this section."

Commencement Information
I1275 Sch. 8 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1276 Sch. 8 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

4 (1) Section 65DA (objective of trust special administration) is amended as follows.

(2) In subsection (4)(c), for "the regulator" substitute "NHS England".

(3) In subsection (5), for "The regulator" substitute "NHS England".

(4) In subsection (5A), for "the regulator" substitute "NHS England".

(5) In subsection (6)—
(a) for "the regulator" substitute "NHS England";
(b) omit paragraph (b).

(6) In subsection (7), for "The Board" substitute "NHS England".

(7) In subsection (8), for "the Board" substitute "NHS England".

Commencement Information
I1277 Sch. 8 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1278 Sch. 8 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

5 (1) Section 65F (draft report) is amended as follows.

(2) For subsections (1) to (3) substitute—

"(1) A trust special administrator appointed in relation to an NHS trust must, within the period of 65 working days beginning with the day on which the administrator's appointment takes effect—
(a) provide NHS England and the Secretary of State with a draft report recommending any action that NHS England or the Secretary of State should take in relation to the trust, and
(b) publish a copy of that draft report.

(1A) A trust special administrator appointed in relation to an NHS foundation trust must, within the period of 65 working days beginning with the day on which the administrator's appointment takes effect—
(a) provide NHS England with a draft report recommending the action that NHS England should take in relation to the trust, and
(b) publish a copy of that draft report,
unless unable to obtain the statements required by subsections (1B) and (1C).

(1B) A trust special administrator may not provide a draft report under subsection (1A)—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) without having obtained a statement from each commissioner that the commissioner considers that the recommendation in the draft report—

(i) would achieve the objective set out in section 65DA(1)(a), and

(ii) would do so without harming essential services provided for the purposes of the NHS by any other NHS foundation trust or NHS trust that provides services under this Act to the commissioner, or

(b) where the administrator is unable to obtain a statement to that effect from one or more of the commissioners (other than NHS England), without having obtained a statement to that effect from NHS England.

(1C) A trust special administrator may not provide a draft report under subsection (1A) without having obtained a statement from the Care Quality Commission that it considers that the recommendation in the draft report would achieve that part of the objective set out in section 65DA(1)(aa).

(2) When preparing a draft report under subsection (1) or (1A), the administrator must consult—

(a) any person to which the trust provides goods or services under this Act and which NHS England directs the administrator to consult, and

(b) the Care Quality Commission.

(3) After receiving a draft report under subsection (1) or (1A), NHS England must lay it before Parliament."

(3) Omit subsections (4), (5) and (5A).

(4) For subsection (6) substitute—

"(6) Where NHS England decides not to provide to the administrator a statement to the effect mentioned in subsection (1B)(b), NHS England must—

(a) give a notice of the reasons for its decision to the administrator,

(b) publish the notice, and

(c) lay a copy of it before Parliament.

(6A) Where the Care Quality Commission decides not to provide to the administrator a statement to the effect mentioned in subsection (1C), the Commission must—

(a) give a notice of the reasons for its decision to the administrator and to NHS England,

(b) publish the notice, and

(c) lay a copy of it before Parliament."

Commencement Information

I1279 Sch. 8 para. 5 not in force at Royal Assent, see **s. 186(6)**

I1280 Sch. 8 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

6 (1) Section 65G (consultation plan) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (4)(b) for "the Board", in both places it occurs, substitute "NHS England".

(3) For subsection (5) substitute—

"(5) Where NHS England decides not to provide to the administrator a statement to the effect mentioned in subsection (4)(b), NHS England must—

(a) give a notice of the reasons for its decision to the administrator,

(b) publish the notice, and

(c) lay a copy of it before Parliament.

(5A) Where the Care Quality Commission decides not to provide to the administrator a statement to the effect mentioned in subsection (4A), the Commission must—

(a) give a notice of the reasons for its decision to the administrator and to NHS England,

(b) publish the notice, and

(c) lay a copy of it before Parliament."

Commencement Information

I1281 Sch. 8 para. 6 not in force at Royal Assent, see **s. 186(6)**

I1282 Sch. 8 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

7 (1) Section 65H (consultation requirements) is amended as follows.

(2) In subsection (7)—

(a) omit paragraph (za);

(b) in paragraph (b), omit "other";

(c) for paragraphs (c) and (d) substitute—

"(c) the member of Parliament for any constituency, if required by directions given by NHS England;

(d) any other person specified in a direction given by NHS England."

(3) Omit subsection (8).

(4) In subsection (9)(a), omit "the Board and".

(5) After subsection (9) insert—

"(9A) NHS England may direct the administrator to hold a meeting to seek a response from any person."

(6) For subsection (10) substitute—

"(10) The Secretary of State may direct NHS England as to the persons from whom it should direct the administrator to—

(a) request a written response (for NHS England's powers of direction, see subsection (7)(c) and (d));

(b) seek a response by holding a meeting (for NHS England's power of direction, see subsection (9A))."

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(7) Omit subsection (10A).

(8) In subsection (12), omit paragraph (b) and the "and" before it.

(9) Omit subsection (13).

Commencement Information
I1283 Sch. 8 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1284 Sch. 8 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

8 (1) Section 65I (final report) is amended as follows.

(2) For subsection (1) substitute—

"(1) A trust special administrator appointed in relation to an NHS trust must, within the period of 15 working days beginning with the end of the consultation period, provide NHS England and the Secretary of State with a final report stating any action that the administrator recommends that NHS England or Secretary of State should take in relation to the trust.

(1A) A trust special administrator appointed in relation to an NHS foundation trust must, within the period of 15 working days beginning with the end of the consultation period, provide NHS England with a final report stating the action that the administrator recommends that NHS England should take in relation to the trust."

(3) In subsection (2), after "the final report" insert "mentioned in subsection (1) or (1A)".

(4) In subsection (3), for "the Secretary of State" substitute "NHS England".

(5) Omit subsection (4).

Commencement Information
I1285 Sch. 8 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1286 Sch. 8 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

9 (1) Section 65J (power to extend time) is amended as follows.

(2) In subsection (1)—
(a) in paragraph (a) after "section 65F(1)" insert "or (1A)";
(b) in paragraph (c), after section "65I(1)" insert "or (1A)".

(3) In subsection (2), for "the Secretary of State", in both places it occurs, substitute "NHS England".

(4) Omit subsection (5).

Commencement Information
I1287 Sch. 8 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1288 Sch. 8 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

10 In the italic heading before section 65K for "the regulator" substitute "NHS England".

Commencement Information
I1289 Sch. 8 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1290 Sch. 8 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

11 For section 65K substitute—

"**65K Decision of NHS England or Secretary of State in case of NHS trust**

(1) Within the period of 20 working days beginning with the day on which NHS England receives a final report under section 65I relating to an NHS trust, NHS England must decide what (if any) action to take in relation to the trust.

(2) Within the period of 20 working days beginning with the day on which the Secretary of State receives a final report under section 65I relating to an NHS trust, the Secretary of State must decide what (if any) action to take in relation to the trust.

(3) NHS England and the Secretary of State must consult one another before taking the decision under subsection (1) or (2).

(4) After taking a decision under subsection (1) or (2) NHS England or the Secretary of State (as the case may be) must, as soon as reasonably practicable—

(a) publish a notice of the decision and of the reasons for it;

(b) lay a copy of the notice before Parliament."

Commencement Information
I1291 Sch. 8 para. 11 not in force at Royal Assent, see **s. 186(6)**
I1292 Sch. 8 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

12 (1) Section 65KA (regulator's decision in case of NHS foundation trust) is amended as follows.

(2) In the heading for "Regulator's" substitute "NHS England's".

(3) In each of subsections (1) and (3) to (5), for "the regulator", in each place it occurs, substitute "NHS England".

(4) In subsection (6), for "The regulator" substitute "NHS England".

Commencement Information
I1293 Sch. 8 para. 12 not in force at Royal Assent, see **s. 186(6)**
I1294 Sch. 8 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

13 (1) Section 65KB (Secretary of State's response to regulator's decision) is amended as follows.

(2) In the heading for "regulator's" substitute "NHS England's".

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) In subsections (1)(c) and (2)(b), for "the regulator" substitute "NHS England".

Commencement Information
I1295 Sch. 8 para. 13 not in force at Royal Assent, see **s. 186(6)**
I1296 Sch. 8 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

14 In section 65KC (action following Secretary of State's rejection of final report), in subsections (1) and (2), for "the regulator" substitute "NHS England".

Commencement Information
I1297 Sch. 8 para. 14 not in force at Royal Assent, see **s. 186(6)**
I1298 Sch. 8 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

15 (1) In section 65KD (Secretary of State's response to resubmitted report) is amended as follows.

(2) In subsection (3), for "(4) to" substitute "(5), (6) and".

(3) Omit subsection (4).

(4) For subsections (5) and (6) substitute—

"(5) If the notice states that an integrated care board has failed to discharge a function—

(a) the board is to be treated for the purposes of this Act as having failed to discharge the function,

(b) the Secretary of State may exercise the functions of NHS England under section 14Z61(2), (3)(a) and (5)(a), and

(c) NHS England may not exercise any of its functions under section 14Z61.

(6) Where, by virtue of subsection (5)(b), the Secretary of State exercises the function of NHS England under section 14Z61(3)(a), the integrated care board to which the direction is given must cooperate with the Secretary of State."

(5) Omit subsections (7) and (8).

Commencement Information
I1299 Sch. 8 para. 15 not in force at Royal Assent, see **s. 186(6)**
I1300 Sch. 8 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

16 (1) Section 65L (trusts coming out of administration) is amended as follows.

(2) For subsections (1) to (2B) substitute—

"(1) Subsection (2) applies, in relation to an NHS trust, if NHS England and the Secretary of State both decide under section 65K not to dissolve the trust.

(2) NHS England must make an order specifying a date when the following come to an end—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) the appointment of the trust special administrator, and
(b) the suspension of the chair and directors of the trust.

(2A) Subsection (2B) applies, in relation to an NHS foundation trust, if—
(a) the Secretary of State decides under section 65KD(9) not to dissolve the trust, or
(b) the Secretary of State decides under section 65KB(1) or 65KD(1) that the Secretary of State is satisfied of the matters mentioned there, and the action recommended in the final report is to do something other than dissolve the trust.

(2B) NHS England must make an order specifying a date when the following come to an end—
(a) the appointment of the trust special administrator, and
(b) the suspension of the governors, chair and directors of the trust."

(3) In subsection (7), for "the regulator", in both places it occurs, substitute "NHS England".

Commencement Information
I1301 Sch. 8 para. 16 not in force at Royal Assent, see **s. 186(6)**
I1302 Sch. 8 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

17 In section 65LA (trusts to be dissolved), in subsection (3), for "The regulator" substitute "NHS England".

Commencement Information
I1303 Sch. 8 para. 17 not in force at Royal Assent, see **s. 186(6)**
I1304 Sch. 8 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

18 (1) Section 65M (replacement of trust special administrator) is amended as follows.

(2) For subsection (1) substitute—

"(1) If a trust special administrator ceases to hold office for any reason before an order is made under section 65L(2) or (2B) or the trust is dissolved, NHS England must—
(a) appoint another person as the trust special administrator, and
(b) publish the name of the person appointed."

(3) In subsection (2), for "the Secretary of State" substitute "NHS England".

(4) Omit subsection (3).

Commencement Information
I1305 Sch. 8 para. 18 not in force at Royal Assent, see **s. 186(6)**
I1306 Sch. 8 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

19 (1) Section 65N (guidance) is amended as follows.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In subsection (1), for "the Secretary of State" substitute "NHS England".

(3) In subsection (1A), omit paragraph (b).

(4) In subsection (3A), for "the Secretary of State" substitute "NHS England".

(5) Omit subsection (4).

Commencement Information
I1307 Sch. 8 para. 19 not in force at Royal Assent, see **s. 186(6)**
I1308 Sch. 8 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

20 In section 65O (interpretation of Chapter), in subsection (1), in the definition of "trust special administrator", for "65B(6)(a)" substitute "65B(8)(a)".

Commencement Information
I1309 Sch. 8 para. 20 not in force at Royal Assent, see **s. 186(6)**
I1310 Sch. 8 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

21 In section 272 (orders, regulations, rules and directions), in subsection (5)(ab), after "65L(2)" insert ", (2B)".

Commencement Information
I1311 Sch. 8 para. 21 not in force at Royal Assent, see **s. 186(6)**
I1312 Sch. 8 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

PART 2

CONSEQUENTIAL AMENDMENTS

National Health Service Act 2006

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

Commencement Information
I1313 Sch. 8 para. 22 not in force at Royal Assent, see **s. 186(6)**
I1314 Sch. 8 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

23 In section 13Q (public involvement and consultation by NHS England), for subsection (4) substitute—

"(4) This section does not require NHS England to make arrangements in relation to matters to which a trust special administrator's draft or final report under section 65F or 65I relates before—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) in a case where the administrator's report relates to an NHS trust, NHS England and the Secretary of State have made their decisions under section 65K(1) and (2), or

(b) in a case where the administrator's report relates to an NHS foundation trust, the Secretary of State is satisfied as mentioned in section 65KB(1) or 65KD(1) or makes a decision under section 65KD(9)."

Commencement Information

I1315 Sch. 8 para. 23 not in force at Royal Assent, see **s. 186(6)**

I1316 Sch. 8 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

24 In section 242 (public involvement and consultation by NHS trusts), for subsection (6) substitute—

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

(a) in a case where the administrator's report relates to an NHS trust, NHS England and the Secretary of State have made their decisions under section 65K(1) and (2), or

(b) in a case where the administrator's report relates to an NHS foundation trust, the Secretary of State is satisfied as mentioned in section 65KB(1) or 65KD(1) or makes a decision under section 65KD(9)."

