



National Health Service Reform and Health Care Professions Act 2002

2002 CHAPTER 17

PART 1

NATIONAL HEALTH SERVICE, ETC

NHS bodies and their functions: England

1 English Health Authorities: change of name

- (1) On and after the date on which this section comes into force, Health Authorities for areas in England are to be known instead as Strategic Health Authorities.
- (2) Accordingly, for section 8 of the National Health Service Act 1977 (c. 49) (in this Act referred to as “the 1977 Act”) (establishment and abolition of Health Authorities) there is substituted—

“8 Health Authorities and Strategic Health Authorities

- (1) It is the duty of the Secretary of State to establish, in accordance with Part 1 of Schedule 5 to this Act, authorities to be called—
 - (a) Strategic Health Authorities, in the case of authorities established for areas in England;
 - (b) Health Authorities, in the case of authorities established for areas in Wales.
- (2) Subject to subsection (4) below—
 - (a) a Strategic Health Authority shall be established for such area of England as is specified in the order establishing the authority; and
 - (b) a Health Authority shall be established for such area of Wales as is so specified, or, if the order so provides, for the whole of Wales.

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

Changes to legislation: National Health Service Reform and Health Care Professions Act 2002, Part 1 is up to date with all changes known to be in force on or before 02 June 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details)

- (3) A Strategic Health Authority or a Health Authority shall be known by such name, in addition to the title “Strategic Health Authority” or “Health Authority”, as—
- (a) appears to the Secretary of State appropriately to signify the connection of the authority with the area for which they are established; and
 - (b) is specified in the order establishing the authority.
- (4) The Secretary of State may by order—
- (a) vary the area of a Strategic Health Authority or Health Authority;
 - (b) abolish a Strategic Health Authority or Health Authority;
 - (c) establish a new Strategic Health Authority or Health Authority;
 - (d) change the name by which a Strategic Health Authority or Health Authority are known.
- (5) No order shall be made under this section relating to a Strategic Health Authority until after the completion of such consultation as may be prescribed.
- (6) Consultation requirements contained in regulations under subsection (5) are in addition to, and not in substitution for, any other consultation requirements which may apply.
- (7) The Secretary of State shall act under this section so as to ensure—
- (a) that the areas for which Strategic Health Authorities are at any time established together comprise the whole of England;
 - (b) that the areas for which Health Authorities are at any time established together comprise the whole of Wales; and
 - (c) that no area for which a Strategic Health Authority or a Health Authority are established extends both into England and into Wales.
- (8) The power to make incidental or supplemental provision conferred by section 126(4) below includes, in particular, in its application to orders made under this section, power to make provision for the transfer of staff, property, rights and liabilities.”
- (3) Schedule 1 (which contains amendments consequential upon this section) is to have effect.

Commencement Information

- II** S. 1 wholly in force at 1.10.2002; s. 1 not in force at Royal Assent, see s. 42(3); s. 1 in force for certain purposes for E. at 2.9.2002 by [S.I. 2002/2202](#), [art. 3\(a\)](#) and in force at 1.10.2002 insofar as not already in force by [S.I. 2002/2478](#), [art. 3\(1\)\(a\)](#)

2 Primary Care Trusts

- (1) Section 16A of the 1977 Act (which provides for the establishment of Primary Care Trusts) is amended as provided in subsections (2) and (3).
- (2) For subsection (1) there is substituted—

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- “(1) It is the duty of the Secretary of State to establish bodies to be known as Primary Care Trusts for areas in England with a view to their exercising functions in relation to the health service.
- (1A) The Secretary of State shall act under this section so as to ensure that the areas for which Primary Care Trusts are at any time established together comprise the whole of England.”
- (3) In subsection (3), after “the area” there is inserted “ of England ”.
- (4) Schedule 5A to the 1977 Act (which makes further provision about Primary Care Trusts) is amended as follows—
- (a) in paragraph 2(3)—
- (i) for “the Health Authority in whose area a Primary Care Trust is established to meet the costs” there is substituted “ a Strategic Health Authority whose area includes any part of the area of a Primary Care Trust to meet costs ”, and
- (ii) in paragraph (b), after “meet” there is inserted “ (or to contribute towards its meeting) ”,
- (b) in paragraph 2(4), for “the Health Authority in whose area a Primary Care Trust is established” there is substituted “ a Strategic Health Authority whose area includes any part of the area of a Primary Care Trust ”,
- (c) in paragraph 16(1), for “the Health Authority within whose area the trust’s area falls” there is substituted “ each Strategic Health Authority whose area includes any part of the trust’s area ”, and
- (d) in paragraph 16(3), for “the Health Authority within whose area the trust’s area falls” there is substituted “ any Strategic Health Authority whose area includes any part of the trust’s area ”.
- (5) Schedule 2 (which contains amendments of the 1977 Act and of other enactments to reallocate functions of Health Authorities to Primary Care Trusts and to make certain connected amendments) is to have effect.

Commencement Information

- I2** S. 2 wholly in force at 1.10.2002; s. 2 not in force at Royal Assent, see s. 42(3); s. 2 in force for certain purposes for E. at 2.9.2002 by [S.I. 2002/2202](#), [art. 3\(b\)](#) and in force at 1.10.2002 insofar as not already in force by [S.I. 2002/2478](#), [art. 3\(1\)\(a\)](#)

3 Directions: distribution of functions

- (1) The 1977 Act is amended as follows.
- (2) In section 16D (Secretary of State’s directions: distribution of functions), in subsection (1), after “Special Health Authority” there is inserted “ or a Primary Care Trust ”.
- (3) For section 17A (Health Authority’s directions: distribution of functions) there is substituted—

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“17A Strategic Health Authority’s directions: distribution of functions

- (1) A Strategic Health Authority may, in relation to any specified functions of theirs, direct a Primary Care Trust any part of whose area falls within their area to exercise those functions.
- (2) But a Strategic Health Authority may not so direct a Primary Care Trust in relation to any functions of the Strategic Health Authority arising under section 28C arrangements if the Primary Care Trust is providing any services in accordance with those arrangements.
- (3) The Secretary of State may direct Strategic Health Authorities that specified functions of theirs—
 - (a) are to be exercisable, or exercisable to (or only to) any specified extent, by Primary Care Trusts; or
 - (b) are not to be exercisable by Primary Care Trusts,
 and that the power in subsection (1) above is to be exercised accordingly.
- (4) Directions under subsection (3)(a) above may include directions that any of the specified functions are to be exercised (or exercised to or only to any specified extent) jointly with the Strategic Health Authority, or jointly by one or more Primary Care Trusts; but such directions may be given only if regulations providing for the joint exercise of those functions have been made under section 16 or 16B above.
- (5) In this section, “specified” means specified in the directions.”
- (4) In section 17B (Health Authority’s directions: exercise of functions), in subsection (1), the words from “which” to the end are omitted.
- (5) In section 18 (directions and regulations under preceding provisions), in subsection (1A)—
 - (a) “or” is inserted after paragraph (a),
 - (b) paragraph (b) is omitted, and
 - (c) in paragraph (c), for “16D, 17 or 17A” there is substituted “ 16D or 17 ”.

Commencement Information

- I3** S. 3 partly in force; s. 3 not in force at Royal Assent, see s. 42(3); s. 3(2)(5)(a)(b) in force for E. and s. 3(1)(3) in force for certain purposes for E. at 2.9.2002 by [S.I. 2002/2202](#), [art. 3\(c\)-\(e\)](#); s. 3(3)(4) wholly in force and s. 3(1) in force for certain purposes at 1.10.2002 by [S.I. 2002/2478](#), [art. 3\(1\)\(b\)](#)

4 Personal medical services, personal dental services and local pharmaceutical services

- (1) In section 9 of the National Health Service (Primary Care) Act 1997 (c. 46) (relationship between Part 1 of that Act and the 1977 Act), after subsection (1) there is inserted—
 - “(1A) In subsection (1), the words from “, apart from” to “functions),” have effect only in relation to Wales.”

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(2) In section 36 of the Health and Social Care Act 2001 (c. 15) (effect of the 1977 Act), after subsection (1) there is inserted—

“(1A) In subsection (1), the words from “, apart from” to “authority,” have effect only in relation to Wales.”

(3) Schedule 3 (which contains amendments of the National Health Service (Primary Care) Act 1997 and of other enactments related to the provisions of this section and sections 1 to 3) is to have effect.

5 Local Representative Committees

(1) Section 44 of the 1977 Act (recognition of local representative committees) is amended in accordance with subsections (2) to (7).

