

Restoring the NHS in England as an accountable public service:

The proposed NHS Reinstatement Bill

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PART 1 SERVICES, ADMINISTRATION AND ACCOUNTABILITY

Duties of the Secretary of State

1 Secretary of State's duties as to the health service

For section 1 of the **National Health Service Act 2006** (Secretary of State's duty to promote comprehensive health service) substitute—

“1 Secretary of State's duty as to the health service

(1) It shall be the duty of the Secretary of State to promote in England a comprehensive health service designed to secure improvement—

(a) in the physical and mental health of the people of England, and

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

and for that purpose to provide or secure the effective provision of services in accordance with this Act.

*(2) The services so provided must be free of charge except in so far as the making and recovery of charges is expressly provided for, by or under any enactment, **whenever passed**,*

*(3) The provision of **health services and of social care services shall be integrated** in accordance with this Act.*

*(4) For the purposes of Protocol (No 26) to the Treaty on European Union (Services of General Interest), **the comprehensive health service referred to in subsection (1) above is a non-economic service of general interest.**”*

Commented [H1]: 2006 is already mid-privatisation – multiple written and spoken requests about why 2006 is mentioned 34 times in this document have been answered only with a statement that parts of the 1990 NHS & Community Care Act 1990 have also been repealed, to remove the internal market. The rest of that privatising 1990 act is not disturbed, nor the Health Act 2009's Unsustainable Providers' Regime, created solely to legalise sale of NHS hospitals to private sector owners. The drafting lawyers' choice to take the NHS back to an adjusted 2006 position (instead of opting for TTIP-proofing via renationalisation) would keep the NHS in compliance with 2006 commitments to the EU entered into without alerting the public: the NHS commissioning rules introduced by Mark “the NHS will be shown no mercy” Britnell while he was Director of NHS commissioning in 2006.

Commented [H2]: Accommodates the possibility of future charging. Charging, on its own, would bring an otherwise exempt (nationalised) NHS within TTIP's grasp.

Commented [H3]: The Government plans to complete the privatisation of the NHS through this integration of health and social care. See <https://www.gov.uk/government/speeches/better-care-fund-and-improving-care>
To assist NHS privatisation, first the DHSS was split into DSS and DH, and the activities of the less-sensitive DSS were largely privatised, see Southern Cross care home scandal for asset stripping of DSS by private equity firms <http://www.bmj.com/content/342/bmj.d3760>

Now that DSS work is mainly privatised, the DH & DHSS will be remerged for the completion of the ongoing NHS privatisation.

Commented [H4]: Unfortunately, exempt status is a matter of meeting conditions, rather than of declaration. To meet the conditions for this exempt status from EU competition law, the NHS will need to be fully renationalised, that is all laws back to Bevan repealed, and a fully tax-funded, 100% publicly delivered healthcare service with no marketization reinstated by law. The declaration made here is without effect, except to mislead readers that the NHS would hereby achieve the EU's competition-law exempt status of “a non-economic service of general interest”.

2 Abolition of the duties of autonomy

Sections 1D and 13F of the National Health Service Act 2006 (duties as to promoting autonomy) are repealed.

Duties as to certain services

3 Secretary of State's duty to provide certain services

(1) For section 3 of the National Health Service Act 2006 (Duties of clinical commissioning groups as to commissioning certain health services) substitute—

“3 *Secretary of State's duty to provide certain services*

(1) The duty of the Secretary of State under section 1(1) to provide or secure the effective provision of services includes—

- (a) the duty of the Secretary of State imposed by subsection (2) below;*
- (b) his functions in relation to high security psychiatric services in accordance with section 4 below;*
- (c) his functions in Part 4 (medical services), Part 5 (dental services), Part 6 (Ophthalmic services) and Part 7 (Pharmaceutical services and local pharmaceutical services) below;*
- (d) his functions in relation to other services in accordance with section 5 below;*
- (e) his functions in relation to public health under section 6 below; and*
- (f) his functions in relation to information services in accordance with section 7(2).*

(2) It is the Secretary of State's duty to provide throughout England, to such extent as he considers necessary to meet all reasonable requirements—

- (a) hospital accommodation;*
- (b) other accommodation for the purpose of any service provided under this Act;*
- (c) medical, dental, nursing, ambulance and mental health services;*
- (d) such other facilities for the care of expectant and nursing mothers and young children as he considers are appropriate as part of the health service;*
- (e) such 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 he considers are appropriate as part of the health service;*
- (f) such other services as are required for the diagnosis and treatment of illness.*

(3) The Secretary of State may provide or secure the provision of anything mentioned in subsection (2) above outside England.

(4) Subsection (2) does not affect the provisions of Parts 4-7 (which relate to arrangements with practitioners for the provision of medical, dental, ophthalmic and pharmaceutical services). ”

(2) Section 3 (Duties of clinical commissioning groups as to commissioning certain health services) and section 3A (Power of clinical commissioning groups to commission certain health services) of the National Health Service Act 2006 are repealed.

Commented [H5]: We should not be repealing parts of these privatising acts, but their entirety. Furthermore, many privatising acts that we need to repeal to protect the NHS from TTIP have been omitted from this bill, especially the Health Act 2009 which will be used to privatise our hospitals as soon as the PFI debts have been shifted off them.

For this Bill to do the “saving the NHS” job that it promises, it will need to change dramatically, to a list repealing all marketising NHS Acts. Bevan resigned over changes introduced by Gaitskell in 1953 for very good reason – we need to renationalise the NHS, to restore a 100% tax-funded 100% non-charging public sector NHS if we are to save it.

4 High security psychiatric services

In section 4(1) of the National Health Service Act 2006, for the words “The Board must arrange for the provision of” substitute the words “The Secretary of State’s duty under section 1(1) includes a duty to provide and maintain”.

5 Other services

Schedule 1 of the National Health Service Act 2006 is repealed and substituted by Schedule 1 of this Act.