Commencement Information

I1317 Sch. 8 para. 24 not in force at Royal Assent, see **s. 186(6)**

I1318 Sch. 8 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I1313 Sch. 8 para. 22 not in force at Royal Assent, see **s. 186(6)**

I1314 Sch. 8 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1315 Sch. 8 para. 23 not in force at Royal Assent, see **s. 186(6)**

I1316 Sch. 8 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1317 Sch. 8 para. 24 not in force at Royal Assent, see **s. 186(6)**

I1318 Sch. 8 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2008

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

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1319 Sch. 8 para. 25 not in force at Royal Assent, see **s. 186(6)**
I1320 Sch. 8 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

SCHEDULE 9 Section 72

REFERENCES TO FUNCTIONS: TREATMENT OF DELEGATION ARRANGEMENTS ETC

Local Government Act 1974

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

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

Commencement Information
I1321 Sch. 9 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1322 Sch. 9 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Children Act 1989

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

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

Commencement Information
I1323 Sch. 9 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1324 Sch. 9 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service and Community Care Act 1990

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

"(za) that there may be a need for the provision of services to that person pursuant to arrangements made under the National Health Service Act 2006 by such integrated care board as may be determined in accordance with regulations (including such arrangements made by

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

it in the exercise of functions of another person by virtue of any provision of that Act),".

Commencement Information
I1325 Sch. 9 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1326 Sch. 9 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Adoption and Children Act 2002

4 In section 4 of the Adoption and Children Act 2002 (assessments etc for adoption support services), in subsection (9), for paragraph (za) substitute—

"(za) there may be a need for the provision to that person of services that may be provided pursuant to arrangements made by an integrated care board under the National Health Service Act 2006 (including such arrangements made by an integrated care board in the exercise of functions of another person by virtue of any provision of that Act),".

Commencement Information
I1327 Sch. 9 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1328 Sch. 9 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

5 In section 113 of the Health and Social Care (Community Health and Standards) Act 2003 (complaints about health care), in subsection (1)—

(a) at the end of paragraph (a) insert "(including any function that consists of exercising the function of another person)";

(b) in paragraph (c), omit "section 75 of the National Health Service Act 2006 or";

(c) omit paragraph (d).

Commencement Information
I1329 Sch. 9 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1330 Sch. 9 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

National Health Service Act 2006

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

Commencement Information
I1331 Sch. 9 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1332 Sch. 9 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

7 In section 13Z4 (interpretation of Chapter A1 of Part 2), omit subsections (2) to (4).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1333 Sch. 9 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1334 Sch. 9 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

8 In section 73A (appointment of directors of public health), in subsection (1), after paragraph (c) insert—

"(ca) the exercise by the authority of any public health functions of the Secretary of State in pursuance of arrangements made with another body by virtue of section 65Z5 or 75,".

Commencement Information
I1335 Sch. 9 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1336 Sch. 9 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

9 In section 73B (exercise of public health functions of local authorities: further provision), in subsection (2), after paragraph (c) insert—

"(ca) any public health functions of the Secretary of State exercisable by the authority in pursuance of arrangements made with another body by virtue of section 65Z5 or 75,".

Commencement Information
I1337 Sch. 9 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1338 Sch. 9 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

10 In section 73C (complaints about exercise of public health functions by local authorities), in subsection (1), after paragraph (c) insert—

"(ca) anything done by a local authority in the exercise of public health functions of the Secretary of State in pursuance of arrangements made with another body by virtue of section 65Z5 or 75;".

Commencement Information
I1339 Sch. 9 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1340 Sch. 9 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

11 In section 223K (payments in respect of quality), in subsection (8), for the definition of "relevant services" substitute—

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

Commencement Information
I1341 Sch. 9 para. 11 not in force at Royal Assent, see **s. 186(6)**
I1342 Sch. 9 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

"(a) provides services in pursuance of arrangements made by virtue of this Act,".

Commencement Information

I1343 Sch. 9 para. 12 not in force at Royal Assent, see **s. 186(6)**

I1344 Sch. 9 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

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

Commencement Information

I1345 Sch. 9 para. 13 not in force at Royal Assent, see **s. 186(6)**

I1346 Sch. 9 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

Commencement Information

I1347 Sch. 9 para. 14 not in force at Royal Assent, see **s. 186(6)**

I1348 Sch. 9 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information

I1331 Sch. 9 para. 6 not in force at Royal Assent, see **s. 186(6)**

I1332 Sch. 9 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1333 Sch. 9 para. 7 not in force at Royal Assent, see **s. 186(6)**

I1334 Sch. 9 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1335 Sch. 9 para. 8 not in force at Royal Assent, see **s. 186(6)**

I1336 Sch. 9 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1337 Sch. 9 para. 9 not in force at Royal Assent, see **s. 186(6)**

I1338 Sch. 9 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1339 Sch. 9 para. 10 not in force at Royal Assent, see **s. 186(6)**

I1340 Sch. 9 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1341 Sch. 9 para. 11 not in force at Royal Assent, see **s. 186(6)**

I1342 Sch. 9 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1343 Sch. 9 para. 12 not in force at Royal Assent, see **s. 186(6)**

I1344 Sch. 9 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1345 Sch. 9 para. 13 not in force at Royal Assent, see **s. 186(6)**

I1346 Sch. 9 para. 13 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

I1347 Sch. 9 para. 14 not in force at Royal Assent, see **s. 186(6)**

I1348 Sch. 9 para. 14 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Local Government and Public Involvement in Health Act 2007

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

"**116C Sections 116 to 116B: references to functions**

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

Commencement Information
I1349 Sch. 9 para. 15 not in force at Royal Assent, see **s. 186(6)**
I1350 Sch. 9 para. 15 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2008

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

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

Commencement Information
I1351 Sch. 9 para. 16 not in force at Royal Assent, see **s. 186(6)**
I1352 Sch. 9 para. 16 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2012

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

Commencement Information
I1353 Sch. 9 para. 17 not in force at Royal Assent, see **s. 186(6)**
I1354 Sch. 9 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

Commencement Information
I1355 Sch. 9 para. 18 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1356 Sch. 9 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

Commencement Information
I1357 Sch. 9 para. 19 not in force at Royal Assent, see **s. 186(6)**
I1358 Sch. 9 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

""NHS services" means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006);".

Commencement Information
I1359 Sch. 9 para. 20 not in force at Royal Assent, see **s. 186(6)**
I1360 Sch. 9 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

21 In section 237 (advice, guidance, information and recommendations), in subsection (10), for paragraphs (b) and (c) substitute—

"(b) the exercise by an authority of the functions of any other person by virtue of any provision of that Act."

Commencement Information
I1361 Sch. 9 para. 21 not in force at Royal Assent, see **s. 186(6)**
I1362 Sch. 9 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

22 In section 250 (powers to publish information standards), in subsection (7), for the definition of "NHS services", substitute—

""NHS services" means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006);".

Commencement Information
I1363 Sch. 9 para. 22 not in force at Royal Assent, see **s. 186(6)**
I1364 Sch. 9 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

23 In section 263 (code of practice on confidential information), after subsection (7) insert—

"(8) In this section "NHS services" means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006)."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1365 Sch. 9 para. 23 not in force at Royal Assent, see **s. 186(6)**
I1366 Sch. 9 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

24 In section 274 (powers of Secretary of State or Board to give directions), in subsection (9), at the appropriate place insert—

""NHS services" means services the provision of which is arranged by NHS England or an integrated care board (including services the provision of which is arranged by it in the exercise of functions of another person by virtue of any provision of the National Health Service Act 2006);".

Commencement Information
I1367 Sch. 9 para. 24 not in force at Royal Assent, see **s. 186(6)**
I1368 Sch. 9 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

25 In section 290 (duties to co-operate), in subsection (2), at the end insert "(including any functions that consist of exercising the functions of other persons)".

Commencement Information
I1369 Sch. 9 para. 25 not in force at Royal Assent, see **s. 186(6)**
I1370 Sch. 9 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I1353 Sch. 9 para. 17 not in force at Royal Assent, see **s. 186(6)**
I1354 Sch. 9 para. 17 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1355 Sch. 9 para. 18 not in force at Royal Assent, see **s. 186(6)**
I1356 Sch. 9 para. 18 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1357 Sch. 9 para. 19 not in force at Royal Assent, see **s. 186(6)**
I1358 Sch. 9 para. 19 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1359 Sch. 9 para. 20 not in force at Royal Assent, see **s. 186(6)**
I1360 Sch. 9 para. 20 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1361 Sch. 9 para. 21 not in force at Royal Assent, see **s. 186(6)**
I1362 Sch. 9 para. 21 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1363 Sch. 9 para. 22 not in force at Royal Assent, see **s. 186(6)**
I1364 Sch. 9 para. 22 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1365 Sch. 9 para. 23 not in force at Royal Assent, see **s. 186(6)**
I1366 Sch. 9 para. 23 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1367 Sch. 9 para. 24 not in force at Royal Assent, see **s. 186(6)**
I1368 Sch. 9 para. 24 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1369 Sch. 9 para. 25 not in force at Royal Assent, see **s. 186(6)**
I1370 Sch. 9 para. 25 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

SCHEDULE 10

Section 77

THE NHS PAYMENT SCHEME

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

Commencement Information

I1371 Sch. 10 para. 1 not in force at Royal Assent, see **s. 186(6)**

I1372 Sch. 10 para. 1 in force at 1.7.2022 for specified purposes by S.I. 2022/734, **reg. 2(b)** (with regs. 13, 29, 30)

I1373 Sch. 10 para. 1 in force at 1.4.2023 in so far as not already in force by S.I. 2023/371, **reg. 2(d)**

2 In section 97 (conditions of licences for health care service providers), in subsection (1)(g), for "the national tariff (see section 116)" substitute "the NHS payment scheme (see section 114A)".

Commencement Information

I1374 Sch. 10 para. 2 not in force at Royal Assent, see **s. 186(6)**

I1375 Sch. 10 para. 2 in force at 1.7.2022 for specified purposes by S.I. 2022/734, **reg. 2(b)** (with regs. 13, 29, 30)

I1376 Sch. 10 para. 2 in force at 1.4.2023 in so far as not already in force by S.I. 2023/371, **reg. 2(d)**

3 In Part 3, for Chapter 4 substitute—

"**CHAPTER 4**

THE NHS PAYMENT SCHEME

114A The NHS payment scheme

(1) NHS England must publish a document, to be known as "the NHS payment scheme", containing rules for determining the price that is to be payable by a commissioner—

(a) for the provision of health care services for the purposes of the NHS;

(b) for the provision of services in pursuance of arrangements made by NHS England or an integrated care board in the exercise of any public health functions of the Secretary of State, within the meaning of the National Health Service Act 2006, by virtue of any provision of that Act.

(2) The commissioner and the provider of services mentioned in subsection (1) must comply with rules under that subsection.

(3) Rules under subsection (1) may, in particular—

(a) specify prices;

(b) specify amounts, formulae or other matters on the basis of which prices are to be determined;

(c) provide for prices to be determined for, or by reference to, components of services or groups of services;

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(d) make different provision for different services or provision for some services but not others;

(e) make different provision for the same service by reference to different circumstances or areas, different descriptions of provider, or other factors relevant to the provision of the service or the arrangements for its provision;

(f) confer a discretion on the commissioner of a service or on NHS England.

(4) Rules under subsection (1) may allow or require a price to be agreed between the commissioner and the provider of a service.

(5) Rules made by virtue of subsection (4) may—

(a) make provision about how the price is to be agreed;

(b) allow the agreement to make any provision that could be made by rules by virtue of subsection (3);

(c) provide for the publication by the commissioner, the provider or NHS England of information relevant to the agreement.

(6) For the purpose of securing that the prices payable for the provision of services mentioned in subsection (1)(a) or (b) result in a fair level of pay for providers of those services, NHS England must, in exercising functions under subsection (1), have regard to—

(a) differences in the costs incurred in providing those services to persons of different descriptions, and

(b) differences between providers with respect to the range of those services that they provide.

(7) The NHS payment scheme may contain rules relating to the making of payments to the provider of a service for the provision of that service.

(8) The NHS payment scheme may contain guidance as to the application of rules under subsection (1).

(9) A commissioner of a service mentioned in subsection (1) must have regard to any such guidance.

(10) The NHS payment scheme has effect for the period specified in the NHS payment scheme or, where a new edition of the NHS payment scheme takes effect before the end of that period, until that new edition takes effect.

114B The NHS payment scheme: enforcement

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

(a) to secure that the failure does not continue or recur, or

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

114C The NHS payment scheme: impact assessment and consultation

(1) Before publishing the NHS payment scheme, NHS England must—

(a) carry out an assessment of the likely impact of the proposed scheme, or

(b) publish a statement setting out its reasons for concluding that such assessment is not needed.

(2) Before publishing the NHS payment scheme, NHS England must consult the following—

(a) each integrated care board;

(b) each relevant provider;

(c) such other persons as NHS England considers appropriate.

(3) NHS England must give those persons a notice—

(a) describing the proposed NHS payment scheme,

(b) setting out any impact assessment carried out under subsection (1)(a), and

(c) specifying when the period within which representations may be made about the proposed NHS payment scheme ("the consultation period") will come to an end.