(2) Before subsection (A1) there is inserted—

“(ZA1) A Primary Care Trust may recognise a committee formed for its area, or for the area of that and one or more other Primary Care Trusts, which it is satisfied is representative of—

- (a) the medical practitioners providing general medical services or general ophthalmic services in the Primary Care Trust’s area;
- (b) those medical practitioners and the deputy medical practitioners for the Primary Care Trust’s area;
- (c) the medical practitioners mentioned in—
 - (i) paragraph (a) above; or
 - (ii) paragraph (b) above,and the section 28C medical practitioners for the Primary Care Trust’s area,

and any committee so recognised shall be called the Local Medical Committee for the Primary Care Trust’s area.”

(3) After subsection (A1) there is inserted—

“(A2) A Primary Care Trust may recognise a committee formed for its area, or for the area of that and one or more other Primary Care Trusts, which it is satisfied is representative of—

- (a) the dental practitioners providing general dental services in the Primary Care Trust’s area;
- (b) those dental practitioners and the deputy dental practitioners for the Primary Care Trust’s area;
- (c) the dental practitioners mentioned in—
 - (i) paragraph (a) above; or
 - (ii) paragraph (b) above,and the section 28C dental practitioners for the Primary Care Trust’s area,

and any committee so recognised shall be called the Local Dental Committee for the Primary Care Trust’s area.”

(4) After subsection (B1) there is inserted—

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“(B2) Where a Primary Care Trust is satisfied that a committee formed for its area, or for its area together with the area of one or more other Primary Care Trusts, is representative—

- (a) of the ophthalmic opticians providing general ophthalmic services in the Primary Care Trust’s area; or
- (b) of the persons providing pharmaceutical services from premises in the Primary Care Trust’s area,

the Primary Care Trust may recognise that committee; and any committee so recognised shall be called the Local Optical Committee or the Local Pharmaceutical Committee, as the case may be, for the area of the Primary Care Trust.”

(5) In subsection (2), “with the approval of the Health Authority” is omitted.

(6) In subsection (3)—

- (a) in each of paragraphs (a) and (c), before “Health Authority” there is inserted “ Primary Care Trust or ”,
- (b) after paragraph (a) there is inserted—
 - “(aa) is a section 28C medical practitioner for the area of a Primary Care Trust if he is a medical practitioner who performs personal medical services in the area of the Primary Care Trust in accordance with arrangements made under section 28C above;”,

and

- (c) after paragraph (c) there is inserted—
 - “(ca) is a section 28C dental practitioner for the area of a Primary Care Trust if he is a dental practitioner who performs personal dental services in the area of the Primary Care Trust in accordance with arrangements made under section 28C above;”.

(7) In subsection (4), after “notified the” there is inserted “ Primary Care Trust or ”.

(8) Section 45 of the 1977 Act (functions of local representative committees) is amended as follows.

(9) After subsection (1) there is inserted—

“(1ZA) Regulations may require—

- (a) Primary Care Trusts, in the exercise of their functions under this Part of this Act, to consult committees recognised by them under section 44 above,
- (b) Strategic Health Authorities, in the exercise of any of their functions which relate to arrangements under section 28C above, to consult committees recognised under section 44(ZA1)(c) or (A2)(c) above by Primary Care Trusts for the area or areas where the personal medical or dental services are provided (or to be provided) under the arrangements,

on such occasions and to such extent as may be prescribed.”

(10) In subsection (1A)—

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- (a) for “power conferred by subsection (1) above is” there is substituted “ powers conferred by subsections (1) and (1ZA) above are ”, and
 - (b) after “require a” there is inserted “ Strategic Health Authority, Primary Care Trust or ”.
- (11) In subsection (1C)—
- (a) for “subsection (A1)(b) or (c) or (B1)(b) or (c)” there is substituted “ subsection (ZA1)(b) or (c), (A1)(b) or (c), (A2)(b) or (c) or (B1)(b) or (c) ”,
 - (b) before paragraph (a) there is inserted—
 - “(za) in the case of a committee recognised under subsection (ZA1) (b) or (c)(ii) of that section, to the deputy medical practitioners for the Primary Care Trust’s area;
 - (zb) in the case of a committee recognised under subsection (ZA1) (c) of that section, to the section 28C medical practitioners for that area;”,
- and
- (c) after paragraph (b) there is inserted—
 - “(ba) in the case of a committee recognised under subsection (A2) (b) or (c)(ii) of that section, to the deputy dental practitioners for the Primary Care Trust’s area;
 - (bb) in the case of a committee recognised under subsection (A2) (c) of that section, to the section 28C dental practitioners for that area;”.
- (12) In each of subsections (2) and (3), before “Health Authority”, in each place where it occurs, there is inserted “ Primary Care Trust or ”.

NHS bodies and their functions: Wales

6 Local Health Boards

- (1) After section 16B of the 1977 Act there is inserted—

“16BA Local Health Boards

- (1) The National Assembly for Wales may establish bodies to be known as Local Health Boards with a view, in particular, to their exercising—
 - (a) functions of Health Authorities transferred or to be transferred to the Assembly by order under section 27 of the Government of Wales Act 1998 (reform of Welsh health authorities),
 - (b) other functions of the Assembly relating to the health service.
- (2) Each Local Health Board shall be established by order made by the Assembly (referred to in this Act as an LHB order), and an order may establish more than one Local Health Board.
- (3) A Local Health Board shall be established for the area of Wales specified in its LHB order.
- (4) If any consultation requirements apply, they must be complied with before an LHB order is varied or revoked.

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- (5) In this section, “consultation requirements” means requirements about consultation contained in regulations made by the Assembly.
- (6) Schedule 5B to this Act (which makes further provision about Local Health Boards) shall have effect.

16BB Local Health Boards: functions

- (1) The National Assembly for Wales may direct a Local Health Board to exercise in relation to its area any functions which—
 - (a) were exercised by a Health Authority in relation to any part of the same area, and
 - (b) have been transferred to the Assembly as mentioned in section 16BA(1) above.
- (2) The Assembly may also direct a Local Health Board to exercise in relation to its area such other functions of the Assembly relating to the health service as are specified in the directions.
- (3) The functions which may be specified in directions under this section include functions under enactments relating to mental health and nursing homes.
- (4) The Assembly may give directions to a Local Health Board about its exercise of any functions.
- (5) Directions under subsection (1) above must be given in regulations made by the Assembly; but other directions under this section and directions under section 16BC below may be given in such regulations or by instrument in writing.

16BC Exercise of functions by Local Health Boards

- (1) This section applies to functions which are exercisable by a Local Health Board under or by virtue of section 16BB above or this section.
- (2) The Assembly may give directions providing for any functions to which this section applies to be exercised—
 - (a) by another Local Health Board;
 - (b) by a Special Health Authority; or
 - (c) jointly with any one or more of the following: Health Authorities, NHS trusts, Primary Care Trusts and other Local Health Boards.
- (3) Directions given by the Assembly may provide—
 - (a) for any functions to which this section applies to be exercised, on behalf of the Local Health Board by whom they are exercisable, by a committee, sub-committee or officer of the Board,
 - (b) for any functions which, under this section, are exercisable by a Special Health Authority to be exercised, on behalf of that authority, by a committee, sub-committee or officer of the authority,
 - (c) for any functions which, under this section, are exercisable by a Local Health Board jointly with one or more Health Authorities or other Local Health Boards (but not with any NHS trusts) to be exercised, on

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behalf of the health service bodies in question, by a joint committee or joint sub-committee.”

- (2) Schedule 4 (which inserts the new Schedule 5B in the 1977 Act) and Schedule 5 (which makes other amendments relating to Local Health Boards) are to have effect.
- (3) In section 126 of the 1977 Act (orders, regulations and directions)—
 - (a) in subsection (1)—
 - (i) after “PCT order” there is inserted “ or an instrument made by the National Assembly for Wales ”, and
 - (ii) in paragraph (b), after “Schedule 5A to this Act” there is inserted “ , paragraph 19, 20 or 22 of Schedule 5B to this Act ”,
 - (b) in subsection (3B), after “pursuance of” there is inserted “ section 16BB or ”,
 - (c) in subsection (4), for “section 18” there is substituted “ section 16BB, 18 ”, and
 - (d) in subsection (4A)—
 - (i) the word “or” at the end of paragraph (b) is omitted, and
 - (ii) after paragraph (b) there is inserted—

“(ba) paragraph 9(3) of Schedule 5B to this Act, or”.
- (4) Section 1 of the National Health Service (Private Finance) Act 1997 (c. 56) (powers to enter into externally financed development agreements) applies to Local Health Boards as it applies to NHS trusts.