Commented [H6]: Which would have the effect of privatising NHS Blood and Transplant, see Schedule 1 below

6 Public health functions

- (1) The Secretary of State must throughout England—
- (a) protect the public from disease or other dangers to health;
 - (b) improve the health of the people; and
 - (c) reduce health inequalities,
- as an integral part of the comprehensive health service referred to in section 1(1) of the National Health Service Act 2006.
- (2) For the purposes of the Secretary of State’s duty under subsection (a) above, he shall—
- (a) conduct research or such other steps as the Secretary of State considers appropriate for advancing knowledge and understanding;
 - (b) provide microbiological or other technical services (whether in laboratories or otherwise);
 - (c) provide vaccination, immunisation or screening services;
 - (d) provide other services or facilities for the prevention, diagnosis or treatment of physical and mental illness;
 - (e) provide training;
 - (f) provide evidence-based information and advice;
 - (g) make available the services of any person or any facilities.
- (3) For the purposes of the Secretary of State’s duty under subsection (b) above, he shall—
- (a) provide evidence-based information and advice;
 - (b) provide services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
 - (c) provide services or facilities for the prevention, diagnosis or treatment of physical and mental illness;
 - (d) provide assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
 - (e) provide or participate in the provision of training for persons working or seeking to work in the field of health improvement;
 - (f) make available the services of any person or any facilities;
 - (g) promote healthy schools, including the appointment of health professionals designated as public health advisers to schools and to the school population and the adoption of standards;
 - (h) promote healthy workplaces.
- (4) For the purposes of the Secretary of State’s functions under this Act he shall establish and maintain systems for the collection, monitoring, analysis and publication of information and data about the planning and provision of community, primary care and acute services and about inequalities in—
- (a) access to health services;
 - (b) outcomes achieved by the provision of health services;

- (c) social factors (including employment, housing and family circumstances) which may affect health;
- (d) lifestyle factors (including diet, exercise, use of tobacco, consumption of alcohol, and misuse of drugs or solvents) which may affect health,

and in exercising his other functions under this Act he shall have regard to such information and data, and to the need to reduce such inequalities.

(5) The Secretary of State shall make regulations requiring any other body or person performing functions under enactments specified in those regulations to have regard to such information and data and to the need to reduce such inequalities.

(6) Regulations under this section shall provide for the Secretary of State to delegate his duties under section 6(1) and Schedule 1 to a Special Health Authority to be known as Public Health England; to NHS England; and, in relation to their area, to a local authority or Health Board under a public health scheme referred to in section 9(5)(b)(ii) below.

Administration

7 Distribution of functions

(1) There shall be established—

(a) by orders under section 28 of the National Health Service Act 2006 a Special Health Authority to be known as—

- (i) the National Health Service England Authority, with Regional Committees, in accordance with and having the functions delegated to it and referred to in section 8 below;
- (ii) Public Health England, having the functions delegated to it in accordance with regulations under section 6 above;
- (iii) the Health and Social Care Information Centre, in accordance with and having the functions delegated to it in accordance with regulations, including the collection, analysis, use and dissemination of information and the issuing of administrative identification numbers.

(b) Health Boards in accordance with and having the functions referred to in section 9.

(2) Part 9 (Health and Social Care Services: Information) of the Health and Social Care Information Act 2012 shall be repealed upon the making of the order referred to in section 7(1)(a)(iii).

8 NHS England and Regional Committees

(1) Subject to section 24(3) below, the National Health Service Commissioning Board is abolished.

(2) The Special Health Authority known as The National Health Service England Authority (referred to in this Act as “NHS England”) established pursuant to section 7(a) above shall have a number of Regional Committees covering the whole of England.

(3) The Secretary of State shall make regulations in relation to the establishment of NHS England and its Regional Committees, including their membership, appointments, pay and allowances, staff, committees and sub-committees.

(4) NHS England shall exercise on behalf of the Secretary of State

- (a) his duty in section 1(1), and, to the extent relevant, his duty under section 3(2), of the National Health Service Act 2006, by providing or securing effective provision of the services or facilities referred to in subsection (5) below in accordance with regulations made by the Secretary of State;
- (b) his functions in Parts 4-7 of the National Health Service Act 2006 for the provision of medical, dental, ophthalmic and pharmaceutical services, provided that the power to make arrangements for primary medical services with any person under section 83(2) shall not extend to entering into contracts with commercial companies;
- (c) his functions under section 6 in relation to public health and under Schedule 1 in accordance with regulations made by the Secretary of State.

(5) The services or facilities referred to in subsection (4)(a) are—

- (a) dental services of a prescribed description;
- (b) services or facilities for members of the armed forces or their families;
- (c) services or facilities for persons who are detained in a prison or in other accommodation of a prescribed description;
- (d) such other services or facilities as may be prescribed that—
 - (i) support Health Boards and other Special Health Authorities in discharging their functions, or
 - (ii) are more appropriate for NHS England to provide or secure effective provision of rather than the Secretary of State or Health Boards.

(6) In deciding for the purposes of subsection (5)(d)(ii) whether it would be appropriate, the Secretary of State must have regard to—

- (a) the number of individuals who require the provision of the service or facility;
- (b) the cost of providing the service or facility;
- (c) the number of persons able to provide the service or facility; and
- (d) the financial implications of NHS England providing or securing effective provision of the service rather than any of the other persons or bodies mentioned in that subsection.

(7) Before deciding whether to make regulations under subsection (4)(a), the Secretary of State must—

- (a) obtain advice appropriate for that purpose, and
- (b) consult NHS England.

(8) The reference in subsection (5)(b) to members of the armed forces is a reference to persons who are members of—

- (a) the regular forces within the meaning of the Armed Forces Act 2006, or
- (b) the reserve forces within the meaning of that Act.

(9) The Secretary of State may also make regulations containing directions to NHS England relating to their functions under this section in accordance with section 12 below.

(10) NHS England shall perform its functions through its Regional Committees, save to the extent that regulations provide otherwise.

(11) The Secretary of State may make regulations that provide otherwise where he considers that it is more appropriate for a service or facility to be provided, or for its effective provision to be secured, on a national basis rather than on regional bases.

(12) NHS England may make arrangements with voluntary organisations for the provision of the services or facilities referred to in subsection (5).

(13) In this Act, “health service body” means any of the following—

- (a) NHS England, including one or more of its Regional Committees,
- (b) a Health Board,

Commented [H7]: This position is currently occupied by ex-UnitedHealth Vice-President Simon Stevens, who is to preside over the planned transfer of the NHS to UnitedHealth monopoly control. Prior to taking up his post with UH, he attracted criticism for lobbying on their behalf for them to have a larger role in the NHS, which resulted in UH being named a “preferred provider” to the NHS.

What is proposed for removing this corrupt influence in the NHS?