(4) The consultation period is the period of 28 days beginning with the day after that on which the notice is published.

(5) NHS England must publish the notice given under subsection (3).

(6) If, having consulted under this section—

(a) NHS England decides to make amendments of the proposed NHS payment scheme that are, in its opinion, significant, and

(b) it would, in NHS England's opinion, be unfair to make the amendments without further consultation,

NHS England must consult again under this section.

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

(8) In this section "relevant provider" means—

(a) a licence holder, or

(b) another person, of a prescribed description, that provides—

(i) health care services for the purposes of the NHS, or

(ii) services in pursuance of arrangements made by NHS England or an integrated care board by virtue of section 7A or 7B of the National Health Service Act 2006 (Secretary of State's public health functions).

114D Objections to proposed NHS payment scheme

(1) This section applies where—

(a) within the consultation period under section 114C, NHS England receives objections to the proposed NHS payment scheme from one or more integrated care boards or relevant providers, and

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) either or both of the following apply—

(i) the objection percentage for integrated care boards exceeds the prescribed percentage;

(ii) the objection percentage for relevant providers exceeds the prescribed percentage.

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

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

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

(a) NHS England decides to make amendments of the proposed NHS payment scheme that are, in its opinion, significant, and

(b) it would, in NHS England's opinion, be unfair to make the amendments without further consultation,

NHS England must consult again under section 114C.

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

(a) publish a notice stating that decision and setting out the reasons for it, and

(b) send a copy of the notice to—

(i) the persons consulted under subsection (3), and

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

114E Amendments of the NHS payment scheme

(1) NHS England may amend the NHS payment scheme during the period for which it has effect, provided that, in the opinion of NHS England, the amendments are not so significant as to require publication of a new edition of the NHS payment scheme.

(2) In deciding whether the amendments are so significant as to require the publication of a new edition of the NHS payment scheme, NHS England must have regard to—

(a) the proportion of integrated care boards that would be affected by the proposed amendments;

(b) the proportion of relevant providers that would be affected by the proposed amendments;

(c) the impact that the proposed amendments would have on integrated care boards and relevant providers that would be affected by them;

(d) whether any integrated care boards or relevant providers would be disproportionately affected by the proposed amendments;

(e) the amount of any increase or decrease in prices that would result from the proposed amendments.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) If NHS England amends the NHS payment scheme, it must publish the NHS payment scheme as amended.

(4) Before amending the NHS payment scheme, NHS England must, in accordance with subsections (5) to (7), consult the following about the proposed amendments—

(a) any integrated care boards that would be affected by the proposed amendments;

(b) any relevant providers that would be affected by the proposed amendments;

(c) such other persons as NHS England considers appropriate.

(5) NHS England must publish a notice specifying—

(a) the proposed amendments, and

(b) when the period within which representations may be made about the proposed amendments ("the consultation period") will come to an end.

(6) The consultation period is the period of 28 days beginning with the day after that on which the notice is published.

(7) NHS England must send a copy of the notice to each of the persons to be consulted under subsection (4).

114F Interpretation

In this Chapter—

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

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

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

Commencement Information

I1377 Sch. 10 para. 3 not in force at Royal Assent, see **s. 186(6)**

I1378 Sch. 10 para. 3 in force at 1.7.2022 for specified purposes by S.I. 2022/734, **reg. 2(b)** (with regs. 13, 29, 30)

I1379 Sch. 10 para. 3 in force at 1.4.2023 in so far as not already in force by S.I. 2023/371, **reg. 2(d)**

4 In section 304 (regulations, orders and directions), in subsection (5), for paragraph (g) substitute—

"(g) regulations under section 114D(1)(b)(i) or (ii) (percentage to be prescribed in cases of objections to proposals for NHS payment scheme);".

Commencement Information

I1380 Sch. 10 para. 4 not in force at Royal Assent, see **s. 186(6)**

I1381 Sch. 10 para. 4 in force at 1.7.2022 for specified purposes by S.I. 2022/734, **reg. 2(b)** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1382 Sch. 10 para. 4 in force at 1.4.2023 in so far as not already in force by S.I. 2023/371, **reg. 2(d)**

SCHEDULE 11 Section 78

PATIENT CHOICE: UNDERTAKINGS BY INTEGRATED CARE BOARDS

Commencement Information
I1383 Sch. 11 not in force at Royal Assent, see **s. 186(6)**
I1384 Sch. 11 in force at 1.1.2024 by S.I. 2023/1431, **reg. 3(d)**

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

"SCHEDULE 1ZA Section 6F

PATIENT CHOICE: UNDERTAKINGS BY INTEGRATED CARE BOARDS

Introductory

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

Procedure

2 (1) NHS England must publish a procedure for entering into undertakings.

(2) NHS England may revise the procedure and, if it does so, NHS England must publish the procedure as revised.

(3) NHS England must consult such persons as it considers appropriate before publishing or revising the procedure.

3 (1) Where NHS England accepts an undertaking, NHS England must publish the undertaking.

(2) But NHS England must not under sub-paragraph (1) publish any part of an undertaking which contains information which it is satisfied is—

(a) commercial information the disclosure of which would, or might, significantly harm the legitimate business interests of the person to whom it relates;

(b) information relating to the private affairs of an individual the disclosure of which would, or might, significantly harm that person's interests.

Variation of terms

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Compliance certificates

5 (1) Where NHS England is satisfied that an undertaking has been complied with, NHS England must issue a certificate to that effect (referred to in this Schedule as a "compliance certificate").

(2) An integrated care board which has given an undertaking may at any time make an application to NHS England for a compliance certificate.

(3) The application must be made in such form, and accompanied by such information, as NHS England requires.

(4) NHS England must decide whether or not to issue a compliance certificate, and give notice to the applicant of its decision, before the end of the period of 14 days beginning with the day after that on which the application is received.

6 (1) An appeal lies to the First-tier Tribunal against a decision of NHS England to refuse an application for a compliance certificate.

(2) The grounds for an appeal under this paragraph are that the decision was—

(a) based on an error of fact,

(b) wrong in law, or

(c) unfair or unreasonable.

(3) On an appeal under this paragraph, the Tribunal may confirm NHS England's decision or direct that it is not to have effect.

Inaccurate, incomplete or misleading information

7 Where NHS England is satisfied that an integrated care board which has given an undertaking has supplied NHS England with inaccurate, misleading or incorrect information in relation to the undertaking—

(a) NHS England may treat the integrated care board as having failed to comply with the undertaking, and

(b) if NHS England decides so to treat the integrated care board, NHS England must by notice revoke any certificate of compliance given to that integrated care board."

SCHEDULE 12 Section 84

REMOVAL OF FUNCTIONS RELATING TO COMPETITION ETC

Company Directors Disqualification Act 1986

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

Commencement Information

I1385 Sch. 12 para. 1 not in force at Royal Assent, see **s. 186(6)**

I1386 Sch. 12 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Competition Act 1998

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

Commencement Information
I1387 Sch. 12 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1388 Sch. 12 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Enterprise Act 2002

3 (1) Section 136 of the Enterprise Act 2002 (investigations and reports on market investigation references) is amended as follows.

(2) In subsection (7), omit paragraph (i).

(3) In subsection (8), omit ", Monitor".

Commencement Information
I1389 Sch. 12 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1390 Sch. 12 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Health and Social Care Act 2012

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

Commencement Information
I1391 Sch. 12 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1392 Sch. 12 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

5 In section 74 (competition functions: supplementary), omit subsections (1) to (6).

Commencement Information
I1393 Sch. 12 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1394 Sch. 12 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

6 In section 288 (Monitor: duty to cooperate with Care Quality Commission), omit subsection (3).

Commencement Information
I1395 Sch. 12 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1396 Sch. 12 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1391 Sch. 12 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1392 Sch. 12 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1393 Sch. 12 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1394 Sch. 12 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1395 Sch. 12 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1396 Sch. 12 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Enterprise and Regulatory Reform Act 2013

7 The Enterprise and Regulatory Reform Act 2013 is amended as follows.

Commencement Information
I1397 Sch. 12 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1398 Sch. 12 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

8 In Schedule 4 (the Competition and Markets Authority), in paragraph 16(7), omit paragraph (g).

Commencement Information
I1399 Sch. 12 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1400 Sch. 12 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

9 In Schedule 14 (regulators: use of powers under the Competition Act 1998), omit paragraphs 20 to 22.

Commencement Information
I1401 Sch. 12 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1402 Sch. 12 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I1397 Sch. 12 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1398 Sch. 12 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1399 Sch. 12 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1400 Sch. 12 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1401 Sch. 12 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1402 Sch. 12 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Care Act 2014

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1403 Sch. 12 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1404 Sch. 12 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

SCHEDULE 13 Section 109

THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

PART 1

CONSTITUTION

Status

1 (1) The HSSIB is not to be regarded—
(a) as the servant or agent of the Crown, or
(b) as enjoying any status, immunity or privilege of the Crown.

(2) The HSSIB's property is not to be regarded—
(a) as the property of the Crown, or
(b) as property held on behalf of the Crown.

Commencement Information
I1405 Sch. 13 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1406 Sch. 13 para. 1 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Membership

2 (1) The HSSIB is to consist of—
(a) a Chief Investigator appointed in accordance with paragraph 3,
(b) other members appointed in accordance with paragraph 4, and
(c) a chair and at least four other members appointed by the Secretary of State.

(2) The Chief Investigator is to be the chief executive of the HSSIB.

(3) The HSSIB must have more non-executive than executive members.

(4) In this Schedule—
(a) references to executive members of the HSSIB are references to the members mentioned in sub-paragraph (1)(a) and (b), and
(b) references to non-executive members of the HSSIB are references to the members mentioned in sub-paragraph (1)(c).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1407 Sch. 13 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1408 Sch. 13 para. 2 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

The Chief Investigator: appointment and status

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

(2) The Chief Investigator is to be an employee of the HSSIB.

Commencement Information
I1409 Sch. 13 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1410 Sch. 13 para. 3 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Other executive members: appointment and status

4 (1) The other executive members of the HSSIB are to be appointed by the non-executive members.

(2) The non-executive members may not appoint more than five other executive members without the consent of the Secretary of State.

(3) The other executive members are to be employees of the HSSIB.

Commencement Information
I1411 Sch. 13 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1412 Sch. 13 para. 4 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Non-executive members: tenure

5 (1) A person holds and vacates office as a non-executive member of the HSSIB in accordance with that person's terms of appointment (subject to the following provisions of this paragraph).

(2) A person may at any time resign from office as a non-executive member by giving notice to the Secretary of State.

(3) The Secretary of State may at any time remove a person from office as a non-executive member on any of the following grounds—

(a) incapacity,

(b) misbehaviour, or

(c) failure to carry out the person's duties as a non-executive member.

(4) The Secretary of State may suspend a person from office as a non-executive member if it appears to the Secretary of State that there are or may be grounds to remove the person from office under sub-paragraph (3).

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(5) A person may be appointed as a non-executive member for an initial term of up to three years.

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

(7) The further term must begin at the end of the initial term.

Commencement Information
I1413 Sch. 13 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1414 Sch. 13 para. 5 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Non-executive members: suspension from office

6 (1) This paragraph applies where a person is suspended under paragraph 5(4).

(2) The Secretary of State must give notice of the decision to suspend to the person.

(3) The suspension takes effect on receipt by the person of the notice.

(4) The notice may be—
(a) delivered in person (in which case the person is taken to receive it when it is delivered), or
(b) sent by first class post to the person's last known address (in which case the person is taken to receive it on the third day after the day on which it is posted).

(5) The initial period of suspension must not exceed six months.

(6) The Secretary of State may review the suspension at any time.

(7) The Secretary of State—
(a) must review the suspension if requested in writing by the person to do so, but
(b) is not required to review the suspension before the end of the period of three months beginning with the start of the initial period of suspension.

(8) Following a review during a period of suspension, the Secretary of State may—
(a) confirm the suspension,
(b) revoke the suspension, or
(c) suspend the person for another period of not more than six months beginning with the expiry of the current period.

(9) The Secretary of State must revoke the suspension if the Secretary of State—
(a) decides that there are no grounds to remove the person from office under paragraph 5(3), or
(b) decides that there are grounds to do so but does not remove the person from office under that provision.

Commencement Information
I1415 Sch. 13 para. 6 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1416 Sch. 13 para. 6 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

7 (1) Where a person is suspended from office as the chair under paragraph 5(4), the Secretary of State may appoint a non-executive member as interim chair to exercise the chair's functions.

(2) Appointment as interim chair is for a term not exceeding the shorter of—

(a) the period ending with either—

(i) the appointment of a new chair, or

(ii) the revocation or expiry of the existing chair's suspension, and

(b) the remainder of the interim chair's term as a non-executive member.

(3) Sub-paragraph (4) applies if—

(a) a person's initial term as interim chair is to cease as a result of the expiry of the person's initial term as a non-executive member, and

(b) that person is to be re-appointed as a non-executive member.

(4) The person may be re-appointed as interim chair for a further term determined in accordance with sub-paragraph (2).

(5) That further term must begin at the end of the person's initial term as interim chair.

Commencement Information
I1417 Sch. 13 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1418 Sch. 13 para. 7 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Commencement Information
I1415 Sch. 13 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1416 Sch. 13 para. 6 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**
I1417 Sch. 13 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1418 Sch. 13 para. 7 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Non-executive members: payment

8 (1) The HSSIB must pay to the non-executive members such remuneration as the Secretary of State may determine.

(2) The HSSIB must pay or make provision for the payment of such pensions, allowances or gratuities as the Secretary of State may determine to or in respect of any person who is or has been a non-executive member.