Commencement Information

- I4** S. 6 partly in force; s. 6 not in force at Royal Assent, see s. 42(3); s. 6 in force for W. at 10.10.2002 by S.I. 2002/2532, art. 2, Sch.

Financial arrangements: England and Wales

7 Funding of Strategic Health Authorities and Health Authorities

- (1) Section 97 of the 1977 Act (means of meeting expenditure of Health Authorities etc out of public funds) is amended as follows.
- (2) Before subsection (1) there is inserted—

“(A1) It is the duty of the Secretary of State to pay in respect of each financial year to each Strategic Health Authority sums not exceeding the amount allotted for that year by the Secretary of State to the Authority towards meeting the expenditure of the Authority which is attributable to the performance by the Authority of their functions in that year.”
- (3) In subsection (3C), after “any year” there is inserted “ to a Strategic Health Authority under subsection (A1) above or ”.
- (4) In subsection (3D), after “given to” there is inserted “ the Strategic Health Authority or ”.
- (5) In subsection (3F), after “any year to” there is inserted “ a Strategic Health Authority or ”.
- (6) In subsection (5), after “allotted to a” there is inserted “ Strategic Health Authority, ”.

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- (7) In subsection (6)—
- (a) after “directions to a” there is inserted “ Strategic Health Authority, ”,
 - (b) at the end of paragraph (a) there is inserted “ or ”, and
 - (c) paragraphs (bb) and (c) are omitted.
- (8) Subsection (8) is omitted.
- (9) In subsection (9), after “paid to” there is inserted “ Strategic Health Authorities, ”.

Commencement Information

I5 S. 7 wholly in force at 1.10.2002, see s. 42(3) and S.I. 2002/2478, art. 3(1)(a) (subject to arts. 2(2), 3(3))

8 Funding of Primary Care Trusts

For section 97C of the 1977 Act (public funding of Primary Care Trusts) there is substituted—

“97C Public funding of Primary Care Trusts

- (1) It is the duty of the Secretary of State, in respect of each financial year, to pay to each Primary Care Trust—
 - (a) sums equal to their general Part 2 expenditure; and
 - (b) sums not exceeding the amount allotted by the Secretary of State to the Primary Care Trust for that year towards meeting the Trust’s main expenditure in that year.
- (2) In determining the amount to be allotted for any year to a Primary Care Trust under subsection (1)(b) above (or in varying the amount under subsection (7) below), the Secretary of State may take into account, in whatever way he thinks appropriate—
 - (a) the Trust’s general Part 2 expenditure; and
 - (b) expenditure which would have been the Trust’s general Part 2 expenditure but for an order under section 103(1) below,
 during any period he thinks appropriate (or such elements of that expenditure as he thinks appropriate).
- (3) Where the Secretary of State has made an initial determination of the amount (“the initial amount”) to be allotted for any year to a Primary Care Trust under subsection (1)(b) above, he may increase the initial amount by a further sum if it appears to him that over a period notified to the Trust—
 - (a) it satisfied any objectives notified to it as objectives to be met in performing its functions; or
 - (b) it performed well against any criteria notified to it as criteria relevant to the satisfactory performance of its functions (whether or not the method of measuring its performance against those criteria was also notified to it).
- (4) In subsection (3) above, “notified” means specified or referred to in a notice given to the Primary Care Trust by the Secretary of State.

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- (5) In making any increase under subsection (3) above, the Secretary of State may (whether by directions under subsection (8) below or otherwise) impose any conditions he thinks fit on the application or retention by the Primary Care Trust of the sum in question.
- (6) Where the Secretary of State has, under subsection (3) above, increased by any sum the amount to be allotted for any year to a Primary Care Trust and notified the Trust of the allotment and it subsequently appears to him that the Trust has failed (wholly or in part) to satisfy any conditions imposed in making that increase, he may—
 - (a) reduce the allotment made to the Trust for that year; or
 - (b) when he has made an initial determination of the amount (“the initial amount”) to be allotted for any subsequent year to the Trust under subsection (1)(b) above, reduce the initial amount, by any amount not exceeding that sum.
- (7) An amount is allotted to a Primary Care Trust for a year under this section when the Trust is notified by the Secretary of State that the amount is allotted to the Trust for that year; and the Secretary of State may make an allotment under this section increasing or reducing (subject to subsection (6) above) an allotment previously so made, and the reference to a determination in subsection (3) above includes a determination made with a view to increasing or reducing an allotment previously so made.
- (8) The Secretary of State may give directions to a Primary Care Trust with respect to—
 - (a) the application of sums paid to it under this section, or
 - (b) the payment of sums by it to the Secretary of State in respect of charges or other sums referable to the valuation or disposal of assets.
- (9) Sums falling to be paid to Primary Care Trusts under this section shall be payable subject to compliance with such conditions as to records, certificates or otherwise as the Secretary of State may determine.”

Commencement Information

- I6** S. 8 wholly in force at 1.10.2002, see s. 42(3) and S.I. 2002/2478, art. 3(1)(a) (subject to arts. 2(2), 3(3))

9 Funding of Local Health Boards

- (1) After section 97E of the 1977 Act there is inserted—

“97F Public funding of Local Health Boards

- (1) It is the duty of the National Assembly for Wales, in respect of each financial year, to pay to each Local Health Board—
- (a) sums equal to their general Part 2 expenditure; and
 - (b) sums not exceeding the amount allotted by the National Assembly for Wales to the Local Health Board for that year towards meeting the Board’s main expenditure in that year.

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- (2) In determining the amount to be allotted for any year to a Local Health Board under subsection (1)(b) above (or in varying the amount under subsection (7) below), the National Assembly for Wales may take into account, in whatever way the Assembly thinks appropriate—
- (a) the Board’s general Part 2 expenditure; and
 - (b) expenditure which would have been the Board’s general Part 2 expenditure but for an order under section 103(1) below,
- during any period the Assembly thinks appropriate (or such elements of that expenditure as it thinks appropriate).
- (3) Where the National Assembly for Wales has made an initial determination of the amount (“the initial amount”) to be allotted for any year to a Local Health Board under subsection (1)(b) above, the Assembly may increase the initial amount by a further sum if it appears to it that over a period notified to the Board—
- (a) the Board satisfied any objectives notified to it as objectives to be met in performing its functions; or
 - (b) it performed well against any criteria notified to it as criteria relevant to the satisfactory performance of its functions (whether or not the method of measuring its performance against those criteria was also notified to it).
- (4) In subsection (3) above, “notified” means specified or referred to in a notice given to the Local Health Board by the National Assembly for Wales.
- (5) In making any increase under subsection (3) above, the National Assembly for Wales may (whether by directions under subsection (8) below or otherwise) impose any conditions it thinks fit on the application or retention by the Local Health Board of the sum in question.
- (6) Where the National Assembly for Wales has, under subsection (3) above, increased by any sum the amount to be allotted for any year to a Local Health Board and notified the Board of the allotment and it subsequently appears to the Assembly that the Board has failed (wholly or in part) to satisfy any conditions imposed in making that increase, the Assembly may—
- (a) reduce the allotment made to the Board for that year; or
 - (b) when the Assembly has made an initial determination of the amount (“the initial amount”) to be allotted for any subsequent year to the Board under subsection (1)(b) above, reduce the initial amount,
- by any amount not exceeding that sum.
- (7) An amount is allotted to a Local Health Board for a year under this section when the Board is notified by the National Assembly for Wales that the amount is allotted to the Board for that year; and the National Assembly for Wales may make an allotment under this section increasing or reducing (subject to subsection (6) above) an allotment previously so made, and the reference to a determination in subsection (3) above includes a determination made with a view to increasing or reducing an allotment previously so made.
- (8) The National Assembly for Wales may give directions to a Local Health Board with respect to—
- (a) the application of sums paid to the Board under this section, or

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

Changes to legislation: National Health Service Reform and Health Care Professions Act 2002, Part 1 is up to date with all changes known to be in force on or before 02 June 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details)

- (b) the payment of sums by the Board to the National Assembly for Wales in respect of charges or other sums referable to the valuation or disposal of assets.
- (9) Sums falling to be paid to Local Health Boards under this section shall be payable subject to compliance with such conditions as to records, certificates or otherwise as the National Assembly for Wales may determine.