Attention to Simon Stevens’ CV since his time as health advisor to New Labour shows that he and UnitedHealth have been planned formally into the NHS privatisation since at least the early 2000s.

See clause 12 below.

- (c) a Special Health Authority,
- (d) a Local Health Board,
- (e) a Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978 (c. 29),
- (f) a Special Health Authority constituted under that section,
- (g) a Health and Social Services Board constituted under the Health and Personal Social Services (Northern Ireland) Order 1972 (S.I. 1972/1265 (N.I.14)),
- (h) the Common Services Agency for the Scottish Health Service,
- (i) the Wales Centre for Health,
- (j) the Care Quality Commission,
- (k) NICE,
- (l) the Health and Social Care Information Centre,
- (m) the Scottish Dental Practice Board,
- (n) the Secretary of State,
- (o) the Welsh Ministers,
- (p) the Scottish Ministers,
- (q) Healthcare Improvement Scotland,
- (r) the Northern Ireland Central Services Agency for the Health and Social Services established under the Health and Personal Social Services (Northern Ireland) Order 1972,
- (s) a special health and social services agency established under the Health and Personal Social Services (Special Agencies) (Northern Ireland) Order 1990 (S.I. 1990/247 (N.I.3)),
- (t) a Health and Social Services trust established under the Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I.1)),
- (u) the Department of Health, Social Services and Public Safety.

(14) An arrangement made by NHS England under this section shall not be regarded as giving rise to contractual rights or liabilities and the Public Contracts Regulations 2006 shall not apply to it.

(15) Further consequential amendments to Parts 4-7 of the National Health Service Act 2006 shall be made in accordance with the National Health Service (Consequential Provisions) Act 2015.

9 Health Boards

(1) There shall be Health Boards for areas of England established in accordance with subsections (2)-(4) and Schedule 2 below.

(2) One or more local authorities, including elected mayors, may prepare and submit to the Secretary of State a draft scheme for his approval in accordance with regulations for—

- (a) establishing a Health Board for the area of the authority or authorities, including its membership;
- (b) transferring functions to and for the transparent performance of services by the Health Board; and
- (c) management within the Health Board.

(3) It shall be the duty of the National Health Service Commissioning Board, and of clinical commissioning groups, NHS trusts and NHS foundation trusts in the area of such authority or authorities to cooperate with and assist them in preparing the draft scheme.

(4) Regulations shall:

- (a) provide that any other person in such an area, including patients, clinicians and other staff employed in providing health services, voluntary organisations, trade unions and academics, may participate in preparing the draft scheme;
- (b) set out the procedure for preparation, submission and approval of the draft scheme, including provisions relating to non-submission and re-submission, and may require the draft scheme to include proposals for a constitution for the Health Board;
- (c) confer on the Secretary of State a power to adopt a scheme in default of submission or re-

Commented [H8]: • New Duty to integrate

- Section 12 autonomy

• Entire Health board creation from scratch left up to Local Authority lead (so Health and Wellbeing Boards and their advisors), with NHS England and CCGs support - they can even write their constitution! So they will be set up by the bodies with their respective duties created by the 2012 Act - and importantly the transfer of pooled budget. The creation of these Health Boards will have the effect of fast-tracking NHS reconfiguration i.e. privatisation on insurance lines under the control of UnitedHealth.

Together these entrench the privatisation plan and fast-track it. This explains the current situation:
<http://www.spinwatch.org/index.php/issues/lobbying/item/5769-nhs-the-foxes-have-control>

Here is a summary of some of the history of this corruption:
<http://www.spinwatch.org/index.php/issues/lobbying/item/5759-the-privatising-cabal-at-the-heart-of-our-nhs>

submission, or where the power under section 9(2) is not exercised;
(d) impose a duty on the Secretary of State to approve or adopt such schemes no later than 1 January 2018.

(5) A Health Board shall have the following functions—

(a) the duty to exercise on behalf of the Secretary of State his duty in section 1(1) of the National Health Service Act 2006 by exercising his functions under the following provisions of that Act—
(i) section 3(2)(a) and (b), with respect to the provision of hospital and other accommodation for the purposes of any service provided under the Act;
(ii) section 3(2)(c), with respect to the provision of medical, dental, nursing, ambulance and mental health services;
(iii) section 3(2)(d), with respect to the provision of facilities for the care of expectant and nursing mothers and young children;
(iv) section 3(2)(e), with respect to the provision of facilities for the prevention of illness and the aftercare of persons who have suffered from illness;
(v) section 3(2)(f), with respect to the provision of such other services as are required for the diagnosis and treatment of illness;
(vi) Schedule 1 of this Act, with respect to the other services referred to therein, and
(vii) Schedule 3 of this Act, with respect to the additional functions set out therein, and for those purposes to assess needs, plan services to meet those needs, set clinical standards, match funding to delivery, capture information to support the various stages of the cycle, and ensure accountability;

(b) the duty to prepare jointly with the local authority or authorities for its area in accordance with regulations—

(i) a public health scheme for the purposes of exercising the functions of the Secretary of State under section 6(1) above, in consultation with Public Health England and NHS England; and
(ii) an integration scheme for the purposes of integrating the provision of health services and of social care services, and of more closely integrating health-related services;

(6) The Secretary of State may also make regulations containing directions to Health Boards relating to their functions under this section in accordance with and subject to section 12 below.

(7) A Health Board may make arrangements with voluntary organisations for the provision of the services or facilities referred to in subsection (5) above.

(8) “Health service body” has the same meaning as in section 8(13) above.

(9) An arrangement made by a Health Board under this section shall not be regarded as giving rise to contractual rights or liabilities and the Public Contracts Regulations 2006 shall not apply to it.

(10) In exercising its functions, a Health Board shall consult with and have regard to the views of the Community Health Council.

10 Administration of medical, dental, ophthalmic and pharmaceutical services

It is the duty of each Health Board in accordance with regulations—

(a) to administer the arrangements made under Parts 4-7 of the National Health Service Act 2006 for the provision of medical, dental, ophthalmic and pharmaceutical services for the area of the Board, and

(b) to perform such other functions relating to those services as may be prescribed.