(3) If a person ceases to be a non-executive member and the Secretary of State decides that there are exceptional circumstances which mean that the person should be compensated, the HSSIB must pay compensation to the person of such amount as the Secretary of State may determine.

Commencement Information
I1419 Sch. 13 para. 8 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1420 Sch. 13 para. 8 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Staff

9 (1) The HSSIB may appoint such persons to be employees of the HSSIB as it considers appropriate.

(2) Employees of the HSSIB are to be paid such remuneration as the HSSIB may determine.

(3) Employees of the HSSIB are to be appointed on such other terms and conditions as the HSSIB may determine.

(4) The HSSIB may pay or make provision for the payment of such pensions, allowances or gratuities as it may determine to or in respect of any person who is or has been an employee of the HSSIB.

(5) Before making a determination as to remuneration, pensions, allowances or gratuities for the purposes of sub-paragraph (2) or (4), the HSSIB must obtain the approval of the Secretary of State to its policy on that matter.

Commencement Information
I1421 Sch. 13 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1422 Sch. 13 para. 9 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Procedure

10 (1) The HSSIB may regulate its own procedure.

(2) The validity of any act of the HSSIB is not affected by any vacancy among the members or by any defect in the appointment of any member.

Commencement Information
I1423 Sch. 13 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1424 Sch. 13 para. 10 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Committees

11 (1) The HSSIB may appoint such committees and sub-committees as it considers appropriate.

(2) A committee or sub-committee may consist of or include persons who are not members or employees of the HSSIB.

(3) The HSSIB may pay such remuneration and allowances as it may determine to any person who—

(a) is a member of a committee or a sub-committee, but

(b) is not an employee of the HSSIB,

whether or not that person is a non-executive member of the HSSIB.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(4) Before making a determination as to remuneration or allowances for the purposes of sub-paragraph (3), the HSSIB must consult the Secretary of State.

Commencement Information
I1425 Sch. 13 para. 11 not in force at Royal Assent, see **s. 186(6)**
I1426 Sch. 13 para. 11 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Exercise of functions

12 (1) The HSSIB must exercise the functions conferred on it by this Part effectively, efficiently and economically.

(2) The HSSIB may arrange for the exercise of any of its functions on its behalf by—
(a) any non-executive member,
(b) any employee (including any executive member), or
(c) a committee or sub-committee.

Commencement Information
I1427 Sch. 13 para. 12 not in force at Royal Assent, see **s. 186(6)**
I1428 Sch. 13 para. 12 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Assistance in exercise of functions

13 (1) The HSSIB may arrange for persons to assist it in the exercise of its functions in relation to—
(a) a particular case, or
(b) cases of a particular description.

(2) Such arrangements may include provision with respect to the payment of remuneration and allowances to, or amounts in respect of, such persons.

Commencement Information
I1429 Sch. 13 para. 13 not in force at Royal Assent, see **s. 186(6)**
I1430 Sch. 13 para. 13 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Funding

14 (1) The Secretary of State may make payments to the HSSIB out of money provided by Parliament of such amounts as the Secretary of State considers appropriate.

(2) Payments made under sub-paragraph (1) may be made at such times and on such conditions (if any) as the Secretary of State considers appropriate.

Commencement Information
I1431 Sch. 13 para. 14 not in force at Royal Assent, see **s. 186(6)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

I1432 Sch. 13 para. 14 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Supplementary powers

15 (1) The HSSIB may do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any function conferred on it by this Part.

(2) The power under sub-paragraph (1) includes power for the HSSIB to do the following—

(a) enter into agreements;

(b) acquire and dispose of property;

(c) supply materials, facilities and services to any person;

(d) develop and exploit ideas and exploit intellectual property.

(3) But the HSSIB requires the consent of the Secretary of State to borrow money temporarily by way of overdraft.

Commencement Information

I1433 Sch. 13 para. 15 not in force at Royal Assent, see **s. 186(6)**

I1434 Sch. 13 para. 15 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Use of income from charges

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

Commencement Information

I1435 Sch. 13 para. 16 not in force at Royal Assent, see **s. 186(6)**

I1436 Sch. 13 para. 16 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Losses and liabilities etc

17 (1) Section 265 of the Public Health Act 1875 (which relates to the protection of members and officers of certain authorities from personal liability) has effect as if the HSSIB were an authority of the kind referred to in that section.

(2) In its application to the HSSIB as a result of sub-paragraph (1), section 265 of that Act has effect as if the references in that section to that Act were references to this Part of this Act.

Commencement Information

I1437 Sch. 13 para. 17 not in force at Royal Assent, see **s. 186(6)**

I1438 Sch. 13 para. 17 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Accounts

18 (1) The HSSIB must keep proper accounts and proper records in relation to the accounts.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) The Secretary of State may give directions to the HSSIB as to—

(a) the content and form of its accounts, and

(b) the methods and principles to be applied in the preparation of its accounts.

Commencement Information

I1439 Sch. 13 para. 18 not in force at Royal Assent, see **s. 186(6)**

I1440 Sch. 13 para. 18 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

19 (1) The HSSIB must prepare annual accounts in respect of each financial year.

(2) The HSSIB must send copies of the annual accounts to the Secretary of State and the Comptroller and Auditor General within such period after the end of the financial year to which the accounts relate as the Secretary of State may direct.

(3) The Comptroller and Auditor General must—

(a) examine, certify and report on the annual accounts, and

(b) lay copies of them and the report before Parliament.

(4) In this paragraph and paragraph 20, "financial year" means a period of 12 months ending with 31 March.

Commencement Information

I1441 Sch. 13 para. 19 not in force at Royal Assent, see **s. 186(6)**

I1442 Sch. 13 para. 19 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Commencement Information

I1439 Sch. 13 para. 18 not in force at Royal Assent, see **s. 186(6)**

I1440 Sch. 13 para. 18 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

I1441 Sch. 13 para. 19 not in force at Royal Assent, see **s. 186(6)**

I1442 Sch. 13 para. 19 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Reports and other information

20 (1) As soon as practicable after the end of each financial year, the HSSIB must prepare an annual report on how it has exercised its functions during the financial year to which the report relates.

(2) The report must, among other things, set out the measures that the HSSIB has taken to ensure that its functions are exercised effectively, efficiently and economically.

(3) The HSSIB must send a copy of the report to the Secretary of State.

(4) The Secretary of State must lay a copy of the report before Parliament.

(5) The HSSIB must publish the report once it has been laid before Parliament.

(6) Subject to sub-paragraph (7), the Secretary of State may require the HSSIB to provide to the Secretary of State such other reports and information relating to the exercise of its functions as the Secretary of State may request.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

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

Commencement Information
I1443 Sch. 13 para. 20 not in force at Royal Assent, see **s. 186(6)**
I1444 Sch. 13 para. 20 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Seal and signature

21 (1) The application of the HSSIB's seal must be authenticated by the signature of any member of the HSSIB or any other person who has been authorised (generally or specially) for that purpose.

(2) A document purporting to be duly executed under the HSSIB's seal or to be signed on its behalf must be received in evidence and, unless the contrary is proved, taken to be so executed or signed.

Commencement Information
I1445 Sch. 13 para. 21 not in force at Royal Assent, see **s. 186(6)**
I1446 Sch. 13 para. 21 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

PART 2

TRANSFER SCHEMES

22 (1) The Secretary of State may, in connection with the establishment of the HSSIB by this Act, make one or more transfer schemes.

(2) A "transfer scheme" is a scheme for the transfer to the HSSIB of any property, rights or liabilities of NHS England relating to the discharge of NHS England's functions pursuant to any directions made by the Secretary of State under the power conferred by section 44 which are in force at the time the scheme is made.

(3) The things that may be transferred under a transfer scheme include—
(a) property, rights and liabilities that could not otherwise be transferred;
(b) property acquired, and rights and liabilities arising, after the making of the scheme;
(c) criminal liabilities.

(4) A transfer scheme may—
(a) create rights, or impose liabilities, in relation to property or rights transferred;
(b) make provision about the continuing effect of things done by, on behalf of or in relation to NHS England in respect of anything transferred;
(c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to NHS England in respect of anything transferred;

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(d) make provision for references to NHS England in an instrument or other document in respect of anything transferred to be treated as references to the HSSIB;

(e) make provision for the shared ownership or use of property;

(f) make provision which is the same as or similar to the TUPE regulations;

(g) make other consequential, supplementary, incidental or transitional provision.

(5) A transfer scheme may provide—

(a) for modifications by agreement;

(b) for modifications to have effect from the date when the original scheme came into effect.

(6) In sub-paragraph (4)(f), "the TUPE regulations" means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).

(7) For the purposes of this paragraph—

(a) references to rights and liabilities include rights and liabilities relating to a contract of employment;

(b) references to the transfer of property include the grant of a lease.

(8) For the purposes of sub-paragraph (7)(a)—

(a) an individual who holds employment in the civil service is to be treated as employed by virtue of a contract of employment, and

(b) the terms of the individual's employment in the civil service of the State are to be regarded as constituting the terms of the contract of employment.

Commencement Information

I1447 Sch. 13 para. 22 not in force at Royal Assent, see **s. 186(6)**

I1448 Sch. 13 para. 22 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

23 (1) The Treasury may by regulations make provision varying the way in which a relevant tax has effect in relation to—

(a) anything transferred under a scheme under paragraph 22, or

(b) anything done for the purposes of, or in relation to, a transfer under such a scheme.

(2) The provision which may be made under sub-paragraph (1)(a) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything transferred;

(b) anything transferred to be treated in a specified way for the purposes of a tax provision;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything transferred.

(3) The provision which may be made under sub-paragraph (1)(b) includes in particular provision for—

(a) a tax provision not to apply, or to apply with modifications, in relation to anything done for the purposes of or in relation to the transfer;

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(b) anything done for the purposes of, or in relation to, the transfer to have or not have a specified consequence or be treated in a specified way;

(c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything done for the purposes of, or in relation to, the transfer.

(4) Regulations under this paragraph are subject to annulment in pursuance of a resolution of the House of Commons.

(5) In this paragraph references to the transfer of property include the grant of a lease.

(6) In this paragraph—

"relevant tax" means income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax;

"tax provision" means a provision of an enactment about a relevant tax.

Commencement Information

I1449 Sch. 13 para. 23 not in force at Royal Assent, see **s. 186(6)**

I1450 Sch. 13 para. 23 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

SCHEDULE 14 Section 123

PROHIBITION ON DISCLOSURE OF HSSIB MATERIAL: EXCEPTIONS

Disclosures for purposes of investigations

1 (1) The HSSIB, or an individual connected with the HSSB, may disclose protected material to an individual connected with the HSSIB if—

(a) the person making the disclosure, or

(b) an authorised person,

reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB's investigation function.

(2) In this paragraph "authorised person" means an individual connected with the HSSIB who is authorised by the HSSIB for the purposes of this paragraph.

Commencement Information

I1451 Sch. 14 para. 1 not in force at Royal Assent, see **s. 186(6)**

I1452 Sch. 14 para. 1 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

2 The HSSIB, or an individual connected with the HSSIB, may disclose protected material to a person not connected with the HSSIB if the Chief Investigator reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB's investigation function.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1453 Sch. 14 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1454 Sch. 14 para. 2 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Commencement Information
I1451 Sch. 14 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1452 Sch. 14 para. 1 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**
I1453 Sch. 14 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1454 Sch. 14 para. 2 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Disclosures relating to prosecution or investigation of offences

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

Commencement Information
I1455 Sch. 14 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1456 Sch. 14 para. 3 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Disclosures relating to safety risks

4 The HSSIB, or an individual connected with the HSSIB, may disclose protected material to a person where—

(a) the Chief Investigator reasonably believes that the disclosure of the material is necessary to address a serious and continuing risk to the safety of any patient or to the public,

(b) the Chief Investigator reasonably believes that the person is in a position to address the risk, and

(c) the disclosure is only to the extent necessary to enable the person to take steps to address the risk.

Commencement Information
I1457 Sch. 14 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1458 Sch. 14 para. 4 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Disclosure by order of the High Court

5 (1) A person may apply to the High Court for an order that any protected material be disclosed by the HSSIB to the person for the purposes specified in the application.

(2) Those purposes may include onward disclosure by the person making the application to a person specified in the application.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) The HSSIB may make representations to the High Court about any application under this paragraph.

(4) The High Court may make an order on an application under this paragraph only if it determines that the interests of justice served by the disclosure outweigh—

(a) any adverse impact on current and future investigations by deterring persons from providing information for the purposes of investigations, and

(b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.

Commencement Information

I1459 Sch. 14 para. 5 not in force at Royal Assent, see **s. 186(6)**

I1460 Sch. 14 para. 5 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Exercise of Chief Investigator's functions

6 (1) The Chief Investigator may arrange for the Chief Investigator's functions under any provision of this Schedule to be exercised by an investigator.

(2) An arrangement under this paragraph may relate to a particular case, a particular class of case or all cases.

Commencement Information

I1461 Sch. 14 para. 6 not in force at Royal Assent, see **s. 186(6)**

I1462 Sch. 14 para. 6 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Guidance

7 (1) The HSSIB must publish guidance as to—

(a) when it might be appropriate for protected material to be disclosed under paragraph 2, 3, or 4,

(b) the types of protected material which it might be appropriate to disclose under any such provision, and

(c) the processes which should be used when disclosing protected material under any such provision.

(2) If the HSSIB revises the guidance, the HSSIB must publish it as revised.

