



National Health Service Act 2006

2006 CHAPTER 41

PART 2

HEALTH SERVICE BODIES

[^{F1}CHAPTER A3

INTEGRATED CARE BOARDS

Textual Amendments

- F1** Pt. 2 Ch. A3 inserted (9.5.2022 but only for the insertion of ss. 14Z25 (for specified purposes), 14Z26, 14Z28, 1.7.2022 in so far as not already in force) by [Health and Care Act 2022 \(c. 31\)](#), [ss. 19\(2\)](#), [186\(6\)](#); [S.I. 2022/515](#), [reg. 2\(c\)](#); [S.I. 2022/734](#), [reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))

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

14Z25 Duty to establish integrated care boards

- (1) NHS England must establish bodies called integrated care boards in accordance with this Chapter.
- (2) Each integrated care board is to be established by order made by NHS England for an area within England.
- (3) The area for which an integrated care board is established must not coincide or overlap with the area of any other integrated care board.
- (4) NHS England must ensure that, at all times on and after the appointed day, the areas of integrated care boards together cover the whole of England.

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- (5) An order establishing an integrated care board must provide for the constitution of the board, either by setting out the constitution or by making provision by reference to a published document where it is set out.
- (6) In Schedule 1B—
 - (a) Part 1 is about the constitution of an integrated care board (including its area);
 - (b) Part 2 is about the status and powers of an integrated care board and its accounts.
- (7) Before varying or revoking an order under this section NHS England must consult any integrated care board that it considers likely to be affected.
- (8) NHS England must publish orders under this section.
- (9) In this section “the appointed day” means a day appointed under this subsection by regulations made by the Secretary of State.

14Z26 Process for establishing initial integrated care boards

- (1) NHS England must publish a list of the initial areas for which integrated care boards are to be established (each of which is referred to in this section as an “initial area”).
- (2) The relevant clinical commissioning group or groups for an initial area must propose the constitution of the first integrated care board to be established for that area.
- (3) Before making a proposal under subsection (2), the relevant clinical commissioning group or groups must consult any persons they consider it appropriate to consult (and it is immaterial for this purpose whether the consultation is carried out before or after this section comes into force).
- (4) When establishing the first integrated care board under section 14Z25 for an initial area, NHS England must give effect to any proposal under subsection (2) unless it considers that—
 - (a) the proposal is inappropriate, or
 - (b) the relevant clinical commissioning group or groups have not carried out an appropriate consultation under subsection (3),
 and in that case NHS England must determine the terms of the constitution itself.
- (5) Nothing in this section—
 - (a) prevents NHS England from establishing the first integrated care board for an initial area in a case where the relevant clinical commissioning group or groups have failed within a reasonable period to make a proposal under subsection (2), or
 - (b) limits the re-exercise of the power in section 14Z25.
- (6) NHS England may publish guidance for clinical commissioning groups about the exercise of their functions under this section.
- (7) A clinical commissioning group must have regard to guidance published under this section.
- (8) In this section “the relevant clinical commissioning group or groups” means—
 - (a) in relation to an area that coincides with the area of a clinical commissioning group, that group;

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

14Z27 Abolition of clinical commissioning groups

- (1) Any clinical commissioning group in existence immediately before the appointed day is abolished at the beginning of that day.
- (2) In this section “the appointed day” has the same meaning as in section [14Z25](#).