11 Special Health Authorities

(1) If the Secretary of State considers that a special body should be established for the purpose of performing any functions which he may direct the body to perform on his behalf, or on behalf of NHS England (including on behalf of one or more of its Regional Committees) or of a Health Board he

- may by order establish a body for that purpose in accordance with section 28 (Special Health Authorities) of the National Health Service Act 2006.
- (2) An order under subsection (1) shall be accompanied by a statement explaining how bureaucracy will be reduced as a consequence of such an order.
- (3) Section 28A of the National Health Service Act 2006 is repealed.

12 Directions

- (1) Subject to subsections (3) and (6), the Secretary of State may direct any of the bodies mentioned in subsection (2) to exercise any functions relating to the health service which are specified in the directions, and may also give directions to any such body about its exercise of any functions or about its provision of services under arrangements referred to in subsection (2)(f).
- (2) These bodies are—
- (a) NHS England, including any or all of its Regional Committees,
 - (b) a Health Board,
 - (c) a Special Health Authority,
 - (d) the National Institute for Health and Care Excellence,
 - (e) the Health and Social Care Information Centre, and
 - (f) any other body or person providing services in pursuance of prescribed arrangements.
- (3) In exercising his power under subsection (1), the Secretary of State must have regard to the desirability, so far as consistent with the interests of the health service and relevant to the exercise of the power in all circumstances—
- (a) of protecting and promoting the health of patients and the public,
 - (b) of any bodies mentioned in subsection (2) being free, in exercising its functions or providing services in accordance with its duties and powers, to do so in the manner that it considers best calculated to promote the comprehensive service referred to in section 1 (1) of the National Health Service Act 2006, and
 - (c) of ensuring co-operation between the bodies mentioned in subsection (2) in the exercise of their functions or provision of services.
- (4) If, in having regard to the desirability of the matters referred to in subsection (3) the Secretary of State considers that there is a conflict between those matters and the discharge of his duties under section 1 of the National Health Service Act 2006, he must give priority to the duties under that section.
- (5) Directions under this section must be contained in regulations, except in an emergency, but cannot as directions modify the terms of any enactment.
- (6) Nothing in this section, or in any other provision of this Act, shall affect the ability of staff in any health service body or local authority to perform their duties other than to the highest standards of professional and scientific independence, rigour and integrity; and their professional autonomy and right to participate in scientific and public debate on matters relating to health and health services is guaranteed.

Abolition of bodies following approval of draft schemes

13 Abolition of clinical commissioning groups

- (1) Subject to section 24(3) below, clinical commissioning groups are abolished.
- (2) Chapter A2 of the National Health Service Act 2006 (Clinical Commissioning Groups)

Commented [H9]: The Secretary of State's Duty here is made meaningless in practice as he is not in charge of how his Duty is carried out. The autonomy of NHS England is preserved as the insurance man heading it is free to interpret what a "comprehensive" service is and the manner in which this is made available to the public. It allows UH's Simon Stevens to use Section 12 to argue that NHS England's actions carry out the Duty 'in the manner it considers best'.

Commented [H10]: If the Secretary of State doesn't like what NHS England does, and wants to do something about it, looking at the duties won't help because the issue is about the interpretation of a "comprehensive" health "service". Also it aids UnitedHealth, via its control of NHS England, as Section 1 makes integration of health and social care a new duty, without spelling out how this should be done. This integration of medical care with already-privatised social care is an important part of the covert privatisation of the NHS. The DHSS was split in the first place to allow the privatisation of the easier component, social care, while setting up the potential for the currently recommended recombination at the time of whole system privatisation represented by passage of the Health and Social Care Act 2012.

The planned integration of health and social care (see Simon Stevens' "Five-year Plan for the NHS, link: <https://www.opendemocracy.net/ournhs/caroline-molloy/nhs-boss-stevens-and-ttip-lobbyists>) is the route by which the Government is planning to complete the privatisation of the NHS, as set out by the Adam Smith institute in 1988 in The Health of Nations and a series of other papers, including this one (HMIUs have since been renamed "Clinical Commissioning Groups"): http://www.adamsmith.org/wp-content/uploads/Managing_Better_Health.pdf

Commented [H11]: Cements NHS England's autonomy. NHS England in their role of performing the SoS's Duty is guaranteed independence. No part of this Act affects NHS England's ability to perform their Duties with full independence and autonomy guaranteed.

The Secretary of State may have the duty to provide a comprehensive service, but this part cements UnitedHealth-controlled NHS England's ability to claim two things: that it is best placed in its professional capacity to interpret what a comprehensive service is, and that it also has the right under Section 12 to independence in discharging its duty to provide it.

(sections 14A to 14Z24) is repealed.

(3) Further consequential amendments shall be made in accordance with the National Health Service (Consequential Provisions) Act 2015.

(4) On the day this section is commenced by order the property, rights and liabilities of clinical commissioning groups shall vest in the Secretary of State or in any other health service body determined by him in accordance with regulations made under this section.

14 Abolition of NHS trusts

(1) Subject to section 24(3) below, the Secretary of State shall exercise his power under paragraph 28(1) of Schedule 4 of the National Health Service Act 2006 to dissolve by order all NHS trusts.

(2) The following provisions of Part 3 of Schedule 4 of the National Health Service Act 2006 (NHS trusts established under section 25: Dissolution) shall apply to dissolution under subsection (1):

(a) paragraph 28(3) (such prior consultation as may be prescribed),

(b) paragraph 29 (transfer by order of properties, liabilities and employed staff to himself or an NHS body), and

(c) paragraph 30 (responsibility for continued payment of pension, allowances and gratuities).

(3) Chapter 3 of Part 2 of the National Health Service Act 2006 (Health Service Bodies: NHS trusts) (sections 25 to 27) is repealed, including save as aforesaid Schedule 4, and including Schedule 5 thereof (Financial provision about NHS trusts).

(4) Part 4 (NHS foundation trusts and NHS trusts) of the Health and Social Care Act 2012 is repealed, and further consequential amendments shall be made in accordance with the National Health Service (Consequential Provisions) Act 2015.

15 Abolition of NHS foundation trusts

(1) Subject to section 24(3) below, NHS foundations trusts are abolished.

(2) Chapter 5 of Part 2 of the National Health Service Act 2006 (Health Service Bodies: NHS foundation trusts) (sections 30 – 65) is repealed.

(3) On the day this section is commenced by order the property, rights and liabilities of NHS foundation trusts shall vest in the Secretary of State or in any other health service body determined by him in accordance with regulations made under this section.