Commencement Information

I1463 Sch. 14 para. 7 not in force at Royal Assent, see **s. 186(6)**

I1464 Sch. 14 para. 7 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

SCHEDULE 15

Section 134

CONSEQUENTIAL AMENDMENTS RELATING TO PART 4

Public Records Act 1958 (c. 51)

1 In Schedule 1 to the Public Records Act 1958 (definition of public records) in Part 2 of the table in paragraph 3, at the appropriate place insert—

"Health Services Safety Investigations Body (except for any record that is prohibited from being disclosed by section 122 of the Health and Care Act 2022)."

Commencement Information

I1465 Sch. 15 para. 1 not in force at Royal Assent, see **s. 186(6)**

I1466 Sch. 15 para. 1 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

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

2 In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 (public authorities to which that Act applies) in paragraph 1, after paragraph (p) (inserted by Schedule 4 to this Act) insert—

"(q) the Health Services Safety Investigations Body."

Commencement Information

I1467 Sch. 15 para. 2 not in force at Royal Assent, see **s. 186(6)**

I1468 Sch. 15 para. 2 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Parliamentary Commissioner Act 1967 (c. 13)

3 In Schedule 2 to the Parliamentary Commissioner Act 1967 (departments etc subject to investigation) at the appropriate place insert—

"The Health Services Safety Investigations Body."

Commencement Information

I1469 Sch. 15 para. 3 not in force at Royal Assent, see **s. 186(6)**

I1470 Sch. 15 para. 3 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

House of Commons Disqualification Act 1975 (c. 24)

4 In Part 3 of Schedule 1 to the House of Commons Disqualification Act 1975 (other disqualifying offices) at the appropriate place insert —

"Chief Investigator, chair or other member of the Health Services Safety Investigations Body."

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1471 Sch. 15 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1472 Sch. 15 para. 4 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

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

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

Commencement Information
I1473 Sch. 15 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1474 Sch. 15 para. 5 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Employment Rights Act 1996 (c. 18)

6 (1) The Employment Rights Act 1996 is amended as follows.

(2) In section 49B(7) (regulations prohibiting discrimination because of protected disclosure) after paragraph (g) insert—
"(ga) the Health Services Safety Investigations Body;".

(3) In section 50(8) (right to time off for public duties) after paragraph (ad) insert—
"(ae) the Health Services Safety Investigations Body,".

(4) In section 218(10) (change of employer) after paragraph (cd) insert—
"(ce) the Health Services Safety Investigations Body."

Commencement Information
I1475 Sch. 15 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1476 Sch. 15 para. 6 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Freedom of Information Act 2000 (c. 36)

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

Commencement Information
I1477 Sch. 15 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1478 Sch. 15 para. 7 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

National Health Service Act 2006 (c. 41)

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) In section 9(4) (NHS contracts) after paragraph (kc) insert—

"(kd) the Health Services Safety Investigations Body,".

(3) In section 71(2) (schemes for meeting losses and liabilities etc of certain health service bodies: bodies eligible to participate) after paragraph (fa) insert—

"(fb) the Health Services Safety Investigations Body,".

(4) In section 247C(2) (Secretary of State's duty to keep health service functions under review) after paragraph (ea) insert—

"(eb) the Health Services Safety Investigations Body;".

(5) In section 253 (emergency powers)—

(a) in subsection (1A), after paragraph (c) insert—

"(ca) the Health Services Safety Investigations Body;", and

F3(b) . . . . . .

Textual Amendments

F3 Sch. 15 para. 8(5)(b) omitted (1.2.2023) by virtue of The Health and Social Care Information Centre (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023 (S.I. 2023/98), reg. 1(2), **Sch. para. 22** (with reg. 3)

Commencement Information

I1479 Sch. 15 para. 8 not in force at Royal Assent, see **s. 186(6)**

I1480 Sch. 15 para. 8 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Health Act 2009 (c. 21)

9 In section 2(2) of the Health Act 2009 (duty to have regard to NHS Constitution) after paragraph (h) insert—

"(i) the Health Services Safety Investigations Body."

Commencement Information

I1481 Sch. 15 para. 9 not in force at Royal Assent, see **s. 186(6)**

I1482 Sch. 15 para. 9 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Equality Act 2010 (c. 15)

10 In Part 1 of Schedule 19 to the Equality Act 2010 (public authorities to which the public sector equality duty applies) under the heading "Health, social care and social security", after the entry relating to the Health and Social Care Information Centre insert—

"The Health Services Safety Investigations Body."

Commencement Information

I1483 Sch. 15 para. 10 not in force at Royal Assent, see **s. 186(6)**

I1484 Sch. 15 para. 10 in force at 1.10.2023 by S.I. 2023/1035, **reg. 2(c)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

SCHEDULE 16 Section 160

VIRGINITY TESTING AND HYMENOPLASTY: CONSEQUENTIAL AMENDMENTS

Police and Criminal Evidence Act 1984

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

"(u) an offence under any of sections 136 to 138 and 148 to 150 of the Health and Care Act 2022 (offences relating to virginity testing and hymenoplasty)."

Commencement Information
I1485 Sch. 16 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1486 Sch. 16 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Police and Criminal Evidence (Northern Ireland) Order 1989

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

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

(b) after that sub-paragraph insert—

"(v) an offence under any of sections 144 to 146 and 156 to 158 of the Health and Care Act 2022 (offences relating to virginity testing and hymenoplasty)."

Commencement Information
I1487 Sch. 16 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1488 Sch. 16 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Criminal Justice and Public Order Act 1994

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

(2) After paragraph 25 insert—

"25A An offence under any of the following sections of the Health and Care Act 2022—

(a) section 136 (virginity testing);

(b) section 137 (offering to carry out virginity testing);

(c) section 138 (aiding or abetting etc a person to carry out virginity testing);

(d) section 148 (carrying out hymenoplasty);

(e) section 149 (offering to carry out hymenoplasty);

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(f) section 150 (aiding or abetting etc a person to carry out hymenoplasty).”

(3) After paragraph 43 insert—

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

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

(4) After paragraph 67 insert—

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

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

Commencement Information
I1489 Sch. 16 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1490 Sch. 16 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Criminal Procedure (Scotland) Act 1995

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

Commencement Information
I1491 Sch. 16 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1492 Sch. 16 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

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

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1493 Sch. 16 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1494 Sch. 16 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

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

Commencement Information
I1495 Sch. 16 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1496 Sch. 16 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Commencement Information
I1491 Sch. 16 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1492 Sch. 16 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1493 Sch. 16 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1494 Sch. 16 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1495 Sch. 16 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1496 Sch. 16 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Crime and Disorder Act 1998

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

(a) after paragraph (da) insert—

"(db) under any of sections 136 to 138 and 148 to 150 of the Health and Care Act 2022 (virginity testing and hymenoplasty etc);";

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

Commencement Information
I1497 Sch. 16 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1498 Sch. 16 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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

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

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1499 Sch. 16 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1500 Sch. 16 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Modern Slavery Act 2015

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

"Health and Care Act 2022

36B An offence under any of the following provisions of the Health and Care Act 2022—

(a) section 136 (virginity testing);
(b) section 137 (offering to carry out virginity testing);
(c) section 138 (aiding or abetting etc a person to carry out virginity testing);
(d) section 148 (carrying out hymenoplasty);
(e) section 149 (offering to carry out hymenoplasty);
(f) section 150 (aiding or abetting etc a person to carry out hymenoplasty)."

Commencement Information
I1501 Sch. 16 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1502 Sch. 16 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

SCHEDULE 17 Section 171

STORAGE OF GAMETES AND EMBRYOS

PART 1

AMENDMENTS TO HUMAN FERTILISATION AND EMBRYOLOGY ACT 1990

Introductory

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

Commencement Information
I1503 Sch. 17 para. 1 in force at 1.7.2022, see **s. 186(3)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Maximum storage periods

2 (1) Section 14 (conditions of storage licences) is amended as follows.

(2) In subsection (1), for paragraph (c) substitute—

"(c) that the requirements of subsection (3) (maximum storage periods) are met,".

(3) For subsections (3) to (5) substitute—

"(3) The requirements referred to in subsection (1)(c) are as follows—

(a) gametes must not be kept in storage for longer than such period not exceeding 55 years beginning with the day on which they are first placed in storage as the licence may specify;

(b) an embryo must not be kept in storage for treatment purposes for longer than such period not exceeding 55 years beginning with the day on which it is first so kept as the licence may specify;

(c) an embryo that is kept in storage for the research or training purpose but not for treatment purposes must not be so kept for longer than such period not exceeding 10 years beginning with the day on which consent was given under Schedule 3 to the storage of the embryo for that purpose as the licence may specify;

(d) a human admixed embryo must not be kept in storage for longer than such period not exceeding 10 years beginning with the day on which it is first placed in storage as the licence may specify.

(4) Where under Schedule 3 consent is given to the storage of an embryo for the training or research purpose by different persons on different days, the reference in subsection (3)(c) to the day on which consent was given is to be taken as a reference to the last of those days.

(5) For the purposes of this section—

(a) "treatment purposes" are purposes referred to in paragraph 2(1)(a) or (b) of Schedule 3;

(b) the "training purpose" is the purpose referred to in paragraph 2(1)(ba) of that Schedule;

(c) the "research purpose" is the purpose referred to in paragraph 2(1)(c) of that Schedule."

Commencement Information
I1504 Sch. 17 para. 2 in force at 1.7.2022, see **s. 186(3)**

3 In section 47 (index), omit the entry for the "Statutory storage period".

Commencement Information
I1505 Sch. 17 para. 3 in force at 1.7.2022, see **s. 186(3)**

4 In Schedule 3 (consents), in paragraph 2(2)(a), for "statutory storage period" substitute "period for which, by virtue of section 14(3), the gametes, embryo or human admixed embryo may be stored under the licence".

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1506 Sch. 17 para. 4 in force at 1.7.2022, see **s. 186(3)**

Commencement Information
I1504 Sch. 17 para. 2 in force at 1.7.2022, see **s. 186(3)**
I1505 Sch. 17 para. 3 in force at 1.7.2022, see **s. 186(3)**
I1506 Sch. 17 para. 4 in force at 1.7.2022, see **s. 186(3)**

Disposal of material

5 In section 14 (conditions of storage licences), in subsection (1), after paragraph (c) insert—

"(ca) that any gametes, embryos or human admixed embryos that have been kept in storage pursuant to the licence must, once they may no longer lawfully be so kept, be removed from storage and disposed of, and".

Commencement Information
I1507 Sch. 17 para. 5 in force at 1.7.2022, see **s. 186(3)**

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

Commencement Information
I1508 Sch. 17 para. 6 in force at 1.7.2022, see **s. 186(3)**

Commencement Information
I1507 Sch. 17 para. 5 in force at 1.7.2022, see **s. 186(3)**
I1508 Sch. 17 para. 6 in force at 1.7.2022, see **s. 186(3)**

Consent to storage

7 (1) Schedule 3 (consents) is amended as follows.

(2) In paragraph 1—

(a) in sub-paragraph (1), before the first "and" insert "any renewal of consent,";

(b) in sub-paragraph (2), before the first "and" insert "any renewal of consent by a person unable to sign,";

(c) in sub-paragraph (3)—

(i) the words from ""effective consent" to the end become paragraph (a);

(ii) after that paragraph insert—

"(b) references to renewal of consent are to renewal of consent to the storage of any gametes or embryo under paragraph 11A or 11C."

(3) In paragraph 3, in sub-paragraph (1), after "gives" insert "or renews".

(4) After paragraph 11 insert—

"Renewal of consent to storage of gametes

11A (1) This paragraph applies where—

(a) the gametes of a person ("P") are in storage,

(b) P's consent to the storage of the gametes is required under paragraph 8(1),

(c) there is effective consent from P to the storage of the gametes, and

(d) the gametes are being kept for use for the purposes of providing treatment services to—

(i) P, or

(ii) P and another person together.

(2) The person keeping the gametes in storage ("K") must, in each consent period, request P to renew consent to storage of the gametes within the renewal period.

For the meaning of "consent period" and "renewal period", see paragraph 11B.

(3) A request under sub-paragraph (2) must be given in writing before the start of the renewal period.

(4) The duty in sub-paragraph (2) ceases to apply if K is notified that P has died.

(5) The duty in sub-paragraph (2) does not apply in relation to any consent period if—

(a) K has at any time been informed in writing that P has been certified as lacking capacity to renew consent to storage of the gametes, and

(b) K has not subsequently been informed in writing, before the start of the renewal period which relates to that consent period, that P has been certified as having capacity to renew consent to storage of the gametes.

(6) P renews consent by informing K in writing that P consents to the storage of the gametes.

(7) If P's consent is not renewed under sub-paragraph (6) before the end of the consent period, K must, as soon as possible after the end of that period, give a notice to P stating that if P does not renew consent before the end of the renewal period, the gametes will be removed from storage and disposed of.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(8) P's consent to the storage of the gametes is to be taken as having been withdrawn at the end of a renewal period that relates to a consent period if—

(a) K has complied with the requirements of sub-paragraphs (2) and (7) in relation to that consent period, and

(b) P's consent is not renewed under sub-paragraph (6) before the end of the renewal period.

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

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

(a) P's consent is not to be taken as withdrawn under sub-paragraph (8), but

(b) if at the end of the period of 10 years beginning with the day on which P died there is still effective consent from P to the storage, P's consent is to be taken as withdrawn at that time.