97G Financial duties of Local Health Boards

- (1) It is the duty of every Local Health Board, in respect of each financial year, to perform its functions so as to secure that the expenditure of the Board which is attributable to the performance by the Board of its functions in that year (not including expenditure within subsection (1)(a) of section 97F above) does not exceed the aggregate of—
- (a) the amount allotted to it for that year under subsection (1)(b) of that section;
 - (b) any sums received by it in that year under any provision of this Act (other than sums received by it under that section); and
 - (c) any sums received by it in that year otherwise than under this Act for the purpose of enabling it to defray any such expenditure.
- (2) The National Assembly for Wales may give such directions to a Local Health Board as appear to be requisite to secure that the Board complies with the duty imposed on it by subsection (1) above.
- (3) Directions under subsection (2) may be specific in character.
- (4) To the extent to which—
- (a) any expenditure is defrayed by a Local Health Board as trustee or on behalf of a Local Health Board by special trustees; or
 - (b) any sums are received by a Local Health Board as trustee or under section 96A above,
- that expenditure and, subject to subsection (6) below, those sums shall be disregarded for the purposes of this section.
- (5) For the purposes of this section sums which, in the hands of a Local Health Board, cease to be trust funds and become applicable by the Local Health Board otherwise than as trustee shall be treated, on their becoming so applicable, as having been received by the Local Health Board otherwise than as trustee.
- (6) Of the sums received by a Local Health Board under section 96A above so much only as accrues to the Local Health Board after defraying any expenses incurred in obtaining them shall be disregarded under subsection (4) above.
- (7) Subject to subsection (4) above, the National Assembly for Wales may by directions determine—
- (a) whether specified sums are, or are not, to be treated for the purposes of this section as received under this Act by a specified Local Health Board;

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- (b) whether specified expenditure is, or is not, to be treated for those purposes as expenditure within subsection (1) above of a specified Local Health Board; or
 - (c) the extent to which, and the circumstances in which, sums received by a Local Health Board under section 97F above but not yet spent are to be treated for the purposes of this section as part of the expenditure of the Local Health Board and to which financial year's expenditure they are to be attributed.
- (8) In subsection (7) above, “specified” means of a description specified in the directions.

97H Resource limits for Local Health Boards

- (1) It is the duty of every Local Health Board to ensure that the use of its resources in a financial year does not exceed the amount specified for it in relation to that year by the National Assembly for Wales.
- (2) For the purpose of subsection (1) above no account shall be taken of any use of resources for the purposes of a Board's general Part 2 expenditure (within the meaning of paragraph 6A of Schedule 12A).
- (3) But in specifying an amount for a Local Health Board under subsection (1) above (or in varying the amount under subsection (5) below), the National Assembly for Wales may take into account (in whatever way it thinks appropriate)—
 - (a) any such use of resources; and
 - (b) the use of any resources which would have been for the purpose of the Board's general Part 2 expenditure but for an order under section 103(1) below,
 during any period the Assembly thinks appropriate (or such elements of such uses of resources as it thinks appropriate).
- (4) For the purpose of subsection (1) above the National Assembly for Wales may give directions—
 - (a) specifying uses of resources which are to be, or not to be, taken into account;
 - (b) making provision for determining to which Local Health Board certain uses of resources are to be attributed;
 - (c) specifying descriptions of resources which are to be, or not to be, taken into account.
- (5) Where an amount has been specified under this section in respect of a financial year, it may be varied by a later specification.
- (6) Subsections (4) to (6) of section 97G above shall apply in relation to the duty under subsection (1) above as they apply in relation to the duty under section 97G(1); and for that purpose references to the defraying of expenditure and the receipt of sums shall be construed as references to the incurring of liabilities and the acquisition of assets.
- (7) The provisions in section 97G(2) and (3) above about the giving of directions by the National Assembly for Wales shall apply in relation to the duty under subsection (1) above as they apply in relation to the duty under section 97G(1).

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

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- (8) In this section a reference to the use of resources is a reference to their expenditure, consumption or reduction in value.”

Commencement Information

- I7 S. 9 not in force at Royal Assent, see s. 42(3); s. 9 in force for W. at 10.10.2002 by S.I. 2002/2532, art. 2, Sch.

10 Expenditure of NHS bodies

- (1) The 1977 Act is amended as follows.
- (2) In section 97 (means of meeting expenditure of Health Authorities etc out of public funds), in subsection (3BB), for “section 97C” there is substituted “ sections 97C and 97F ”.
- (3) Schedule 12A to the 1977 Act (expenditure of Health Authorities and Primary Care Trusts) is amended as follows.
- (4) In paragraph 3—
- (a) in each of sub-paragraphs (1), (4) and (5), for “Secretary of State” there is substituted “ National Assembly for Wales ”,
 - (b) in sub-paragraph (1), for “he” there is substituted “ it ”,
 - (c) in sub-paragraph (4)—
 - (i) for “his discretion” there is substituted “ its discretion ”, and
 - (ii) for “his opinion” there is substituted “ the Assembly’s opinion ”, and
 - (d) in sub-paragraph (5), for “he” there is substituted “ the Assembly ”.
- (5) In paragraph 4(2), the word “or” at the end of paragraph (a) is omitted, and after paragraph (a) there is inserted—
- “(aa) remuneration referable to the cost of drugs,
 - (ab) remuneration paid to persons providing additional pharmaceutical services (in accordance with directions under section 41A above), in respect of such of those services as are designated, or”.
- (6) In paragraph 5(1)—
- (a) the “and” at the end of paragraph (a) is omitted,
 - (b) in paragraph (b), for “(other than general Part II expenditure),” there is substituted “(other than general Part 2 expenditure and remuneration referable to the cost of drugs), and ”, and
 - (c) for the words following paragraph (b) there is substituted—
 - “(c) expenditure attributable to remuneration referable to the cost of drugs for which the trust is accountable in that year (whether paid by it or by another trust).”
- (7) In paragraph 5(2), the “or” at the end of paragraph (a) is omitted, and after paragraph (a) there is inserted—
- “(aa) remuneration paid in that year to persons providing additional pharmaceutical services (in accordance with directions under section 41A above), in respect of such of those services as are designated, or”.

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

Changes to legislation: National Health Service Reform and Health Care Professions Act 2002, Part 1 is up to date with all changes known to be in force on or before 02 June 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details)

(8) For paragraph 6 there is substituted—

“6

- (1) For each financial year, the Secretary of State shall apportion, in such manner as he thinks appropriate, among all Primary Care Trusts the total of the remuneration referable to the cost of drugs which is paid by each Primary Care Trust in that year.
- (2) A Primary Care Trust is accountable in any year for remuneration referable to the cost of drugs to the extent (and only to the extent) that such remuneration is apportioned to it under sub-paragraph (1) above.
- (3) Where in any financial year any remuneration referable to the cost of drugs for which a Primary Care Trust is accountable is paid by another Primary Care Trust, the remuneration is to be treated (for the purposes of sections 97C and 97D above) as having been paid by the first trust in the performance of its functions.
- (4) The Secretary of State may, in particular, exercise his discretion under sub-paragraph (1) above—
 - (a) so that any apportionment reflects, in the case of each Primary Care Trust, the financial consequences of orders for the provision of drugs, being orders which in his opinion are attributable to the trust in question,
 - (b) by reference to averaged or estimated amounts.
- (5) The Secretary of State may make provision for any remuneration referable to the cost of drugs which is paid by a Primary Care Trust other than the trust which is accountable for the payment to be reimbursed in such manner as he may determine.”

(9) After paragraph 6 there is inserted—

6A “Local Health Boards: general Part 2 expenditure

- (1) In section 97F above and this Schedule, general Part 2 expenditure, in relation to a Local Health Board, means expenditure of the Board which—
 - (a) is attributable to the payment of remuneration to persons providing services in pursuance of Part 2 of this Act, and
 - (b) is not excluded by sub-paragraph (2) below.
- (2) Expenditure is excluded if it is attributable to—
 - (a) the reimbursement of expenses of persons providing services in pursuance of Part 2 which are designated expenses incurred in connection with the provision of the services (or in giving instruction in matters relating to the services),
 - (b) remuneration referable to the cost of drugs,
 - (c) remuneration paid to persons providing additional pharmaceutical services (in accordance with directions under section 41A above), in respect of such of those services as are designated, or

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- (d) remuneration of a designated description which is determined by the Board and paid to persons providing general medical services in pursuance of Part 2.