14Z28 Transfer schemes in connection with integrated care boards

- (1) NHS England may, in connection with the abolition of a clinical commissioning group under section [14Z27](#), make a scheme for the transfer of the group’s property, rights or liabilities to NHS England or an integrated care board.
- (2) NHS England may, in connection with the establishment of an integrated care board, make a scheme for the transfer of property, rights or liabilities to the board from—
 - (a) NHS England,
 - (b) an NHS trust established under section 25,
 - (c) an NHS foundation trust, or
 - (d) a Special Health Authority established under section 28.
- (3) NHS England may, in connection with the variation of the constitution of an integrated care board or the abolition of an integrated care board, make a scheme for the transfer of the board’s property, rights or liabilities to NHS England or an integrated care board.
- (4) The reference in subsection [\(3\)](#) to the variation of the constitution of an integrated care board is to its variation by order under section [14Z25](#) or under provision included in its constitution by virtue of paragraph 14 of Schedule 1B.
- (5) NHS England must exercise its powers under subsection (1) or (3) so as to ensure that—
 - (a) on the abolition of a clinical commissioning group whose area coincides with that of an integrated care board, all of the group’s property, rights and liabilities (other than criminal liabilities) are transferred to that board;
 - (b) on the abolition of a clinical commissioning group whose area does not coincide with that of an integrated care board, all of the group’s property, rights and liabilities (other than criminal liabilities) are transferred to one or more integrated care boards;
 - (c) on the abolition of an integrated care board, all of the board’s liabilities (other than criminal liabilities) are transferred.
- (6) The things that may be transferred under a transfer scheme include—
 - (a) property, rights and liabilities that could not otherwise be transferred;
 - (b) property acquired, and rights and liabilities arising, after the making of the scheme;
 - (c) criminal liabilities.
- (7) A transfer scheme may—
 - (a) create rights, or impose liabilities, in relation to property or rights transferred;
 - (b) make provision about the continuing effect of things done by, on behalf of or in relation to the transferor in respect of anything transferred;

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- (c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the transferor in respect of anything transferred;
 - (d) make provision for references to the transferor in an instrument or other document in respect of anything transferred to be treated as references to the transferee;
 - (e) make provision for the shared ownership or use of property;
 - (f) make provision which is the same as or similar to the TUPE regulations;
 - (g) make other consequential, supplementary, incidental or transitional provision.
- (8) A transfer scheme may provide—
- (a) for modifications by agreement;
 - (b) for modifications to have effect from the date when the original scheme came into effect.
- (9) In subsection (7)(f), “the TUPE regulations” means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).
- (10) In this section—
- (a) references to rights and liabilities include rights and liabilities relating to a contract of employment;
 - (b) references to the transfer of property include the grant of a lease.

Constitution: publication

14Z29 Duty for integrated care board to publish constitution

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

Conflicts of interest

14Z30 Register of interests and management of conflicts of interests

- (1) Each integrated care board must maintain one or more registers of the interests of—
- (a) members of the board,
 - (b) members of its committees or sub-committees, and
 - (c) its employees.
- (2) Each integrated care board must publish the registers maintained under subsection (1) or make arrangements to ensure that members of the public have access to the registers on request.
- (3) Each integrated care board must make arrangements to ensure—
- (a) that a person mentioned in subsection (1) declares any conflict or potential conflict of interest that the person has in relation to a decision to be made in the exercise of the commissioning functions of the integrated care board,
 - (b) that any such declaration is made as soon as practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days of the person becoming aware, and

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- (c) that any such declaration is included in the registers maintained under subsection (1).
- (4) Each integrated care board must make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the board’s decision-making processes.
- (5) For the purposes of this section, the commissioning functions of an integrated care board are the functions of the board in arranging for the provision of services as part of the health service.]

^{F2}People for whom integrated care board has responsibility

Textual Amendments

- F2** S. 14Z31 and cross-heading inserted (1.7.2022) by [Health and Care Act 2022 \(c. 31\)](#), **ss. 20(2)**, 186(6); [S.I. 2022/734, reg. 2\(a\)](#), [Sch.](#) (with regs. 13, 29, 30)

14Z31 People for whom integrated care board has responsibility

- (1) NHS England must from time to time publish rules for determining the group of people for whom each integrated care board has core responsibility.
- (2) The rules must ensure that the following are allocated to at least one group—
- (a) everyone who is provided with NHS primary medical services, and
 - (b) everyone who is usually resident in England and is not provided with NHS primary medical services.
- (3) Regulations may create exceptions to subsection (2) in relation to people of a prescribed description (which may include a description framed by reference to the primary medical services with which the people are provided).
- (4) References in this Act to the group of people for whom an integrated care board has core responsibility are to be read in accordance with this section.
- (5) In this section, “NHS primary medical services” means services provided by a person, other than NHS England or an integrated care board, in pursuance of—
- (a) a general medical services contract to provide primary medical services of a prescribed description,
 - (b) arrangements under section 83(2) for the provision of primary medical services of a prescribed description, or
 - (c) section 92 arrangements for the provision of primary medical services of a prescribed description.]