(10) If, in a case referred to in sub-paragraph (8)(a) and (b), before the end of the renewal period P is certified as lacking capacity to renew consent—

(a) P's consent is not to be taken as withdrawn under sub-paragraph (8), but

(b) if at the end of the period of 10 years beginning with the day on which P was so certified there is still effective consent from P to the storage, P's consent is to be taken as withdrawn at that time.

(11) But P's consent is not to be taken as withdrawn under sub-paragraph (10)(b) if, before the time it would be taken to be withdrawn under that sub-paragraph—

(a) P is certified as having capacity to renew consent to storage of the gametes, and

(b) P renews consent to storage of the gametes by informing K in writing that P consents to their storage.

(12) In a case where P renews consent under sub-paragraph (11)(b), this paragraph applies subsequently as if references to a consent period were to—

(a) the period of 10 years beginning with the day on which P so renewed consent, and

(b) each successive period of 10 years.

11B (1) For the purposes of paragraph 11A, each of the following is a "consent period"—

(a) the period of 10 years beginning with the relevant day, and

(b) each successive period of 10 years.

(2) In sub-paragraph (1)(a) "relevant day" means—

(a) the day on which the gametes are first placed in storage, or

(b) in a case where sub-paragraph (3) or (5) applies, the day on which P gives consent to the storage of the gametes.

(3) This sub-paragraph applies where the gametes are taken from or provided by P before P attains the age of 18 years and, at the time the gametes are first stored—

(a) P has not attained the age of 16 years and is not competent to deal with the issue of consent to storage of the gametes, or

(b) P has attained that age but, although not lacking capacity to consent to the storage of the gametes, is not competent to deal with the issue of consent to their storage.

(4) In relation to Scotland, sub-paragraph (3) is to be read as if, for paragraphs (a) and (b), there were substituted "P does not have capacity (within the meaning of section 2(4) of the Age of Legal Capacity (Scotland) Act 1991) to consent to storage of the gametes".

(5) This sub-paragraph applies where the gametes are taken from or provided by P after P attains the age of 16 years and, at the time the gametes are first stored, P lacks capacity to consent to their storage.

(6) In paragraph 11A "the renewal period", in relation to a consent period, means the period which—

(a) begins 12 months before the end of the consent period, and

(b) ends 6 months after the end of the consent period.

(7) In paragraph 11A "certified" means certified in writing by a registered medical practitioner.

(8) In paragraph 11A and this paragraph, in relation to Scotland, references to a person lacking or having capacity to consent or renew consent are to be read as references to the person being or not being incapable (within the meaning of section 1(6) of the Adults with Incapacity (Scotland) Act 2000) of consenting or renewing consent.

Renewal of consent to storage of embryos

11C (1) This paragraph applies where—

(a) an embryo, the creation of which was brought about *in vitro*, is in storage,

(b) the embryo is being kept for use for the purposes of providing treatment services to—

(i) a person ("P") whose gametes or human cells were used to bring about the creation of the embryo, or

(ii) P and another person together,

(c) P's consent to the storage of the embryo is required under paragraph 8(2), and

(d) there is effective consent from P to the storage of the embryo.

(2) The person keeping the embryo in storage ("K") must, in each consent period, request P to renew consent to storage of the embryo within the renewal period.

For the meaning of "consent period" and "renewal period", see paragraph 11D.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(3) A request under sub-paragraph (2) must be given in writing before the start of the renewal period.

(4) The duty in sub-paragraph (2) ceases to apply if—

(a) K is notified that P has died, or

(b) K is notified under paragraph 4A(1)(c) of the withdrawal of a person's consent to storage of the embryo.

(5) The duty in sub-paragraph (2) does not apply in relation to any consent period if—

(a) K has at any time been informed in writing that P has been certified as lacking capacity to renew consent to storage of the embryo, and

(b) K has not subsequently been informed in writing, before the start of the renewal period which relates to that consent period, that P has been certified as having capacity to renew consent to storage of the embryo.

(6) P renews consent by informing K in writing that P consents to the storage of the embryo.

(7) If P's consent is not renewed under sub-paragraph (6) before the end of the consent period, K must, as soon as possible after the end of that period, give a notice to P stating that if P does not renew consent before the end of the renewal period, the embryo will be removed from storage and disposed of.

(8) P's consent to the storage of the embryo is to be taken as having been withdrawn at the end of a renewal period that relates to a consent period if—

(a) K has complied with the requirements of sub-paragraphs (2) and (7) in relation to that consent period, and

(b) P's consent is not renewed under sub-paragraph (6) before the end of the renewal period.

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

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

(a) P's consent is not to be taken as withdrawn under sub-paragraph (8), but

(b) if at the end of the period of 10 years beginning with the day on which P died there is still effective consent from P to the storage, P's consent is to be taken as withdrawn at that time.

(10) If, in a case referred to in sub-paragraph (8)(a) and (b), before the end of the renewal period P is certified as lacking capacity to renew consent—

(a) P's consent is not to be taken as withdrawn under sub-paragraph (8), but

(b) if at the end of the period of 10 years beginning with the day on which P was so certified there is still effective consent from P to the storage, P's consent is to be taken as withdrawn at that time.

(11) But P's consent is not to be taken as withdrawn under sub-paragraph (10)(b) if, before the time it would be taken to be withdrawn under that sub-paragraph—

(a) P is certified as having capacity to renew consent to storage of the embryo, and

(b) P renews consent to storage of the embryo by informing K in writing that P consents to its storage.

(12) In a case where P has renewed consent under sub-paragraph (11)(b), this paragraph applies subsequently as if references to the consent period were to—

(a) the period of 10 years beginning with the day on which P so renewed consent, and

(b) each successive period of 10 years.

(13) Where P's consent is taken as withdrawn under this paragraph, K must, as soon as possible, take all reasonable steps to give notice of the withdrawal to each person whose gametes or human cells were used to bring about its creation.

(14) Storage of the embryo remains lawful until—

(a) the end of the period of 6 months beginning with the day on which P's consent is taken as withdrawn under this paragraph, or

(b) if, before the end of that period, K receives a notice from each person notified under sub-paragraph (13) stating that the person consents to the disposal of the embryo, the time at which the last of those notices was received.

11D (1) For the purposes of paragraph 11C, each of the following is a "consent period"—

(a) the period of 10 years beginning with the day on which the embryo is first placed in storage, and

(b) each successive period of 10 years.

(2) In paragraph 11C "the renewal period", in relation to a consent period, means the period which—

(a) begins 12 months before the end of the consent period, and

(b) ends 6 months after the end of the consent period.

(3) In paragraph 11C "certified" means certified in writing by a registered medical practitioner.

(4) In paragraph 11C, in relation to Scotland, references to a person lacking or having capacity to renew consent are to be read as references to the person being or not being incapable (within the meaning of section 1(6) of the Adults with Incapacity (Scotland) Act 2000) of renewing consent."

Commencement Information

I1509 Sch. 17 para. 7 in force at 1.7.2022, see **s. 186(3)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

PART 2

TRANSITIONAL PROVISION

Interpretation

8 (1) In this Part of this Schedule—

"the commencement day" means 1 July 2022;

"the transitional period" means the period beginning with the commencement day and ending with 30 June 2024.

(2) In this Part of this Schedule—

"the 1990 Act" means the Human Fertilisation and Embryology Act 1990;

"the 2009 Regulations" means the Human Fertilisation and Embryology (Statutory Storage Period for Embryos and Gametes) Regulations 2009 (S.I. 2009/1582);

"the 2020 Regulations" means the Human Fertilisation and Embryology (Statutory Storage Period for Embryos and Gametes) (Coronavirus) Regulations 2020 (S.I. 2020/566).

(3) In this Part of this Schedule—

"gamete storage licence" means a licence under Schedule 2 to the 1990 Act that authorises the storage of gametes;

"embryo storage licence" means a licence under Schedule 2 to the 1990 Act that authorises the storage of embryos;

"storage licence" means a licence under Schedule 2 to the 1990 Act that authorises the storage of gametes, embryos or human admixed embryos;

"pre-commencement", in relation to a storage licence, or a storage licence of any description, means granted before the commencement day and "post-commencement" means granted on or after that day.

(4) In this Part of this Schedule—

"statutory storage period" has the same meaning as in the 1990 Act immediately before the commencement day;

references to gametes, embryos and human admixed embryos have the same meaning as in that Act;

"the training purpose", "the research purpose" and "treatment purposes" have the same meanings as in section 14(3)(c) of that Act.

Modifications etc. (not altering text)

C1 Sch. 17 para. 8 applied (10.5.2024) by The Health and Care Act 2022 (Storage of Gametes and Embryos) (Transitional Provision) Regulations 2024 (S.I. 2024/625), reg. 1(1)**(3)**

Commencement Information

I1510 Sch. 17 para. 8 in force at 1.7.2022, see **s. 186(3)**

Application of Part 1 to material already in storage

9 (1) The amendments in paragraphs 2 to 6 of this Schedule have effect in relation to pre-commencement storage licences under which gametes, embryos or human admixed

embryos are kept in storage on or after the commencement day (as well as having effect in relation to post-commencement storage licences).

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

(2) In the case of a pre-commencement embryo storage licence, the condition imposed by section 14(3)(c) of the 1990 Act (as substituted by paragraph 2 of this Schedule) does not apply in relation to an embryo which, on the commencement day, is kept in storage for the training or research purpose but not for treatment purposes.

(3) In the case of any pre-commencement storage licence, the condition imposed by section 14(1)(ca) of the 1990 Act (as substituted by paragraph 5 of this Schedule) applies only in relation to times on or after the commencement day.

Commencement Information
I1511 Sch. 17 para. 9 in force at 1.7.2022, see **s. 186(3)**

10 The amendments made by paragraph 7 of this Schedule have effect in relation to the storage of gametes and embryos under a pre-commencement gamete or embryo storage licence, where the gametes or embryos are kept in storage on or after the commencement day (as well as having effect in relation to the storage of gametes and embryos under a post-commencement gamete or embryo storage licence).

Commencement Information
I1512 Sch. 17 para. 10 in force at 1.7.2022, see **s. 186(3)**

Commencement Information
I1511 Sch. 17 para. 9 in force at 1.7.2022, see **s. 186(3)**
I1512 Sch. 17 para. 10 in force at 1.7.2022, see **s. 186(3)**

Date of first storage

11 (1) This paragraph applies if the person storing gametes or an embyro under a pre-commencement gamete or embryo storage licence—

(a) has, before the end of the transitional period, taken all reasonable steps to establish the date on which the gametes were or embryo was first placed in storage, but

(b) is unable to establish that date.

(2) The person may give a notice to each person whose consent to the storage is required under Schedule 3 to the 1990 Act specifying a date on which the gametes are or embryo is to be regarded as having been first placed in storage.

(3) Where notice is given under sub-paragraph (2), the gametes are or embryo is to be regarded, for all purposes of the 1990 Act and this Part of this Schedule, as having been first placed in storage on the date specified in the notice.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1513 Sch. 17 para. 11 in force at 1.7.2022, see **s. 186(3)**

Storage periods specified in pre-commencement storage licences

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

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

Commencement Information
I1514 Sch. 17 para. 12 in force at 1.7.2022, see **s. 186(3)**

Storage after expiry of pre-commencement consent

13 (1) If a pre-commencement consent to the storage of gametes or an embryo expires at any time in the transitional period, the storage of the gametes or embryo for the remainder of that period is not unlawful merely because of that fact.

(2) In sub-paragraph (1)—

(a) "pre-commencement consent" means consent given under Schedule 3 to the 1990 Act before the commencement day;

(b) the reference to expiry of consent does not include withdrawal.

Commencement Information
I1515 Sch. 17 para. 13 in force at 1.7.2022, see **s. 186(3)**

Storage with no effective consent prior to commencement

14 (1) This paragraph applies in relation to the storage of gametes or an embryo under a pre-commencement gamete or embryo storage licence where, immediately before the commencement day, there is no effective consent to the storage by a relevant person.

(2) The person keeping the gametes or embryo in storage must request the relevant person to give consent to the storage under Schedule 3 to the 1990 Act.

(3) A request under sub-paragraph (2) must be given before 1 July 2023 in writing.

(4) The storage of the gametes or embryo at any time before the end of the transitional period is not unlawful merely because there is no effective consent to the storage by the relevant person.

(5) In this paragraph—

"effective consent" means consent under Schedule 3 to the 1990 Act which has not been withdrawn;

"relevant person" means a person whose consent is required under Schedule 3 to the 1990 Act to storage of the gametes or embryo.

Commencement Information
I1516 Sch. 17 para. 14 in force at 1.7.2022, see **s. 186(3)**

Time for first renewal of consent

15 (1) This paragraph applies in relation to the storage of gametes under a pre-commencement gamete storage licence where the statutory storage period applicable immediately before the commencement day was provided for by—

(a) regulation 4, 4A, 7 or 8 of the 2009 Regulations, or

(b) regulation 4 of the 2020 Regulations.

(2) For the purposes of paragraph 11A of Schedule 3 to the 1990 Act (as inserted by paragraph 7 of this Schedule), paragraph 11B(1)(a) of that Schedule has effect as if the reference to the period of 10 years beginning with the relevant day were a reference to the period which—

(a) begins with the relevant day, and

(b) ends at the end of the statutory storage period referred to in sub-paragraph (1).

Commencement Information
I1517 Sch. 17 para. 15 in force at 1.7.2022, see **s. 186(3)**

16 (1) This paragraph applies in relation to the storage of an embryo under a pre-commencement embryo storage licence where the statutory storage period applicable immediately before the commencement day was provided for by—

(a) regulation 3, 3A, 5 or 6 of the 2009 Regulations, or

(b) regulation 3 of the 2020 Regulations.