6B Local Health Boards: main expenditure

- (1) In section 97F above, main expenditure, in relation to a Local Health Board and the year in question, means—
 - (a) expenditure of the Board mentioned in sub-paragraph (2) below,
 - (b) any other expenditure of the Board attributable to the performance of its functions in that year (other than general Part 2 expenditure and remuneration referable to the cost of drugs), and
 - (c) expenditure attributable to remuneration referable to the cost of drugs for which the Board is accountable in that year (whether paid by it or by another Board).
- (2) The expenditure referred to in sub-paragraph (1)(a) above is expenditure attributable to—
 - (a) the reimbursement in that year of expenses of persons providing services in pursuance of Part 2 which are designated expenses incurred in connection with the provision of the services (or in giving instruction in matters relating to the services),
 - (b) remuneration paid in that year to persons providing additional pharmaceutical services (in accordance with directions under section 41A above), in respect of such of those services as are designated, or
 - (c) remuneration of a designated description which is determined by the Board and paid in that year to persons providing general medical services in pursuance of Part 2.

6C

- (1) For each financial year, the National Assembly for Wales shall apportion, in such manner as it thinks appropriate, among all Local Health Boards the total of the remuneration referable to the cost of drugs which is paid by each Local Health Board in that year.
- (2) A Local Health Board is accountable in any year for remuneration referable to the cost of drugs to the extent (and only to the extent) that such remuneration is apportioned to it under sub-paragraph (1) above.
- (3) Where in any financial year any remuneration referable to the cost of drugs for which a Local Health Board is accountable is paid by another Local Health Board, the remuneration is to be treated (for the purposes of sections 97F and 97G above) as having been paid by the first Board in the performance of its functions.
- (4) The National Assembly for Wales may, in particular, exercise its discretion under sub-paragraph (1) above—
 - (a) so that any apportionment reflects, in the case of each Local Health Board, the financial consequences of orders for the provision of drugs, being orders which in the Assembly's opinion are attributable to the Board in question,

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- (b) by reference to averaged or estimated amounts.
- (5) The National Assembly for Wales may make provision for any remuneration referable to the cost of drugs which is paid by a Local Health Board other than the Board which is accountable for the payment to be reimbursed in such manner as the Assembly may determine.”
- (10) In paragraph 7—
- (a) in sub-paragraph (1)—
- (i) in the definition of “designated”, after “Secretary of State” there is inserted “ or, as the case may be, the National Assembly for Wales ”, and
- (ii) in the definition of “remuneration referable to the cost of drugs”, for “paragraph 1(2)(b)” there is substituted “ paragraphs 1(2)(b), 4(2)(aa) and 6A(2)(b) ”,
- (b) in sub-paragraph (2), for “Health Authorities” there is substituted “ Primary Care Trusts ”, and at the end there is inserted “ and the National Assembly for Wales shall make the corresponding determination in relation to Health Authorities and Local Health Boards. ”, and
- (c) in sub-paragraph (3)—
- (i) for “Health Authorities” there is substituted “ Primary Care Trusts ”,
- (ii) “or Primary Care Trust” is omitted, and
- (iii) at the end there is inserted “ , and the National Assembly for Wales may so treat all remuneration paid by Health Authorities to such persons, so far as it is so met. ”

Commencement Information

I8 S. 10 not in force at Royal Assent, see s. 42(3); s. 10(1) in force for certain purposes for E. and s. 10(3)(5)-(8)(10)(a)(ii)(b)(c)(i)(ii) in force for E. at 1.10.2002 by S.I. 2002/2478, art. 3(2)(a) (subject to art. 3(3)); s. 10 in force for W. at 10.10.2002 by S.I. 2002/2532, art. 2, Sch.

VALID FROM 18/06/2003

Quality

PROSPECTIVE

^{F1}11 Duty of quality

Textual Amendments

F1 Ss. 11-14 repealed (1.4.2004) by Health and Social Care (Community Health and Standards) Act 2003 (c. 43), s. 199(1)(4), Sch. 14 Pt. 2; S.I. 2004/759, art. 13

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

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12 Further functions of the Commission for Health Improvement

(1) Section 20 of the 1999 Act (functions of the Commission for Health Improvement) is amended as provided in subsections (2) to (4).

(2) In subsection (1)—

- (a) in paragraph (d), for “particular types of health care” there is substituted “health care”,
- (b) the “and” at the end of paragraph (d) is omitted, and
- (c) after paragraph (d) there is inserted—
 - “(da) the function of conducting reviews of, and making reports on, the quality of data obtained by others relating to the management, provision or quality of, or access to or availability of, health care for which NHS bodies or service providers have responsibility, the validity of conclusions drawn from such data, and the methods used in their collection and analysis,”.

(3) After subsection (1) there is inserted—

“(1A) The functions of conducting reviews and of carrying out investigations include—

- (a) the collection and analysis of data, and
- (b) the assessment of performance against criteria.

(1B) Subject to any regulations under paragraph (d) of subsection (2), the Commission must publish at least a summary of each report it makes in the exercise of the functions conferred on it by or under this section and sections 21 and 22.”

(4) In subsection (2), for paragraph (d) there is substituted—

“(d) as to cases or classes of case in which the Commission must publish reports (and not just summaries),”.

(5) In section 33 of the Audit Commission Act 1998 (c. 18) (studies for improving economy etc in services), in subsection (6)(c), after “Secretary of State” there is inserted “, the Commission for Health Improvement”.

13 Commission for Health Improvement: inspections and investigations

(1) In section 20 of the 1999 Act (functions of the Commission for Health Improvement) —

- (a) in subsection (1), after the paragraph (da) inserted by section 12 there is inserted—
 - “(db) the function of carrying out inspections of NHS bodies and service providers, and persons who provide or are to provide health care for which NHS bodies or service providers have responsibility, and making reports on the inspections, and”,
- and
- (b) after the subsections (1A) and (1B) inserted by section 12 there is inserted—

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

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“(1C) The inspections referred to in paragraph (db) of subsection (1) are to be carried out only in connection with the function referred to in paragraph (d) of that subsection.

(1D) If after carrying out—

- (a) a review under subsection (1)(b),
- (b) an investigation under subsection (1)(c),
- (c) any function equivalent to one referred to in paragraph (a) or (b) prescribed under subsection (1)(e), or
- (d) an inspection under subsection (1)(db),

the Commission is of the view referred to in subsection (1E) as to a body, service provider or other person reviewed, investigated or inspected (taking account, if appropriate, of any other relevant information the Commission may have), the Commission must make a report of its view to the Secretary of State.

(1E) The view referred to is that—

- (a) the health care for which the body or service provider in question has responsibility is of unacceptably poor quality (whether generally or in particular areas), or
- (b) there are significant failings in the way the body, service provider or other person is being run (including, where the service provider or other person is an individual, the way his practice is being run).

(1F) In its report, the Commission may recommend to the Secretary of State that he take special measures in relation to the body or service provider in question with a view to improving the health care for which it is responsible or the way the body, service provider or other person (or, as mentioned in subsection (1E)(b), his practice) is being run.

(1G) The report must give the Commission’s reasons for its view, and for any recommendation under subsection (1F).”

(2) In section 23 of that Act (powers of the Commission to obtain information)—

- (a) in subsection (1)(a), for “NHS premises” there is substituted “ relevant premises ”,
- (b) in subsection (2)(d), after “section 20(1)(c)” there is inserted “ , (d) or (db), or any functions equivalent to those under section 20(1)(c) prescribed under section 20(1)(e) ”, and
- (c) in subsection (6)—
 - (i) the definition of “NHS premises” is omitted, and
 - (ii) after the definition of “prescribed” there is inserted—

““relevant premises” means—

- (a) premises owned or controlled by an NHS body,
- (b) premises owned or controlled by a Local Health Board,
- (c) premises owned or controlled by a service provider and used for purposes connected with the services provided,

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(d) any other premises used for any purpose connected with the provision of health care for which an NHS body, a service provider or a Local Health Board has responsibility, (and terms used in this definition have the meaning given by section 20(7) (disregarding section 20(8)(b))).”

VALID FROM 11/07/2003

14 Commission for Health Improvement: constitution

(1) Schedule 2 to the 1999 Act (the Commission for Health Improvement) is amended as follows.

(2) After paragraph 5 there is inserted—

“5A (1) The Secretary of State may direct a Special Health Authority to exercise—

- (a) his function of appointing the chairman and the other members referred to in paragraph 4(c), and
- (b) any functions conferred on him by regulations under paragraph 5 in relation to the appointment or tenure of office of the chairman and those other members.