(4) Further consequential amendments shall be made in accordance with the National Health Service (Consequential Provisions) Act 2015.

16 Terms and conditions of staff transfers

(1) The Secretary of State shall make regulations determining the terms and conditions relating to the transfer of staff as the result of abolition of any of the bodies referred to in sections 13, 14 and 15, including terms and conditions relating to eligibility for redundancy payments.

(2) Before making those regulations, he shall consult with representatives of those staff.

(3) In making those regulations he shall have regard to the need to minimise loss of skills and disruption.

Commented [H12]: What about also repealing the TSA provisions of Health Act 2009 (the pseudo-insolvency rules that are being used to privatise hospitals)?

Accountability

17 Community Health Councils

(1) It shall be the duty of the Secretary of State to establish in accordance with this section a Council for the area of each Health Board or separate Councils for such separate parts of the areas of those Boards as he thinks fit; and such a council shall be called a Community Health Council (and is hereafter referred to as a "Council").

- (2) It shall be the duty of a Council—
- (a) to represent the interests in the health service of the public in its area; and
 - (b) to perform such other functions as may be conferred on it under Schedule

(3) Schedule 4 shall have effect.

PART 2

REGULATION OF HEALTH AND ADULT SOCIAL SERVICES

18 Abolition of Monitor, competition, licensing, pricing, health special administration etc.

(1) Subject to subsection (2), ~~Monitor is abolished.~~

(2) Subsection (1) shall come into effect by order of the Secretary of State.

(3) The order under subsection (2) shall also repeal the provisions of Part 3 (Regulation of health and adult social care services) of the Health and Social Care Act 2012, including:

(a) sections 62-71 (Chapter 1, Monitor), including The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 made under section 75;

~~(b) sections 72-80 (Chapter 2, Competition);~~

(c) sections 81-114 (Chapter 3, Licensing);

(d) sections 115-127 (Chapter 4, Pricing);

(e) sections 128-133 (Chapter 5, Health Special Administration);

(f) sections 134-146 (Chapter 6, Financial assistance in special administration cases); and

(g) sections 147-150 (Chapter 7, Miscellaneous).

19 Continuity of mandatory services

Conditions in a licence issued to an NHS foundation trust by Monitor pursuant to section 87(3) of the Health and Social Care Act 2012 which purport to have the effect by April 2016 of modifying, designating or ceasing services which that trust was obliged to provide under its previous authorisation given pursuant to section 35 of the National Health Service Act 2006 shall be void and of no effect.

PART 3

TERMS AND CONDITIONS

20 National terms and conditions

(1) Subject to subsection (2), staff employed in providing NHS services shall be employed on terms and conditions in accordance with the arrangements of the NHS Staff Council and the Agenda

Commented [H13]: Too little to protect against TTIP, just enough to legalise the impending UnitedHealth monopoly of commissioning.

Commented [H14]: There is no point in abolishing Monitor, since on doing so, all of its EU competition law enforcement functions automatically relocate to the Office of Fair Trading.

Commented [H15]: This change will legalise the monopoly takeover of the NHS (via its control of the "commissioning" process, i.e. paying hospitals etc for medical care) by UnitedHealth which is now underway and which is currently illegal because of these specific provisions.

This is the same privatisation manoeuvre as put in the recent backbencher's "Efford Bill". The removal of the competition provisions from the Health and Social Care Act is being marketed to activists and the public as "saving the NHS" but it will instead legalise UnitedHealth's covert monopoly takeover of NHS commissioning that has been arranged since 2000 by Simon Stevens and his insurance industry bosses.

for Change system.

(2) Subsection (1) does not apply to staff within the remit of the Doctors' and Dentists' Review Body.

(3) In subsection (1), "NHS services" means health services in England for the purposes of the health service continued under section 1(1) of the National Health Service Act 2006.

PART 4

PRIVATE FINANCE INITIATIVE

21 Centralisation and reduction of PFI obligations

(1) Section 1 of the National Health Service (Private Finance) Act 1997 shall be repealed.

(2) Subsection (1) shall not affect agreements previously entered into by an NHS trust under section 1 of that Act.

(3) The financial obligations of an—

(a) NHS trust under externally financed development agreements and associated agreements; and

(b) NHS foundation trust under similar agreements, shall become the obligations of the Treasury in accordance with regulations made under this section.

(4) The Treasury shall assess and publish the financial obligations of each NHS trust and NHS foundation trust under each such agreement and shall lay a report before each House of Parliament by 31st December 2015 setting out its proposals for reducing those obligations.

(5) In subsection (3) above—

(a) "externally financed development agreements" means agreements referred to in section 1(2) of the National Health Service (Private Finance) Act 1997;

(b) "associated agreements" means agreements entered into in connection with externally financed development agreements with a person who falls within section 1(3)(b) of the National Health Service (Private Finance) Act 1997, or any other similar agreement to make a loan or to provide any other form of finance;

(c) "similar agreements" in relation to NHS foundation trusts means agreements which, if the NHS foundation trust was an NHS trust, would be externally financed development agreements or associated agreements.

PART 5

CHARGING IMMIGRANTS FOR NHS SERVICES

22 Abolition of the Immigration Health Charge

(1) Sections 38 and 39 of the Immigration Act 2014 are repealed.

(2) Article 4(c) of The Immigration Act 2014 (Commencement No. 3, Transitional and Saving Provisions) Order 2014 is revoked.

Commented [H16]: This shifting of long-term PFI debts (like mortgages) from the soon-to be privatised hospitals will enable the privatisation to complete, using the Health Act 2009's hospital-privatising Unsustainable Provider Regime.

As with selling a house, mortgages must be removed before a new purchaser will take over a property. The new owners have required the PFIs to be removed before they will complete the agreed deals, such as German company Helios' commitment to take over 20 London hospitals as soon as they can be freed from their PFI debts.

<http://www.theguardian.com/society/2011/sep/04/german-company-takeover-nhs-hospitals>

This debt-shifting to free our hospitals for sale is essential for the City of London's agenda, i.e. the PFI lenders and middlemen's agenda, and of course that of the new owners of our hospitals.

Instead of this debt-shifting, it is vital that the Treasury instead funds those debt costs in situ, without shifting the PFI contracts. This could easily be arranged by means of a single annual payment from the Treasury each year, exactly sufficient to cover the cost of the annual unified charge that is the only payment for PFI.