(2) For the purposes of paragraph 11C of Schedule 3 to the 1990 Act (as inserted by paragraph 7 of this Schedule), paragraph 11D(1)(a) of that Schedule has effect as if the reference to the period of 10 years beginning with the day on which the embryo was first placed in storage were a reference to the period which—

(a) begins with the day on which the embryo was first so placed, and

(b) ends at the end of the statutory storage period referred to in sub-paragraph (1).

Commencement Information
I1518 Sch. 17 para. 16 in force at 1.7.2022, see **s. 186(3)**

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information
I1517 Sch. 17 para. 15 in force at 1.7.2022, see **s. 186(3)**
I1518 Sch. 17 para. 16 in force at 1.7.2022, see **s. 186(3)**

Renewals falling due in the transitional period

17 (1) This paragraph applies in relation to the storage of gametes under a pre-commencement gamete storage licence in a case where—

(a) paragraph 11A of Schedule 3 to the 1990 Act applies in relation to the storage, and

(b) for the purposes of that paragraph, the first consent period (see paragraph 11B(1)(a) of that Schedule) ends in the transitional period.

(2) Where this paragraph applies, paragraph 11A of Schedule 3 to the 1990 Act has effect in relation to that first consent period as if—

(a) for sub-paragraphs (2) and (3) there were substituted—

"(2) The person keeping the gametes in storage ("K") must request P to renew consent to storage of the gametes before 1 July 2024.

(3) A request under sub-paragraph (2) must—

(a) be given in writing before 1 July 2023;

(b) state that if P does not renew consent before 1 July 2024, the gametes will be removed from storage and disposed of.";

(b) in sub-paragraph (5)(b), for "the start of the renewal period which relates to that consent period" there were substituted "1 July 2023";

(c) sub-paragraph (7) were omitted;

(d) for sub-paragraph (8) there were substituted—

"(8) P's consent to the storage of the gametes is to be taken as having been withdrawn at the beginning of 1 July 2024 if—

(a) K has complied with sub-paragraph (2), and

(b) P's consent is not renewed under sub-paragraph (6) before 1 July 2024.

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

(e) in sub-paragraphs (9) and (10), references to the end of the renewal period were to 1 July 2024.

Commencement Information
I1519 Sch. 17 para. 17 in force at 1.7.2022, see **s. 186(3)**

18 (1) This paragraph applies in relation to the storage of an embryo under a pre-commencement embryo storage licence in a case where—

(a) paragraph 11C of Schedule 3 to the 1990 Act applies in relation to the storage, and

(b) for the purposes of that paragraph, the first consent period (see paragraph 11D(1)(a) of that Schedule) ends in the transitional period.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(2) Where this paragraph applies, paragraph 11C of Schedule 3 to the 1990 Act has effect in relation to that first consent period as if—

(a) for sub-paragraphs (2) and (3) there were substituted—

"(2) The person keeping the embryo in storage ("K") must request P to renew consent to storage of the embryo before 1 July 2024.

(3) A request under sub-paragraph (2) must—

(a) be given in writing before 1 July 2023;

(b) state that if P does not renew consent before 1 July 2024, the embryo will be removed from storage and disposed of.";

(b) in sub-paragraph (5)(b), for "the start of the renewal period which relates to that consent period" there were substituted "1 July 2023";

(c) sub-paragraph (7) were omitted;

(d) for sub-paragraph (8) there were substituted—

"(8) P's consent to the storage of the embryo is to be taken as having been withdrawn at the beginning of 1 July 2024 if—

(a) K has complied with sub-paragraph (2), and

(b) P's consent is not renewed under sub-paragraph (6) before 1 July 2024.

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

(e) in sub-paragraphs (9) and (10), references to the end of the renewal period were to 1 July 2024.

Commencement Information
I1520 Sch. 17 para. 18 in force at 1.7.2022, see **s. 186(3)**

Commencement Information
I1519 Sch. 17 para. 17 in force at 1.7.2022, see **s. 186(3)**
I1520 Sch. 17 para. 18 in force at 1.7.2022, see **s. 186(3)**

SCHEDULE 18 Section 172

ADVERTISING OF LESS HEALTHY FOOD AND DRINK

PART 1

PROGRAMME SERVICES: WATERSHED

Television programme services

1 After section 321 of the Communications Act 2003 insert—

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

"**321A Objectives for advertisements: less healthy food and drink**

(1) OFCOM must set standards by virtue of section 321(1)(b) prohibiting television programme services provided between 5.30 am and 9.00 pm from including advertisements for an identifiable less healthy food or drink product, except as provided for by subsection (3).

(2) OFCOM must ensure that the prohibition provided for by the first standards set by virtue of subsection (1) takes effect from the beginning of 1 January 2023.

(3) Standards set by virtue of subsection (1) must exempt from the prohibition imposed by them—

(a) advertisements included in television programme services as a result of arrangements made by or on behalf of a person who is, at the time when the arrangements are made, a food or drink SME;

(b) advertisements prescribed in any regulations made by the Secretary of State under this paragraph.

(4) For the purposes of this section—

(a) "advertisements" includes advertisements under a sponsorship agreement and anything else which, under a sponsorship agreement, is included in a television programme service, other than in a television programme;

(b) a product is "identifiable", in relation to advertisements, if persons in the United Kingdom (or any part of the United Kingdom) could reasonably be expected to be able to identify the advertisements as being for that product;

(c) a food or drink product is "less healthy" if—

(i) it falls within a description specified in regulations made by the Secretary of State, and

(ii) it is "less healthy" in accordance with the relevant guidance;

(d) "the relevant guidance" is the guidance entitled "Nutrient Profiling Technical Guidance" published by the Department of Health on 1 January 2011;

(e) "food or drink SME" means a small or medium enterprise, within the meaning given by regulations made by the Secretary of State, of a description specified in the regulations.

(5) Regulations under subsection (4)(e) that make provision by reference to the number of members of staff of a person may make provision about who is to count as a member of staff (including members of staff of another person).

(6) The Secretary of State may, before the date specified in subsection (2), amend that subsection so as to substitute a later date for the date that is for the time being specified there.

(7) The Secretary of State may by regulations amend this section to change the meaning of "the relevant guidance".

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

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(9) A statutory instrument containing regulations under subsection (7) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Commencement Information
I1521 Sch. 18 para. 1 in force at 28.6.2022, see **s. 186(4)**

On-demand programme services

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

"**368FA Advertising: less healthy food and drink**

(1) From the beginning of 1 January 2023, on-demand programme services must not, between 5.30 am and 9.00 pm, include advertisements for an identifiable less healthy food or drink product.

(2) The prohibition imposed by subsection (1) does not apply in relation to advertisements included in on-demand programme services as a result of arrangements made by or on behalf of a person who is, at the time when the arrangements are made, a food or drink SME.

(3) The Secretary of State may by regulations provide for further exemptions from the prohibition imposed by subsection (1).

(4) For the purposes of this section—

(a) "advertisements" includes advertisements and sponsorship announcements (within the meaning given by section 368G(17)) under a sponsorship agreement;

(b) a product is "identifiable", in relation to advertisements, if persons in the United Kingdom (or any part of the United Kingdom) could reasonably be expected to be able to identify the advertisements as being for that product;

(c) a food or drink product is "less healthy" if—

(i) it falls within a description specified in regulations made by the Secretary of State, and

(ii) it is "less healthy" in accordance with the relevant guidance;

(d) "the relevant guidance" means the guidance entitled "Nutrient Profiling Technical Guidance" published by the Department of Health on 1 January 2011;

(e) "food or drink SME" means a small or medium enterprise, within the meaning given by regulations made by the Secretary of State, of a description specified in the regulations.

(5) Regulations under subsection (4)(e) that make provision by reference to the number of members of staff of a person may make provision about who is to count as a member of staff (including members of staff of another person).

(6) The Secretary of State may, before the date specified in subsection (1), amend that subsection so as to substitute a later date for the date that is for the time being specified there.

Status: *This version of this Act contains provisions that are prospective.*
Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(7) The Secretary of State may by regulations amend this section to change the meaning of "the relevant guidance".

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

(9) A statutory instrument containing regulations under subsection (7) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Commencement Information
I1522 Sch. 18 para. 2 in force at 28.6.2022, see **s. 186(4)**

PART 2

ONLINE SERVICES: PROHIBITION

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

"PART 4C

ONLINE ADVERTISING OF LESS HEALTHY FOOD AND DRINK

Advertising of less healthy food and drink

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

(1) From the beginning of 1 January 2023, a person must not pay for advertisements for an identifiable less healthy food or drink product to be placed on the internet.

(2) Subsection (1) does not apply where the person paying is, at the time when the payment is made, a food or drink SME.

(3) Subsection (1) does not apply—

(a) in relation to advertisements which are directed solely at persons who are engaged in, or employed by, a business which involves or is associated with the manufacture or sale of food or drink,

(b) in relation to advertisements included in on-demand programme services (as to which, see section 368FA),

(c) in relation to advertisements included in services connected to regulated radio services, or

(d) in relation to advertisements which are not intended to be accessed principally by persons in any part of the United Kingdom.

(4) The Secretary of State may by regulations provide for further exemptions from the prohibition imposed by subsection (1).

(5) For the purposes of this section—

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(a) paying includes providing any consideration (monetary or non-monetary);

(b) "placed" includes continues to be placed;

(c) paying for advertisements to be placed on the internet includes paying under a sponsorship agreement as result of which advertisements are placed on the internet;

(d) a product is "identifiable", in relation to advertisements, if persons in the United Kingdom (or any part of the United Kingdom) could reasonably be expected to be able to identify the advertisements as being for that product;

(e) a food or drink product is "less healthy" if—

(i) it falls within a description specified in regulations made by the Secretary of State, and

(ii) it is "less healthy" in accordance with the relevant guidance;

(f) "the relevant guidance" is the guidance entitled "Nutrient Profiling Technical Guidance" published by the Department of Health on 1 January 2011;

(g) "food or drink SME" means a small or medium enterprise, within the meaning given by regulations made by the Secretary of State, of a description specified in the regulations;

(h) "services connected to regulated radio services" has the meaning given by regulations made by the Secretary of State.

(6) Regulations under subsection (5)(g) that make provision by reference to the number of members of staff of a person may make provision about who is to count as a member of staff (including members of staff of another person).

(7) The Secretary of State may, before the date specified in subsection (1)—

(a) amend that subsection so as to substitute a later date for the date that is for the time being specified there, and

(b) make corresponding amendments to the references to that date in subsections (11) and (12).

(8) The Secretary of State may by regulations amend this section to change the meaning of "the relevant guidance".

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

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

(11) A person is to be treated as having contravened subsection (1) if—

(a) at any time on or after 1 August 2021 but before 1 January 2023, the person made a payment for advertisements to be placed on the internet on or after 1 January 2023, and

(b) if the payment had been made on 1 January 2023, the person would have contravened subsection (1).

(12) Subsection (11) does not apply if the person—

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(a) has put in place arrangements to ensure that they are entitled to require that the advertisements are not placed on the internet on or after 1 January 2023, and

(b) uses all reasonable endeavours to ensure that the advertisements are not so placed.

368Z15 Enforcement

(1) Where the appropriate regulatory authority determine that a person is contravening or has contravened section 368Z14 they may do one or both of the following—

(a) give the person an enforcement notification;

(b) impose a financial penalty on the person in accordance with section 368Z16.

(2) The appropriate regulatory authority must not make a determination as mentioned in subsection (1) unless—

(a) there are reasonable grounds for believing that a contravention of section 368Z14 is occurring or has occurred, and

(b) they have allowed the person an opportunity to make representations about that apparent contravention.

(3) An enforcement notification is a notification which—

(a) specifies the determination made as mentioned in subsection (1),

(b) imposes requirements on the person to take such steps for complying with section 368Z14 and for remedying the consequences of the contravention as may be specified in the notification,

(c) fixes a reasonable period for the taking of those steps, and

(d) sets out the reasons for the appropriate regulatory authority's decision to give the enforcement notification.

(4) The requirements specified in an enforcement notification may include requirements to do one or more of the following—

(a) instruct or request specified persons to remove specified advertisements from the internet;

(b) arrange for specified advertisements to be modified in specified ways.

(5) A person to whom an enforcement notification is given must comply with it.

(6) The duty under subsection (5) is enforceable in civil proceedings by the appropriate regulatory authority—

(a) for an injunction,

(b) for specific performance of a statutory duty under section 45 of the Court of Session Act 1988, or

(c) for any other appropriate remedy or relief.

(7) If a person to whom an enforcement notification has been given does not comply with it, the appropriate regulatory authority may impose a financial penalty on that person in accordance with section 368Z16.

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368Z16 Financial penalties

(1) The amount of a penalty imposed on a person under section 368Z15 is to be such amount not exceeding the maximum penalty as the appropriate regulatory authority determine to be—

(a) appropriate, and

(b) proportionate to the contravention in respect of which it is imposed.

(2) The maximum penalty is—

(a) in a case in which the person carries on a relevant business, an amount not exceeding the greater of—

(i) 5% of the turnover of the person's relevant business for the relevant period, and

(ii) £250,000;

(b) in any other case, £250,000.