(2) The National Assembly for Wales may direct a Special Health Authority to exercise—

- (a) its function of appointing the member referred to in paragraph 4(b), and
- (b) any functions conferred on it by regulations under paragraph 5 in relation to the appointment or tenure of office of that member.

(3) If the Secretary of State or the Assembly gives such directions, the 1977 Act has effect as if—

- (a) the directions were directions under section 16D of that Act, and, accordingly,
- (b) the functions were exercisable by the Special Health Authority under section 16D.”

(3) In paragraph 7 (employees)—

- (a) in sub-paragraph (2), the words after “Commission” are omitted, and
- (b) sub-paragraphs (6) and (7) are omitted.

(4) In paragraph 8 (delegation of functions)—

- (a) the existing text is renumbered as sub-paragraph (1) of that paragraph,
- (b) in that sub-paragraph (1) (as so renumbered), for “a committee” to the end there is substituted—

“(a) a committee, sub-committee, member or employee of the Commission, or

(b) any other person.”,

and

(c) after sub-paragraph (1) there is inserted—

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“(2) If the Commission arranges for the discharge of any function falling within section 20(1A) of this Act by one or more committees or sub-committees of the Commission, the persons by whom those functions are to be discharged are to be known collectively as “the Office for Information on Health Care Performance”.

(3) If the Commission arranges for the discharge of any function as mentioned in sub-paragraph (1)(b), the arrangements may include provision with respect to the payment of remuneration and allowances to, or amounts in respect of, such persons.”

(5) In paragraph 12—

- (a) in sub-paragraph (1), for “the exercise of its functions” there is substituted “the way in which the Commission has exercised its functions”, and
- (b) after sub-paragraph (1) there is inserted—

“(1A) As soon as possible after the end of each financial year, the Commission must also make a report to the Secretary of State and the National Assembly for Wales on what it has found in relation to NHS bodies and service providers in the course of exercising its functions during the year.

(1B) The Secretary of State must lay before Parliament any reports he receives under sub-paragraphs (1) and (1A).

(1C) The National Assembly for Wales must publish any report it receives under sub-paragraph (1A).”

Patient and public involvement

15 Establishment of Patients’ Forums

- (1) The Secretary of State shall establish a body to be known as a Patients’ Forum—
 - (a) for each NHS trust all or most of whose hospitals, establishments and facilities are situated in England, and
 - (b) for each Primary Care Trust.
- (2) The members of each Patients’ Forum are to be appointed by the Commission for Patient and Public Involvement in Health.
- (3) A Patients’ Forum must—
 - (a) monitor and review the range and operation of services provided by, or under arrangements made by, the trust for which it is established,
 - (b) obtain the views of patients and their carers about those matters and report on those views to the trust,
 - (c) provide advice, and make reports and recommendations, about matters relating to the range and operation of those services to the trust,
 - (d) make available to patients and their carers advice and information about those services,

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- (e) in prescribed circumstances, perform any prescribed function of the trust with respect to the provision of a service affording assistance to patients and their families and carers,
 - (f) carry out such other functions as may be prescribed.
- (4) In providing advice or making recommendations under subsection (3)(c), a Patients' Forum must have regard to the views of patients and their carers.
- (5) If, in the course of exercising its functions, a Patients' Forum becomes aware of any matter which in its view—
 - (a) should be considered by a relevant overview and scrutiny committee, the Forum may refer that matter to the committee,
 - (b) should be brought to the attention of the Commission for Patient and Public Involvement in Health, it may refer that matter to the Commission.
- (6) Subsection (5) does not prejudice the power of a Patients' Forum to make such other representations or referrals as it thinks fit, to such persons or bodies as it thinks fit, about matters arising in the course of its exercising its functions.
- (7) Patients' Forums must in prescribed circumstances—
 - (a) co-operate with each other in the exercise of their functions,
 - (b) exercise functions jointly with one or more other Forums.
- (8) References in subsection (3) to services are references to—
 - (a) services provided as part of the health service in England,
 - (b) services provided in England in pursuance of section 31 arrangements in relation to the exercise of health-related functions of a local authority, and
 - (c) services provided elsewhere (and not as part of the health service in England) in pursuance of section 31 arrangements with a local authority in England.
- (9) In this section—
 - “carer”, in relation to a patient, means a person who provides care for the patient, but who is not employed to do so by any body in the exercise of its functions under any enactment,
 - “the health service” has the same meaning as in the 1977 Act,
 - “patient” includes (as well as a patient within the meaning of that Act) a person who receives services provided in pursuance of section 31 arrangements in relation to the exercise of health-related functions of a local authority,
 - “prescribed” means prescribed by regulations made by the Secretary of State,
 - “relevant overview and scrutiny committee”, in relation to a Patients' Forum, means any overview and scrutiny committee in relation to which the Primary Care Trust or NHS trust for which the Forum is established is a local NHS body by virtue of regulations made under section 7(4) of the Health and Social Care Act 2001 (c. 15) (including that provision as read with section 8(5) and as applied by section 10(2) of that Act),
 - “section 31 arrangements” means arrangements under regulations under section 31 of the 1999 Act (arrangements between NHS bodies and local authorities).

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

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Commencement Information

19 S. 15 partly in force; s. 15 in force for certain purposes at Royal Assent, see s. 42(3)

VALID FROM 01/09/2003

16 Additional functions of PCT Patients' Forums

- (1) A Patients' Forum established for a Primary Care Trust (a "PCT Patients' Forum") has the following additional functions—
 - (a) providing independent advocacy services to persons in the Trust's area or persons to whom services have been provided by, or under arrangements with, the Trust,
 - (b) making available to patients and their carers advice and information about the making of complaints in relation to services provided by or under arrangements with the Trust, and
 - (c) representing to persons and bodies which exercise functions in relation to the area of the Trust (including, in particular, any relevant overview and scrutiny committee) the views of members of the public in the Trust's area about matters affecting their health.
- (2) In subsection (1), references to services have the meaning given by section 15(8).
- (3) It is also the function of a PCT Patients' Forum—
 - (a) to promote the involvement of members of the public in the area of the Trust in consultations or processes leading (or potentially leading) to decisions by those mentioned in subsection (4), or the formulation of policies by them, which would or might affect (whether directly or not) the health of those members of the public,
 - (b) to make available advice and information to such members of the public about such involvement,
 - (c) to advise those mentioned in subsection (4) about how to encourage such involvement (including, in the case of bodies mentioned in subsection (4) to which section 11 of the Health and Social Care Act 2001 (c. 15) applies, advising them how to comply with the requirements of that section in relation to the area of the Primary Care Trust), and
 - (d) to monitor how successful those mentioned in subsection (4) are at achieving such involvement.
- (4) Those referred to in subsection (3) are—
 - (a) Strategic Health Authorities whose areas include any part of the area of the Primary Care Trust,
 - (b) the Primary Care Trust itself,
 - (c) NHS trusts which provide services to patients in the area of the Primary Care Trust,
 - (d) other public bodies, and
 - (e) others providing services to the public or a section of the public.

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

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(5) In section 12 of the Health and Social Care Act 2001 (which inserts a new section 19A concerning independent advocacy services into the 1977 Act), in that new section 19A, after subsection (6) there is inserted—

“(7) The Secretary of State may direct a Patients’ Forum established for a Primary Care Trust to exercise any of his functions under this section so far as they relate to independent advocacy services provided to persons in the area of the Primary Care Trust or persons to whom services have been provided by, or under arrangements with, the Trust; and if he does so—

- (a) the functions of that Patients’ Forum are to be taken to include those functions, but
- (b) the Patients’ Forum may not make any arrangements with itself under this section.”

(6) In this section—

“carer” and “patient” have the same meaning as in section 15,
“independent advocacy services” means services provided under section 19A of the 1977 Act (independent advocacy services),
“relevant overview and scrutiny committee” has the same meaning as in section 15.

17 Entry and inspection of premises

(1) The Secretary of State may make regulations requiring—

- (a) Strategic Health Authorities,
- (b) Primary Care Trusts,
- (c) Health Authorities,
- (d) Local Health Boards,
- (e) local authorities,
- (f) NHS trusts,
- (g) persons providing services under Part 2 of the 1977 Act or under arrangements under section 28C of that Act, or
- (h) persons providing piloted services under pilot schemes established under section 28 of the Health and Social Care Act 2001 (c. 15) , or providing LP Services under an LPS scheme established under Schedule 8A to the 1977 Act,

to allow members of a Patients’ Forum authorised by or under the regulations to enter and inspect, for the purposes of any of the Forum’s functions, premises owned or controlled by those referred to in paragraphs (a) to (h).