PART 6

TREATIES

23 Treaty requirements

- (1) No treaty which requires the United Kingdom—
- (a) to change; or
 - (b) to limit the powers of the United Kingdom in respect of NHS legislation shall be signed or agreed unless any such changes or limits have been approved by—
 - (i) in relation to England, an Act of Parliament;
 - (ii) in relation to Scotland, an Act of the Scottish Parliament;
 - (iii) in relation to Wales, an Act of the National Assembly for Wales; and
 - (iv) in relation to Northern Ireland, an Act of the Northern Ireland Assembly.
- (2) The Secretary of State shall review the current international legal obligations of the United Kingdom, if any, which impose requirements or conditions that affect—
- (a) the competence of Parliament or the devolved legislatures;
 - (b) the performance of his functions, the functions of the devolved authorities, or the functions of health service bodies,
- in relation to the health service, including to NHS legislation.
- (3) If, whilst conducting that review, the Secretary of State is of the view that there are such obligations he shall include in the report referred to in subsection (5) below—
- (a) an explanation of each such obligation and its operation in practice; and
 - (b) his evaluation of how, if at all, such obligations have affected the provision and organisation of the health service.
- (4) Whilst conducting his review the Secretary of State shall consult with the devolved authorities.
- (5) The Secretary of State shall lay before Parliament no later than 31 December in any year an annual report setting out the results of his review, the matters referred to in subsection (3) above, the results of consultations under subsection (4) above and any statements requested by the devolved authorities to be included in the report in relation to such matters.
- (6) In this section—
- (a) “to change” means to amend, repeal, introduce or otherwise to change;
 - (b) “devolved authorities” means the Scottish Ministers, the Welsh Ministers and a Minister within the meaning of the Northern Ireland Act 1998 or a Northern Ireland department;
 - (c) “devolved legislatures” means the Scottish Parliament, the National Assembly for Wales and the Northern Ireland Assembly;
 - (d) “health service” means—
 - (i) as regards England, the comprehensive health service which must be continued under section 1(1) of the National Health Service Act 2006;
 - (ii) as regards Scotland, the comprehensive and integrated health service that must be continued under section 1(1) of the National Health Service (Scotland) Act 1978;
 - (iii) as regards Wales, the comprehensive health service that must be continued under section 1(1) of the National Health Service (Wales) Act 2006; and
 - (iv) as regards Northern Ireland, the integrated health services and personal social services that must be provided or secured under Article 4 of the Health and Personal Social Services (Northern Ireland) Order 1972;
 - (e) “NHS legislation” means any primary legislation passed by Parliament or the devolved legislatures, and any secondary legislation enacted by the Secretary of State or the devolved

authorities relating to the health service;

(f) “treaty” means a written agreement between States or between States and international organisations which is binding under international law and includes any protocol, annex or schedule to or an amendment or replacement of such an agreement and includes a regulation, rule, measure, decision or similar instrument made under a treaty, which has the effect mentioned in subsection (1).

PART 7

FINAL PROVISIONS

24 Commencement and transitional arrangements

(1) Section 1 of this Act shall come into force on the day on which this Act is passed.

(2) Subject to subsection (3) below, the other provisions of this Act shall be brought into force on such day as the Secretary of State may by order appoint that is not later than twelve months from the day on which this Act is passed; and different days may be appointed for different provisions and for different purposes (including different areas).

(3) Section 8(1) (abolition of The National Health Service Commissioning Board), section 13(1) (abolition of clinical commissioning groups), section 14(1) (abolition of NHS trusts) and section 15 (abolition of NHS foundation trusts) shall not be brought into force until approval or adoption of a scheme by the Secretary of State pursuant to regulations made under section 9(4) above.

25 Further and consequential amendments etc.

Further and consequential amendments, repeals, revocations, transitional and transitory modifications and savings shall be made in the National Health Service (Consequential Provisions) Act 2015.

26 Interpretation

Expressions used in this Act which are also in the National Health Service Act 2006 and in the Health and Social Care Act 2012 shall have the same meanings as the meanings given to those expressions under those Acts.

27 Short title and extent

(1) This Act may be cited as the National Health Service Reinstatement Act 2015.

(2) This Act extends to England, and, in relation to section 23, to Scotland, Wales and Northern Ireland.

Commented [H17]: This is all a red herring. As explained above, treaty exemption does not work in this way, by declaration. The conditions for achieving exemption relate to the activities of the system, not to government statements.

In order to meet the exemption criteria, the system concerned must be a pure public service, with no way for external commercial parties to make money from it. The argument that the trade lobby has set up for companies to use to claim an entitlement to compete to be paid from public services is that if any company can make money from a public service, then all companies should be able to compete for its resources.

The only way to avoid this siphoning of funds out of the NHS into private company profits is to ensure that no profits can be made from the provision of NHS services at all, by anyone, i.e. only fully nationalised public services are safe from predation enabled by TTIP and the EU competition law regime.

To save the NHS from TTIP, we must renationalise it.

This would also save the quarter of its budget which is now being spend on market administration, and would keep the public safe from abuse by profiteers exploiting the NHS:
<http://www.independent.co.uk/life-style/health-and-families/health-news/nhs-faces-huge-bill-over-private-provider-s-botched-eye-operations-9670101.html>