(3) For the purposes of this section—

(a) a person's "relevant business" is so much of any business carried on by the person as involves or is associated with the manufacture or sale of less healthy food or drink products;

(b) "relevant period", in relation to a person's relevant business, means—

(i) except in a case falling within sub-paragraph (ii) or (iii), the period of one year ending with the 31 March before the time at which the penalty is imposed;

(ii) in the case of a person who at the time at which the penalty is imposed has been carrying on that business for a period of less than a year, the period, ending with that time, during which the person has been carrying it on;

(iii) in the case of a person who at the time at which the penalty is imposed has ceased to carry on that business, the period of one year ending with the time when the person ceased to carry it on;

(c) the amount of the turnover of a person's relevant business for the relevant period is to be calculated by the appropriate regulatory authority in accordance with the following sub-paragraphs—

(i) the amount is to be calculated in conformity with accounting practices and principles which are generally accepted in the United Kingdom;

(ii) the amount is limited to the amounts derived by the person from the relevant business after deduction of sales rebates, value added tax and other taxes directly related to turnover;

(iii) where the person's relevant business consists of two or more undertakings that each prepare accounts, the amount is to be calculated by adding together the turnover of each, save that no account is to be taken of any turnover resulting from the supply of goods or the provision of services between them.

(4) In determining the amount of a penalty under subsection (1) the appropriate regulatory authority must have regard to any statement published by

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OFCOM under section 392 (guidelines to be followed in determining amount of penalties).

(5) A financial penalty imposed under this section, if not paid within the period fixed by the appropriate regulatory authority, is to be recoverable by the appropriate regulatory authority as a debt due to them from the person obliged to pay it.

(6) Where a financial penalty is imposed under this section in respect of matters appearing to OFCOM to have a connection with Northern Ireland and no connection with the rest of the United Kingdom, the penalty must be paid into the Consolidated Fund of Northern Ireland.

(7) In any other case, a financial penalty imposed under this section is to be paid into the Consolidated Fund of the United Kingdom.

368Z17 Power to demand information

(1) The appropriate regulatory authority may give a person a notice demanding information that the authority require for the purpose of carrying out their functions under this Part.

(2) The notice may relate to any information that the person appears to have or be able to generate.

(3) A notice under this section must—
(a) describe the required information,
(b) fix a reasonable period within which the information is to be provided, and
(c) set out the appropriate regulatory authority's reasons for requiring it.

(4) A notice under this section may specify the manner in which the information is to be provided.

(5) The appropriate regulatory authority may not require the provision of information under this section unless they have given the person from whom it is required an opportunity of making representations to them about the matters appearing to them to provide grounds for making the request.

(6) Section 368Z15 applies in relation to a failure to comply with a demand for information imposed under this section as if that failure were a contravention of section 368Z14.

(7) In this section "information" includes copies of advertisements.

368Z18 Guidance

(1) The appropriate regulatory authority must draw up and, from time to time, review and revise, guidance setting out their intentions concerning the exercise of their functions under this Part.

(2) The appropriate regulatory authority must consult the Secretary of State before drawing up or revising the guidance.

(3) The appropriate regulatory authority must publish the guidance and any revised guidance in such manner as they consider appropriate for bringing it

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to the attention of the persons who, in their opinion, are likely to be affected by it.

368Z19 The appropriate regulatory authority

(1) OFCOM may designate any body corporate to be, to the extent provided by the designation, the appropriate regulatory authority for the purposes of any provision of this Part, subject to subsection (9).

(2) To the extent that no body is designated for a purpose, OFCOM is the appropriate regulatory authority for that purpose.

(3) Where a body is designated for a purpose, OFCOM may act as the appropriate regulatory authority for that purpose concurrently with or in place of that body.

(4) OFCOM may provide a designated body with assistance (including financial assistance) in connection with any of the functions of the body under this Part.

(5) A designation may in particular—

(a) provide for a body to be the appropriate regulatory authority in relation to advertisements of a specified description;

(b) provide that a function of the appropriate regulatory authority is exercisable by the designated body—

(i) to such extent as may be specified;

(ii) either generally or in such circumstances as may be specified;

(iii) either unconditionally or subject to such conditions as may be specified.

(6) The conditions that may be specified pursuant to subsection (5)(b)(iii) include a condition to the effect that a function may, generally or in specified circumstances, be exercised by the body only with the agreement of OFCOM.

(7) A designation has effect for such period as may be specified and may be revoked by OFCOM at any time.

(8) OFCOM must publish any designation in such manner as they consider appropriate for bringing it to the attention of persons who, in their opinion, are likely to be affected by it.

(9) OFCOM may not designate a body unless, as respects that designation, they are satisfied that the body—

(a) is a fit and proper body to be designated,

(b) has consented to being designated,

(c) has access to financial resources that are adequate to ensure the effective performance of its functions as the appropriate regulatory authority (taking into account any financial assistance that OFCOM intends to provide under subsection (4)),

(d) is sufficiently independent of persons who carry on business that involves or is associated with the manufacture or sale of less healthy food or drink products, and

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(e) will, in performing any function to which the designation relates, have regard in all cases—

(i) to the principles under which regulatory activities should be transparent, accountable, proportionate, consistent and targeted only at cases in which action is needed, and

(ii) to such of the matters mentioned in section 3(4) as appear to the body to be relevant in the circumstances.

(10) Subject to any enactment or rule of law restricting the disclosure or use of information by OFCOM or by a designated body—

(a) a designated body may provide information to another designated body for use by that other body in connection with any of its functions as the appropriate regulatory authority;

(b) a designated body may provide information to OFCOM for use by OFCOM in connection with any of their functions under this Part;

(c) OFCOM may provide information to a designated body for use by that body in connection with any of its functions as the appropriate regulatory authority.

(11) In carrying out their functions as the appropriate regulatory authority, a designated body may carry out, commission or support (financially or otherwise) research.

(12) In this section—

"designation" means a designation under this section and cognate expressions are to be construed accordingly;

"specified" means specified in a designation.

368Z20 Power to amend this Part to extend prohibition

(1) The Secretary of State may by regulations amend this Part for the purpose of prohibiting persons from doing either or both of the following (so far as not already prohibited)—

(a) placing on the internet advertisements for an identifiable less healthy food or drink product;

(b) making arrangements for advertisements for an identifiable less healthy food or drink product to be placed on the internet.

(2) For the purposes of subsection (1)—

(a) "placing" includes leaving in place;

(b) "placed" includes continues to be placed.

(3) The provision which may be made by regulations under subsection (1) by virtue of section 402(3)(c) includes provision repealing, revoking or amending provision made by or under any of the following whenever passed or made—

(a) an Act;

(b) an Act of the Scottish Parliament;

(c) a Measure or Act of Senedd Cymru;

(d) Northern Ireland legislation.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(4) Before making regulations under subsection (1), the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(5) A statutory instrument containing regulations under subsection (1) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.

368Z21 Interpretation

In this Part—

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

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

Commencement Information
I1523 Sch. 18 para. 3 in force at 28.6.2022, see **s. 186(4)**

PART 3

CONSEQUENTIAL AMENDMENTS

4 The Communications Act 2003 is amended as follows.

Commencement Information
I1524 Sch. 18 para. 4 in force at 28.6.2022, see **s. 186(4)**

5 In section 368C (on-demand programme services: duties of the appropriate regulatory authority), after subsection (5) insert—

"(6) The appropriate regulatory authority must draw up and, from time to time, review and revise, guidance setting out their intentions concerning the exercise of their functions under this Part in relation to the prohibition imposed by section 368FA (advertising: less healthy food and drink).

(7) The appropriate regulatory authority must consult the Secretary of State before drawing up or revising guidance under subsection (6)."

Commencement Information
I1525 Sch. 18 para. 5 in force at 28.6.2022, see **s. 186(4)**

6 In section 402(2) (instruments subject to negative procedure) —

(a) in paragraph (a) omit "or regulations under section 368BC";

(b) after paragraph (a) insert—

"(aza) regulations under—

(i) section 321A(7) (see subsection (9) of that section),

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(ii) section 368BC (see subsection (7) of that section),
(iii) section 368FA(7) (see subsection (9) of that section),
(iv) section 368Z14(8) (see subsection (10) of that section), or
(v) section 368Z20 (see subsection (5) of that section),".

Commencement Information
I1526 Sch. 18 para. 6 in force at 28.6.2022, see **s. 186(4)**

SCHEDULE 19 Section 180

LICENSING OF COSMETIC PROCEDURES

Introduction

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

Commencement Information
I1527 Sch. 19 para. 1 not in force at Royal Assent, see **s. 186(6)**
I1528 Sch. 19 para. 1 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Grant of licence

2 The regulations may—
(a) require a local authority not to grant a licence unless satisfied as to a matter specified in the regulations;
(b) require a local authority to have regard, in deciding whether to grant a licence, to a matter specified in the regulations.

Commencement Information
I1529 Sch. 19 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1530 Sch. 19 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

3 The regulations may make provision requiring a local authority not to grant a premises licence unless the premises have been inspected in accordance with the regulations.

Commencement Information
I1531 Sch. 19 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1532 Sch. 19 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

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Commencement Information
I1529 Sch. 19 para. 2 not in force at Royal Assent, see **s. 186(6)**
I1530 Sch. 19 para. 2 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)
I1531 Sch. 19 para. 3 not in force at Royal Assent, see **s. 186(6)**
I1532 Sch. 19 para. 3 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Licence conditions

4 (1) The regulations may make provision for the grant of a licence subject to conditions.

(2) Provision of the kind mentioned in sub-paragraph (1) may—

(a) enable a local authority to attach conditions to a licence;

(b) require a local authority to attach to a licence a condition specified in the regulations.

Commencement Information
I1533 Sch. 19 para. 4 not in force at Royal Assent, see **s. 186(6)**
I1534 Sch. 19 para. 4 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Duration of licence etc

5 (1) The regulations may make provision about the duration, renewal, variation, suspension or revocation of licences.

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

Commencement Information
I1535 Sch. 19 para. 5 not in force at Royal Assent, see **s. 186(6)**
I1536 Sch. 19 para. 5 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Reviews and appeals

6 The regulations may make provision for—

(a) the review of decisions under the regulations;

(b) appeals against decisions under the regulations.

Commencement Information
I1537 Sch. 19 para. 6 not in force at Royal Assent, see **s. 186(6)**
I1538 Sch. 19 para. 6 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Offences

7 (1) The regulations may create offences in relation to—

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

(a) the breach of a prohibition imposed by virtue of section 180(1);
(b) the breach of a condition attached to a licence;
(c) the provision of false or misleading information to a local authority in connection with anything done under the regulations.

(2) The regulations must provide for any such offence to be punishable on summary conviction with a fine or a fine not exceeding an amount specified, or determined in accordance with, the regulations.

Commencement Information
I1539 Sch. 19 para. 7 not in force at Royal Assent, see **s. 186(6)**
I1540 Sch. 19 para. 7 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Financial penalties

8 (1) The regulations may confer power on a local authority to impose a financial penalty in relation to—
(a) the breach of a prohibition imposed by virtue of section 180(1);
(b) the breach of a condition attached to a licence.

(2) The amount of the financial penalty is to be specified in, or determined in accordance with, the regulations.

(3) If the regulations confer power to impose a financial penalty in respect of conduct for which a criminal offence is created under the regulations, they must provide that a person is not liable to such a penalty in respect of conduct for which the person has been convicted of the offence.

(4) If the regulations confer power to impose a financial penalty they must include provision—
(a) requiring the local authority, before imposing a financial penalty on a person, to give the person written notice (a "notice of intent") of the proposed financial penalty;
(b) ensuring that the person is given an opportunity to make representations about the proposed financial penalty;
(c) requiring the local authority, after the period for making representations, to decide whether to impose the financial penalty;
(d) requiring the local authority, if it decides to impose the financial penalty, to give the person notice in writing (a "final notice") imposing the penalty;
(e) enabling a person on whom a financial penalty is imposed to appeal to a court or tribunal in accordance with the regulations;
(f) as to the powers of the court or tribunal on such an appeal.

(5) The provision that may be made by the regulations by virtue of sub-paragraph (1) includes provision—
(a) enabling a notice of intent or final notice to be withdrawn or amended;
(b) requiring the local authority to withdraw a final notice in circumstances specified in the regulations;
(c) for a financial penalty to be increased by an amount specified in or determined in accordance with the regulations in the event of late payment;

(d) as to how financial penalties are recoverable.

Commencement Information
I1541 Sch. 19 para. 8 not in force at Royal Assent, see **s. 186(6)**
I1542 Sch. 19 para. 8 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Enforcement

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

Commencement Information
I1543 Sch. 19 para. 9 not in force at Royal Assent, see **s. 186(6)**
I1544 Sch. 19 para. 9 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Fees

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

Commencement Information
I1545 Sch. 19 para. 10 not in force at Royal Assent, see **s. 186(6)**
I1546 Sch. 19 para. 10 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Guidance

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

Commencement Information
I1547 Sch. 19 para. 11 not in force at Royal Assent, see **s. 186(6)**
I1548 Sch. 19 para. 11 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Interpretation

12 (1) In this Schedule—

"grant", in relation to a licence, includes vary or renew;
"licence" means a personal licence or premises licence;
"personal licence" has the meaning given by section 180(2);
"premises licence" has the meaning given by section 180(2).

(2) Nothing in this Schedule is to be read as limiting the scope of the power to make regulations under section 180.

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Changes to legislation: *There are currently no known outstanding effects for the Health and Care Act 2022. (See end of Document for details)*

Commencement Information

I1549 Sch. 19 para. 12 not in force at Royal Assent, see **s. 186(6)**

I1550 Sch. 19 para. 12 in force at 1.7.2022 by S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30)

Status:
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Changes to legislation:
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