(2) The Secretary of State may also make regulations requiring any other person who owns or controls premises where services are provided as mentioned in subsection (1) (g) or (h) to allow members of a Patients’ Forum authorised by or under the regulations to enter and inspect the premises for the purposes of any of the Forum’s functions.

(3) The regulations may in particular make provision as to—

- (a) cases and circumstances in which access is to be permitted,
- (b) limitations or conditions to which access is to be subject.

(4) In subsection (1), “local authorities” has the same meaning as in section 31 of the 1999 Act (arrangements between NHS bodies and local authorities).

Status: Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

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Commencement Information

I10 S. 17 partly in force; s. 17 in force for certain purposes at Royal Assent, see s. 42(3)

VALID FROM 01/09/2003

18 Annual reports

- (1) Every Patients' Forum must—
 - (a) prepare a report in relation to its activities in each financial year, and
 - (b) as soon as possible after the end of each financial year, send a copy of its report for that year to the trust for which it is established, and to the persons mentioned in subsection (2).
- (2) Those persons are—
 - (a) the Secretary of State,
 - (b) the Commission for Patient and Public Involvement in Health,
 - (c) each Strategic Health Authority whose area includes—
 - (i) any part of the area of the Primary Care Trust for which the Forum is established, or
 - (ii) all or most of the hospitals, establishments and facilities of the NHS trust for which the Forum is established,
 - (d) any relevant overview and scrutiny committee within the meaning given by section 15.
- (3) A report under this section relating to any year must include details of the arrangements maintained by the Forum in that year for obtaining the views of patients.
- (4) In this section, “financial year”, in relation to a Patients' Forum, means—
 - (a) the period beginning with the date on which the Forum is established and ending with the next 31st March, and
 - (b) each successive period of 12 months ending with 31st March.

19 Supplementary

- (1) The Secretary of State may by regulations make further provision in relation to Patients' Forums.
- (2) The regulations may in particular make provision as to—
 - (a) the appointment of members,
 - (b) any qualification or disqualification for membership,
 - (c) terms of appointment,
 - (d) circumstances in which a person is to cease to be a member or may be suspended,
 - (e) the proceedings of Patients' Forums,
 - (f) the discharge of any function of a Patients' Forum by a committee of the Forum or by a joint committee appointed with another Forum,

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- (g) the appointment, as members of a committee or joint committee, of persons who are not members of the Forum or Forums concerned,
 - (h) the funding of Patients' Forums and the provision of premises, other facilities and staff,
 - (i) the payment of travelling and other allowances to members of a Patients' Forum or of a committee of a Forum or a joint committee of two or more Forums (including attendance allowances or compensation for loss of remunerative time),
 - (j) the preparation by a Patients' Forum of annual accounts, and their inclusion in accounts of the Commission for Patient and Public Involvement in Health,
 - (k) the provision of information (including descriptions of information which are or are not to be provided) to a Patients' Forum by an NHS trust, a Primary Care Trust, a Strategic Health Authority, the Commission for Patient and Public Involvement in Health or a person providing independent advocacy services (within the meaning given by section 19A of the 1977 Act),
 - (l) the provision of information by a Patients' Forum to another person (including another Forum),
 - (m) the referral of matters by a Patients' Forum to a relevant overview and scrutiny committee (within the meaning given by section 15),
 - (n) the preparation and publication of reports by Patients' Forums (including the publication of reports under section 18),
 - (o) matters to be included in any such report,
 - (p) the furnishing and publication by NHS trusts, Primary Care Trusts and Strategic Health Authorities of comments on reports or recommendations of Patients' Forums.
- (3) The regulations must secure that the members of a Patients' Forum include—
- (a) at least one person who is a member or representative of a voluntary organisation whose purpose, or one of whose purposes, is to represent the interests of—
 - (i) persons for whom services are being provided under the 1977 Act, or
 - (ii) persons who provide care for such persons, but who are not employed to do so by any body in the exercise of its functions under any enactment, and
 - (b) at least one person for whom services are being or have been provided by the trust for which the Patients' Forum is established.
- (4) The regulations must also secure that the members of a Patients' Forum established for a Primary Care Trust also include—
- (a) at least one member of the Patients' Forum established for each NHS trust all or most of whose hospitals, establishments and facilities are situated in the area of the Primary Care Trust, and
 - (b) if it appears to the Commission for Patient and Public Involvement in Health that there is a body which represents members of the public in the Primary Care Trust's area in matters relating to their health, at least one person who is a member or representative of that body (or, if there is more than one such body, of any of those bodies).
- (5) The regulations may include provision applying, or corresponding to, any provision of Part 5A of the Local Government Act 1972 (c. 70) (access to meetings and documents), with or without modifications.

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- (6) In section 134 of the Mental Health Act 1983 (c. 20) (correspondence of patients), in subsection (3)(e), after “Community Health Council” there is inserted “, a Patients’ Forum”.
- (7) In Schedule 1 to the Freedom of Information Act 2000 (c. 36) (public authorities for the purposes of the Act), in Part 3 (National Health Service), after paragraph 41 there is inserted—

“41A A Patients’ Forum established under section 15 of the National Health Service Reform and Health Care Professions Act 2002.”

Commencement Information

III S. 19 partly in force; s. 19 in force for certain purposes at Royal Assent, see s. 42(3)

20 The Commission for Patient and Public Involvement in Health

- (1) There shall be a body corporate to be known as the Commission for Patient and Public Involvement in Health (“the Commission”) to exercise the functions set out in subsections (2) to (5) (in addition to its function of appointing members of Patients’ Forums).
- (2) The Commission has the following functions—
- (a) advising the Secretary of State, and such bodies as may be prescribed, about arrangements for public involvement in, and consultation on, matters relating to the health service in England,
 - (b) advising the Secretary of State, and such bodies as may be prescribed, about arrangements for the provision in England of independent advocacy services,
 - (c) representing to the Secretary of State and such bodies as may be prescribed, and advising him and them on, the views, as respects the arrangements referred to in paragraphs (a) and (b), of Patients’ Forums and those voluntary organisations and other bodies appearing to the Commission to represent the interests of patients of the health service in England and their carers,
 - (d) providing staff to Patients’ Forums established for Primary Care Trusts, and advice and assistance to Patients’ Forums and facilitating the co-ordination of their activities,
 - (e) advising and assisting providers of independent advocacy services in England,
 - (f) setting quality standards relating to any aspect of —
 - (i) the way Patients’ Forums exercise their functions, and
 - (ii) the services provided by independent advocacy services in England, monitoring how successfully they meet those standards, and making recommendations to them about how to improve their performance against those standards,
 - (g) such other functions in relation to England as may be prescribed.
- (3) It is also the function of the Commission to promote the involvement of members of the public in England in consultations or processes leading (or potentially leading) to decisions by those mentioned in subsection (4), or the formulation of policies by them,

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which would or might affect (whether directly or not) the health of those members of the public.

- (4) The decisions in question are those made by—
 - (a) health service bodies,
 - (b) other public bodies, and
 - (c) others providing services to the public or a section of the public.
- (5) It is also the function of the Commission—
 - (a) to review the annual reports of Patients’ Forums made under section 18, and
 - (b) to make, to the Secretary of State or to such other persons or bodies as the Commission thinks fit, such reports or recommendations as the Commission thinks fit concerning any matters arising from those annual reports.
- (6) If the Commission—
 - (a) becomes aware in the course of exercising its functions of any matter connected with the health service in England which in its opinion gives rise to concerns about the safety or welfare of patients, and
 - (b) is not satisfied that the matter is being dealt with, or about the way it is being dealt with,the Commission must report the matter to whichever person or body it considers most appropriate (or, if it considers it appropriate to do so, to more than one person or body).
- (7) Bodies to whom the Commission might report a matter include—
 - (a) the regulatory body for the profession of a person working in the health service,
 - (b) the Commission for Health Improvement.
- (8) The Commission may make such charges as it thinks fit for the provision of advice and other services (but this is subject to any prescribed limitation).
- (9) The Secretary of State may by regulations make further provision in relation to the Commission.
- (10) The regulations may, in particular, make provision as to the provision of information (including descriptions of information which are or are not to be provided) to the Commission by a Strategic Health Authority, a Special Health Authority, an NHS trust, a Primary Care Trust, a Patients’ Forum or a provider of independent advocacy services.
- (11) Schedule 6 (which makes further provision about the Commission) is to have effect.
- (12) In this section—
 - “carer” and “patient” have the same meaning as in section 15,
 - “the health service” has the same meaning as in the 1977 Act, except that it includes services provided in pursuance of section 31 arrangements in relation to the exercise of health-related functions of a local authority,
 - “health service bodies” means Strategic Health Authorities, Primary Care Trusts and NHS trusts,
 - “independent advocacy services” means services provided under section 19A of the 1977 Act (independent advocacy services),
 - “prescribed” means prescribed by regulations made by the Secretary of State,

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“section 31 arrangements” means arrangements under regulations under section 31 of the 1999 Act (arrangements between NHS bodies and local authorities).