SCHEDULES

Schedule 1 – Further provision about the Secretary of State and services

Schedule 2 - Health Boards

Schedule 3 – Health Boards: Additional Functions

Schedule 4 - Community Health Councils

SCHEDULE 1

Section 5 FURTHER PROVISION ABOUT THE SECRETARY OF STATE AND SERVICES

Medical inspection of pupils

1. The Secretary of State must provide for the medical inspection at appropriate intervals of pupils in attendance at schools maintained by local education authorities and for the medical treatment of such pupils.
2. (1) The Secretary of State may, by arrangement with any local education authority, provide for any medical inspection or treatment of—
 - (a) senior pupils in attendance at any educational establishment, other than a school, which is maintained by the authority and at which full-time further education is provided, or
 - (b) any child or young person who, in pursuance of section 19 or 319 of the Education Act 1996 (c. 56), is receiving primary or secondary education otherwise than at a school.
- (2) The Secretary of State may, by arrangement with the proprietor of any educational establishment which is not maintained by a local education authority, provide for any medical inspection or treatment of junior or senior pupils in attendance at the establishment.
- (3) Sub-paragraphs (1) and (2) do not affect the Secretary of State's powers apart from those sub-paragraphs.
3. An arrangement under paragraph 2(1)(b) may provide for payments by the proprietor in question.
4. A local education authority may not make an arrangement under paragraph 2(1)(a) unless the governing body of the educational establishment agrees to the arrangement.
5. (1) Sub-paragraph (2) applies to—
 - (a) each local education authority, in respect of the schools which it maintains (other than foundation, voluntary or foundation special schools), and
 - (b) each governing body of a foundation, voluntary or foundation special school, in respect of the school.
- (2) The local education authority or governing body must make available to the Secretary of State such accommodation as is appropriate for the purpose of assisting him to make provision under paragraph 1 in relation to the pupils in attendance at the schools or school in question.
6. In paragraphs 1 to 5 any expression to which a meaning is given for the purposes of the Education Act 1996 (c. 56) or the School Standards and Framework Act 1998 (c. 31) has that meaning.
7. Any charge made under regulations under this Act in respect of the supply of drugs, medicines or appliances must be disregarded for the purposes of paragraphs 1 and 2.

Supply of blood and other human tissues

8. The Secretary of State must for the purposes of the health service—
- (a) collect, screen, analyse, process and supply blood or other tissues,
 - (b) prepare blood components and reagents, and
 - (c) facilitate tissue and organ transplantation.

Weighing and measuring of children

9. The Secretary of State may, by arrangement with any local education authority, provide for the weighing and measuring of junior pupils in attendance at any school which is maintained by the authority.

10. The Secretary of State may, by arrangement with the proprietor of any school which is not maintained by a local education authority, provide for the weighing and measuring of junior pupils in attendance at that school.

11. The Secretary of State may, by arrangement with any person who is registered under Chapter 2 of Part 3 of the Childcare Act 2006 in respect of early years provision, provide for the weighing and measuring of young children for whom childcare is provided by that person.

12. In paragraphs 9 and 10 any expression to which a meaning is given for the purposes of the Education Act 1996 or the School Standards and Framework Act 1998 has the same meaning as in that Act; and paragraph 11 any expression to which a meaning is given for the purposes of Part 3 of the Childcare Act 2006 has the same meaning as in that Part.

13. The Secretary of State may by regulations—

(a) authorise the disclosure by any person with whom arrangements under paragraphs 9-11 made, to any person carrying out the weighing or measuring, of prescribed information relating to the children concerned,

(b) require any weighing and measuring provided for by the Secretary of State under paragraphs 9-11 to be carried out in a prescribed manner and after compliance with any prescribed requirements,

(c) make provision authorising any resulting information relating to a child, together with any advisory material authorised by or under the regulations, to be communicated in a prescribed manner to a person who is, or is treated by the regulations as being, a parent of the child, and

(d) make other provision regulating the processing of information resulting from any weighing or measuring provided for by the Secretary of State under paragraphs 9-11.

14. Regulations made under paragraph 13 may require any person exercising functions in relation to any weighing or measuring to which the regulations apply or in relation to information resulting from such weighing or measuring to have regard to any guidance given from time to time by the Secretary of State.

15. In paragraph 13(d), “processing”, in relation to information, has the same meaning as in the Data Protection Act 1998.

16. Regulations under paragraph 13 cannot include provision by virtue of section 272(8)(a) of the National Health Service Act 2006 amending or repealing an Act.

Contraceptive services

17. The Secretary of State must arrange, to such extent as he considers necessary to meet all reasonable requirements, for—

Commented [H18]: This replaces provisions which include every part of Schedule 1 but this one. So this small change, as the only difference between the repealed section and the new section, must contain the objective of this change. It is interesting that this change is not presented clearly alone as an addition to the NHS law, but instead is concealed within the removal and replacement of a much larger irrelevant section.

This drafting trick is presumably connected to the scandalous nature of this small new piece of law.

It will replace current practice which does not allow the sale of human blood, tissues or organs, with a provision which would permit sale of these as commodities. Note the duty to collect and supply these items, without any requirement that this shall be on a non-profit basis, nor any ban on charging

In fact, charges for blood are explicitly legalised by Schedule 3 s1f below!

- (a) the giving of advice on contraception,
- (b) the medical examination of persons seeking advice on contraception,
- (c) the treatment of such persons, and
- (d) the supply of contraceptive substances and appliances.

Provision of vehicles for disabled persons

18. The Secretary of State may provide vehicles (including wheelchairs) for persons appearing to him to be persons who have a physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

19. (1) Sub-paragraphs (2) and (3) apply in respect of—

- (a) a vehicle provided under paragraph 18 and
- (b) a vehicle belonging to a person mentioned in that paragraph.

(2) The Secretary of State may—

- (a) adapt the vehicle to make it suitable for the circumstances of the person in question,
- (b) maintain and repair the vehicle,
- (c) take out insurance policies relating to the vehicle and pay any duty with which the vehicle is chargeable under the Vehicle Excise and Registration Act 1994 (c.22),
- (d) provide a structure in which the vehicle may be kept, and provide all material and execute all works necessary to erect the structure.

(3) The Secretary of State may make payments by way of grant towards costs incurred by a person mentioned in paragraph 18 in respect of any matter mentioned in sub-paragraph (4) in relation to the vehicle.

(4) The matters are—

- (a) the taking of action referred to in sub-paragraph (2),
- (b) the purchase of fuel for the purposes of the vehicle, so far as the cost of the purchase is attributable to duties of excise payable in respect of the fuel, and
- (c) the taking of instruction in the driving of the vehicle.

(5) The powers under sub-paragraph (2) and sub-paragraph (3) may be exercised on such terms and subject to such conditions as the Secretary of State may determine.

20. Regulations may provide for any incidental or supplementary matter for which it appears to the Secretary of State necessary or expedient to provide in connection with—

- (a) the taking of action under paragraph 19(2), or
- (b) the making of any payment under paragraph 19(3).

SCHEDULE 2 HEALTH BOARDS

Establishment

1. A Health Board shall be established by order of the Secretary of State acting in accordance with section 9 and when exercising that power he shall secure—

- (a) that the regions determined in pursuance of those provisions together comprise the whole of England and that no region includes part only of any area; and
- (b) that the provision of health services in each region can conveniently be associated with a university which has a school of medicine or with two or more such universities.