Modifications etc. (not altering text)

- C1** S. 14Z31: power to amend conferred (1.7.2022) by [Health and Care Act 2022 \(c. 31\)](#), **ss. 20(4)(a)**, 186(6); [S.I. 2022/734, reg. 2\(a\)](#), [Sch.](#) (with regs. 13, 29, 30)

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^{F3}General duties of integrated care boards

Textual Amendments

F3 Ss. 14Z32-14Z64 and cross-headings inserted (1.7.2022) by [Health and Care Act 2022 \(c. 31\)](#), ss. **25(2)**, 186(6); S.I. 2022/734, reg. 2(a), **Sch.** (with regs. 13, 29, 30, 33)

14Z32 Duty to promote NHS Constitution

- (1) Each integrated care board must, in the exercise of its functions—
- (a) act with a view to securing that health services are provided in a way which promotes the NHS Constitution, and
 - (b) promote awareness of the NHS Constitution among patients, staff and members of the public.
- (2) In this section, “patients” and “staff” have the same meaning as in Chapter 1 of Part 1 of the Health Act 2009 (see section 3(7) of that Act).

14Z33 Duty as to effectiveness, efficiency etc

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

14Z34 Duty as to improvement in quality of services

- (1) Each integrated care board must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.
- (2) In discharging its duty under subsection (1), an integrated care board must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services.
- (3) The outcomes relevant for the purposes of subsection (2) include, in particular, outcomes which show—
- (a) the effectiveness of the services,
 - (b) the safety of the services, and
 - (c) the quality of the experience undergone by patients.

14Z35 Duties as to reducing inequalities

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

- (a) reduce inequalities between persons with respect to their ability to access health services, and
- (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 14Z34(3)).

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14Z36 Duty to promote involvement of each patient

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

- (a) the prevention or diagnosis of illness in the patients, or
- (b) their care or treatment.

14Z37 Duty as to patient choice

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

14Z38 Duty to obtain appropriate advice

Each integrated care board must obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in—

- (a) the prevention, diagnosis or treatment of illness, and
- (b) the protection or improvement of public health.

14Z39 Duty to promote innovation

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

14Z40 Duty in respect of research

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

- (a) research on matters relevant to the health service, and
- (b) the use in the health service of evidence obtained from research.

14Z41 Duty to promote education and training

Each integrated care board must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State and [^{F4}NHS England] in the discharge of the duty under that section.

Textual Amendments

- F4** Words in s. 14Z41 substituted (1.4.2023) by [The Health Education England \(Transfer of Functions, Abolition and Transitional Provisions\) Regulations 2023 \(S.I. 2023/368\)](#), reg. 1(2), **Sch. 1 para. 9(11)** (with reg. 7)

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14Z42 Duty to promote integration

- (1) Each integrated care board must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would—
 - (a) improve the quality of those services (including the outcomes that are achieved from their provision),
 - (b) reduce inequalities between persons with respect to their ability to access those services, or
 - (c) reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.
- (2) Each integrated care board must exercise its functions with a view to securing that the provision of health services is integrated with the provision of health-related services or social care services where it considers that this would—
 - (a) improve the quality of the health services (including the outcomes that are achieved from the provision of those services),
 - (b) reduce inequalities between persons with respect to their ability to access those services, or
 - (c) reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.
- (3) In this section—

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

“social care services” means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970 or for the purposes of the Social Services and Well-being (Wales) Act 2014).
- (4) For the purposes of this section, the provision of housing accommodation is a health-related service.