Commencement Information

I12 S. 20 in force for certain purposes at Royal Assent, see s. 42(3); s. 20 in force for E. at 1.1.2003 by [S.I. 2002/3190, art. 2](#)

VALID FROM 01/01/2003

21 Overview and scrutiny committees

In section 7 of the Health and Social Care Act 2001 (c. 15) (health-related functions of overview and scrutiny committees), in subsection (3)(b), at the end there is inserted “ or to the relevant authority ”.

Commencement Information

I13 S. 21 not in force at Royal Assent, see s. 42(3); s. 21 in force for E. at 1.1.2003 by [S.I. 2002/3190, art. 2](#)

22 Abolition of Community Health Councils in England

- (1) The Community Health Councils established for districts in England under section 20 of the 1977 Act are abolished.
- (2) That section shall cease to have effect in its application to the area of any Health Authority established for an area in England and to any Community Health Council established for a district in England.
- (3) The Association of Community Health Councils for England and Wales (“ACHCEW”) established under paragraph 5 of Schedule 7 to the 1977 Act is also abolished.
- (4) The National Assembly for Wales has as respects Wales the same power under that paragraph as it would have if no such body had been established.
- (5) The Secretary of State may by order make provision—
 - (a) as to the transfer to a person falling within subsection (6), on or after the abolition of a Community Health Council by subsection (1), of any of the rights or liabilities of a person as a member or former member of the Council,
 - (b) as to the transfer to a person falling within subsection (6) or to the National Assembly for Wales, on or after the abolition of ACHCEW, of any of the property held, rights enjoyed or liabilities incurred in respect of the functions of ACHCEW by a person as a member or former member of a Community Health Council which was a member of ACHCEW.
- (6) The following fall within this subsection—
 - (a) the Secretary of State,

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- (b) a Health Authority established for an area in England,
 - (c) a Special Health Authority,
 - (d) an NHS trust,
 - (e) a Primary Care Trust.
- (7) Before exercising the power conferred by subsection (5)(b) the Secretary of State must consult the National Assembly for Wales.
- (8) If section 1 comes into force before this section—
- (a) the references to Health Authorities in section 20 of and Schedule 7 to the 1977 Act are to be construed (until this section comes into force) as including references to Strategic Health Authorities, and
 - (b) the references in this section to Health Authorities established for areas in England are to have effect as references to Strategic Health Authorities.
- (9) If this section comes into force before section 1, the reference in subsection (6)(b) to a Health Authority established for an area in England is to be construed, after section 1 comes into force, as a reference to a Strategic Health Authority.

Commencement Information

114 S. 22 partly in force; s. 22 in force for certain purposes at Royal Assent, see s. 42(3)

Joint working

23 Joint working with the prison service

- (1) In exercising their respective functions, NHS bodies (on the one hand) and the prison service (on the other) shall co-operate with one another with a view to improving the way in which those functions are exercised in relation to securing and maintaining the health of prisoners.
- (2) The appropriate authority may by regulations make provision for or in connection with enabling prescribed NHS bodies (on the one hand) and the prison service (on the other) to enter into prescribed arrangements in relation to the exercise of—
- (a) prescribed functions of the NHS bodies, and
 - (b) prescribed health-related functions of the prison service,
- if the arrangements are likely to lead to an improvement in the way in which those functions are exercised in relation to securing and maintaining the health of prisoners.
- (3) The arrangements which may be prescribed include arrangements—
- (a) for or in connection with the establishment and maintenance of a fund—
 - (i) which is made up of contributions by one or more NHS bodies and by the prison service, and
 - (ii) out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the prison service,
 - (b) for or in connection with the exercise by an NHS body on behalf of the prison service of prescribed health-related functions of the prison service in conjunction with the exercise by the NHS body of prescribed functions of theirs,

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- (c) for or in connection with the exercise by the prison service on behalf of an NHS body of prescribed functions of the NHS body in conjunction with the exercise by the prison service of prescribed health-related functions of the prison service,
 - (d) as to the provision of staff, goods, services or accommodation in connection with any arrangements mentioned in paragraph (a), (b) or (c),
 - (e) as to the making of payments by the prison service to an NHS body in connection with any arrangements mentioned in paragraph (b),
 - (f) as to the making of payments by an NHS body to the prison service in connection with any arrangements mentioned in paragraph (c).
- (4) Any arrangements made by virtue of this section do not affect the liability of NHS bodies, or of the prison service, for the exercise of any of their functions.
- (5) In this section—
- “appropriate authority” means—
 - (a) the Secretary of State, in relation to England, and
 - (b) the National Assembly for Wales, in relation to Wales,
 - “NHS bodies” means Strategic Health Authorities, Primary Care Trusts, NHS trusts, Special Health Authorities, Health Authorities and Local Health Boards,
 - “prison service” means the Minister of the Crown exercising functions in relation to prisons (within the meaning of the Prison Act 1952 (c. 52)),
 - “Minister of the Crown” has the same meaning as in the Ministers of the Crown Act 1975 (c. 26).

Commencement Information

I15 S. 23 partly in force; s. 23 in force for certain purposes at Royal Assent, see s. 42(3); s. 23 in force for W. at 10.10.2002 by [S.I. 2002/2532](#), [art. 2](#), [Sch.](#)

24 Health and well-being strategies in Wales

- (1) It is the duty of—
- (a) each local authority in Wales, and
 - (b) each Local Health Board any part of whose area lies within the area of the local authority,
- jointly to formulate and implement a strategy for the health and well-being of members of the public in the local authority’s area (a “health and well-being strategy”).
- (2) The local authority and the Local Health Board (or Boards) responsible for a health and well-being strategy are referred to below as the “responsible bodies”.
- (3) The responsible bodies are to have regard to their strategy in the exercise of their functions.
- (4) Each strategy is to be formulated in relation to a period of time to be specified in regulations to be made by the National Assembly for Wales.
- (5) The National Assembly for Wales may by regulations make further provision about health and well-being strategies.

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- (6) The regulations may, in particular, make provision as to—
- (a) the imposition of a duty on the responsible bodies to co-operate in formulating their strategy with prescribed persons or descriptions of person (including, for example, NHS trusts, Community Health Councils, voluntary bodies, and local businesses),
 - (b) steps which the responsible bodies must take before formulating the strategy,
 - (c) matters which the strategy must address,
 - (d) publication of the strategy,
 - (e) monitoring and review by the responsible bodies of the strategy and its implementation,
 - (f) the production of information and reports by the responsible bodies in relation to the strategy,
 - (g) the avoidance of duplication in the preparation of health and well-being strategies and other prescribed strategies or plans provided for under any other enactment.
- (7) The National Assembly for Wales may—
- (a) give directions to local authorities in Wales, Local Health Boards and NHS trusts in connection with health and well-being strategies,
 - (b) issue guidance to responsible bodies in connection with them.
- (8) The power to give directions in subsection (7)(a) is without prejudice to any other power to give directions to the bodies mentioned there.
- (9) In this section—
- (a) “local authority” means county council or county borough council,
 - (b) “prescribed” means prescribed in regulations made by the National Assembly for Wales,

and references to NHS trusts are to be construed as references to NHS trusts all or most of whose hospitals, establishments and facilities are situated in Wales.

Commencement Information

I16 S. 24 in force for certain purposes at Royal Assent, see s. 42(3); s. 24 in force for W. at 10.10.2002 by [S.I. 2002/2532](#), [art. 2](#), [Sch.](#)

Status:

Point in time view as at 10/10/2002. This version of this part contains provisions that are not valid for this point in time.

Changes to legislation:

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