2. An order made under this Schedule shall contain such provisions for the transfer of officers, property, rights and liabilities as the Secretary of State thinks fit.

3. It is the Secretary of State's duty before he makes an order to consult with respect to the order—

- (a) such bodies as he may recognise as representing officers who in his opinion are likely to be

transferred or affected by transfers in pursuance of the order; and
(b) such other bodies as he considers are concerned with the order.

Membership

4. The members of a Health Board—
(a) shall be as set out in the scheme approved by the Secretary of State under section 9, or
(b) where a scheme is adopted by the Secretary of State shall be in accordance with the following provisions of this Schedule.
5. The chair shall be appointed by the Secretary of State; and the vice-chair shall be appointed by the chair, officer members and non-officer members.
6. The officer members referred to in paragraph 7(a) below and the non-officer members referred to in paragraph 8(a) below shall be appointed jointly by the local authority and the Regional Committee of NHS England having considered any nominations made pursuant to paragraph 9 below; and the officer members referred to in paragraph 8(b) below shall be appointed ex officio.
7. The officer members shall consist of—
(a) a chief officer; a medical officer; a finance officer; a nurse officer; an officer who has responsibility for primary care services, community health services and mental health services; an officer who has responsibility for workforce and organisational development; an officer who has responsibility for the strategic and operational planning of the provision of health services; and an officer who has responsibility for therapies and health science; and
(b) the director of public health for the local authority; the director of adult social services for the local authority and the director of children's services for the local authority.
8. The non-officer members shall consist of—
(a) a person with clinical expertise; a local councillor; a voluntary organisation member; a trade union member; and a person who holds a post in a university that is related to health; and
(b) and such other persons, or representatives of such other persons, appointed by the Health Board up to a limit imposed by regulations.
9. Any person may make nominations to the local authority and the Regional Committee of NHS England for persons to be appointed officer members or non-officer members.

SCHEDULE 3 HEALTH BOARDS: ADDITIONAL FUNCTIONS

1. A Health Board shall exercise on behalf of the Secretary of State his duty in section 1(1) by exercising his functions under provisions prescribed in regulations which relate to—
- (a) arrangements for the conduct of, or assistance by grants or otherwise to any person for the conduct of, research;
(b) payment of travelling expenses;
(c) arrangements with any person or body (including a voluntary organisation) for that person or body to provide or assist in providing any service under the Act, but subject to the provisions of this Act;
(d) making available to certain persons and bodies (including voluntary organisations) facilities and services of persons employed in connection with such facilities;
(e) agreement of terms and the making of payments in respect of facilities or services provided;
(f) making available (on such terms as to charges as thought fit) supplies of human blood;
(g) supply of goods, services and other facilities to other Health Boards and other public bodies and carrying out maintenance work in connection with any land or building the maintenance of which is a local authority responsibility;

Commented [H19]: This legalises privatisation of blood supplies including charges to patients and commercial sales and purchases of NHS blood.

See Schedule 1 s8 above also for provisions superseding ban on commercial supply of human blood, tissues and organs.

- (h) making available to persons providing general medical services, general dental services, general ophthalmic services or pharmaceutical services such goods, materials and other facilities as may be prescribed;
- (i) making available any services or other facilities and the services of employed persons to enable Health Boards and other public bodies to discharge their functions relating to social services, education and public health;
- (j) making available in premises provided under the Act, such facilities as are regarded as required for clinical teaching and for research connected with clinical medicine or clinical dentistry; and
- (k) other prescribed matters necessary for exercising the functions of the Health Board.

SCHEDULE 4 COMMUNITY HEALTH COUNCILS

1. Provision may be made by regulations as to—

- (a) the membership of Councils (including the election by members of a Council of a chairman of the Council);
- (b) the proceedings of Councils;
- (c) the staff, premises and expenses of Councils;
- (d) the consultation of Councils by Health Boards with respect to such matters and on such occasions as may be prescribed;
- (e) the furnishing of information to Councils by Health Boards and the rights of members of Councils to enter and inspect premises controlled by Health Boards;
- (f) the consideration by Councils of matters relating to the operation of the health service within their areas and the giving of advice by Councils to Health Boards on such matters;
- (g) the preparation and publication of reports by Councils on such matters and the furnishing and publication by Health Boards of comments on the reports; and
- (h) the functions to be exercised by Councils in addition to the functions exercisable by them by virtue of paragraph (a) of the preceding subsection and the preceding provisions of this subsection; and the Secretary of State may pay to members of Councils such travelling and other allowances (including compensation for loss of remunerative time) as he may determine with the consent of the Minister for the Civil Service.

2. It shall be the duty of the Secretary of State to exercise his power to make regulations in pursuance of paragraph 1(a) so as to secure as respects each Council that—

- (a) at least one member of the Council is appointed by each local authority of which the area or part of it is included in the Council's area and at least half of the members of the Council consist of persons appointed by the Health Board;
- (b) at least one third of the members of the Council are appointed in a prescribed manner by bodies (other than public bodies) of which the activities are carried on otherwise than for profit;
- (c) the other members of the Council are appointed by such bodies, in such manner and after such consultations as may be prescribed; and
- (d) no member of the Council is also a member of a Health Board or Special Health Authority; but nothing in this subparagraph shall affect the validity of anything done by or in relation to a Council during any period during which, by reason of a vacancy in the membership of the Council or a defect in the appointment of a member of it, a requirement included in regulations in pursuance of this subsection is not satisfied.

3. The Secretary of State may by regulations—

- (a) provide for the establishment of a body—
 - (i) to advise Councils with respect to the performance of their functions and to assist Councils in the performance of their functions, and
 - (ii) to perform such other functions as may be prescribed; and
- (b) make provision as to the membership, proceedings, staff, premises and expenses of the said body; and the Secretary of State may pay to members of the said body such travelling and other allowances (including compensation for loss of remunerative time) as he may determine with the

consent of the Minister for the Civil Service.

4. In this Schedule—

“local authority” means in England a county council; a district council, other than a council for a district in a county for which there is a county council; a London borough council; the Council of the Isles of Scilly; or the Common Council of the City of London; and

“area” in relation to a Council, means the locality for which it is established, whether that locality consists of the area or part of the area of a Health Board or such an area or part together with the areas or parts of the areas of other Health Boards; and the area of a Council must be such that no part of it is separated from the rest of it by territory not included in the area,