14Z43 Duty to have regard to wider effect of decisions

- (1) In making a decision about the exercise of its functions, an integrated care board must have regard to all likely effects of the decision in relation to—
 - (a) the health and well-being of the people of England;
 - (b) the quality of services provided to individuals—
 - (i) by relevant bodies, or
 - (ii) in pursuance of arrangements made by relevant bodies,
 for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;
 - (c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.
- (2) In subsection (1)—
 - (a) the reference to a decision does not include a reference to a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness;
 - (b) the reference to effects of a decision in relation to the health and well-being of the people of England includes a reference to its effects in relation to

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inequalities between the people of England with respect to their health and well-being;

- (c) the reference to effects of a decision in relation to the quality of services provided to individuals includes a reference to its effects in relation to inequalities between individuals with respect to the benefits that they can obtain from those services.
- (3) In discharging the duty under this section, integrated care boards must have regard to guidance published by NHS England under section 13NB.
- (4) In this section “relevant bodies” means—
- (a) NHS England,
 - (b) integrated care boards,
 - (c) NHS trusts established under section 25, and
 - (d) NHS foundation trusts.

14Z44 Duties as to climate change etc

- (1) Each integrated care board must, in the exercise of its functions, have regard to the need to—
- (a) contribute towards compliance with—
 - (i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and
 - (ii) section 5 of the Environment Act 2021 (environmental targets), and
 - (b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.
- (2) In discharging the duty under this section, integrated care boards must have regard to guidance published by NHS England under section 13ND.

Involvement of the public

14Z45 Public involvement and consultation by integrated care boards

- (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by an integrated care board in the exercise of its functions (“commissioning arrangements”).
- (2) The integrated care board must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways)—
- (a) in the planning of the commissioning arrangements by the integrated care board,
 - (b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on—
 - (i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or
 - (ii) the range of health services available to them, and

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- (c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- (3) This section does not require an integrated care board to make arrangements in relation to matters to which a trust special administrator’s draft or final report under section 65F or 65I relates before—
- (a) in a case where the administrator’s report relates to an NHS trust, NHS England and the Secretary of State have made their decisions under section 65K(1) and (2), or
 - (b) in a case where the administrator’s report relates to an NHS foundation trust, the Secretary of State is satisfied as mentioned in section 65KB(1) or 65KD(1) or makes a decision under section 65KD(9).

Joint exercise of functions with Local Health Boards

14Z46 Joint exercise of functions with Local Health Boards

- (1) Regulations may provide for any prescribed functions of an integrated care board to be exercised jointly with a Local Health Board.
- (2) The regulations may permit or require any functions that are exercisable jointly by an integrated care board and a Local Health Board by virtue of the regulations to be exercised by a joint committee of those bodies.
- (3) Arrangements made by virtue of this section do not affect the liability of an integrated care board for the exercise of any of its functions.

Additional powers of integrated care boards

14Z47 Raising additional income

- (1) An integrated care board has power to do anything specified in section 7(2)(a), (b) and (e) to (h) of the Health and Medicines Act 1988 (provision of goods etc) for the purpose of making additional income available for improving the health service.
- (2) An integrated care board may exercise a power conferred by subsection (1) only to the extent that its exercise does not to any significant extent interfere with the exercise by the board of its other functions.

14Z48 Power to make grants

- (1) An integrated care board may make payments—
 - (a) by way of grant to any of its partner NHS trusts or NHS foundation trusts;
 - (b) by way of grant or loan to a voluntary organisation which provides or arranges for the provision of services which are similar to the services in respect of which the integrated care board has functions.
- (2) The payments may be made subject to such terms as the integrated care board considers appropriate.

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- (3) For the purposes of this Act an NHS trust or NHS foundation trust is a “partner” of an integrated care board if the trust—
- (a) provides services for the purposes of the health service within the integrated care board’s area, and
 - (b) has the function, under the integrated care board’s constitution, of participating in the nomination of members as a result of falling within a description prescribed for the purposes paragraph 8(2)(a) of Schedule 1B.

Experience of members

14Z49 Duty to keep experience of members under review etc

An integrated care board must—

- (a) keep under review the skills, knowledge and experience that it considers necessary for members of the board to possess (when taken together) in order for the board effectively to carry out its functions, and
- (b) if it considers that the board as constituted lacks the necessary skills, knowledge and experience, take such steps as it considers necessary to address or mitigate that shortcoming.

NHS England’s functions in relation to integrated care boards

14Z50 Responsibility for payments to providers

- (1) NHS England may publish a document specifying—
 - (a) circumstances in which an integrated care board is liable to make a payment to a person in respect of services provided by that person in pursuance of arrangements made by another integrated care board in the discharge of commissioning functions, and
 - (b) how the amount of any such payment is to be determined.
- (2) An integrated care board is required to make payments in accordance with any document published under subsection (1).
- (3) Where an integrated care board is required to make a payment by virtue of subsection (2), no other integrated care board is liable to make it.
- (4) Accordingly, any obligation of another integrated care board to make the payment ceases to have effect.
- (5) Any sums payable by virtue of subsection (2) may be recovered summarily as a civil debt (but this does not affect any other method of recovery).
- (6) NHS England may publish guidance for integrated care boards for the purpose of assisting them in understanding and applying any document published under subsection (1).
- (7) In this section “commissioning functions” means the functions of integrated care boards in arranging for the provision of services as part of the health service.

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14Z51 Guidance by NHS England

- (1) NHS England must publish guidance for integrated care boards on the discharge of their functions.
- (2) Each integrated care board must have regard to guidance under this section.

Forward planning and reports

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

- (1) Before the start of each financial year, an integrated care board and its partner NHS trusts and NHS foundation trusts must prepare a plan setting out how they propose to exercise their functions in the next five years.
- (2) The plan must, in particular—
 - (a) describe the health services for which the integrated care board proposes to make arrangements in the exercise of its functions by virtue of this Act;
 - (b) explain how the integrated care board proposes to discharge its duties under—
 - (i) sections 14Z34 to 14Z45 (general duties of integrated care boards), and
 - (ii) sections 223GB to 223N (financial duties);
 - (c) set out any steps that the integrated care board proposes to take to implement any joint local health and wellbeing strategy to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007;
 - (d) set out any steps that the integrated care board proposes to take to address the particular needs of children and young persons under the age of 25;
 - (e) set out any steps that the integrated care board proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).
- (3) The integrated care board and its partner NHS trusts and NHS foundation trusts must publish the plan.
- (4) The integrated care board and its partner NHS trusts and NHS foundation trusts must give a copy of the plan to—
 - (a) the integrated care partnership for the board’s area,
 - (b) each relevant Health and Wellbeing Board, and
 - (c) NHS England.
- (5) NHS England may give a direction as to the date by which subsection (4) must be complied with.
- (6) An integrated care board and its partner NHS trusts and NHS foundation trusts must have regard to the plan under subsection (1).
- (7) In this Chapter “relevant Health and Wellbeing Board”, in relation to an integrated care board (or an integrated care board and its partner NHS trusts and NHS foundation trusts), means a Health and Wellbeing Board established by a local authority whose area coincides with, or includes the whole or any part of, the area of the integrated care board.

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- (8) In this Act “financial year”, in relation to an integrated care board, means—
- (a) the period beginning with the date on which the integrated care board is established and ending with the 31 March following that date, and
 - (b) each successive period of twelve months.

14Z53 Revision of forward plans

- (1) An integrated care board and its partner NHS trusts and NHS foundation trusts may revise a plan published under section 14Z52.
- (2) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in a way that they consider to be significant, section 14Z52(3) and (4) apply in relation to the revised plan as they applied in relation to the original plan.
- (3) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in any other way they must—
 - (a) publish a document setting out the changes, and
 - (b) give a copy of the document to—
 - (i) the integrated care partnership for the board’s area,
 - (ii) each relevant Health and Wellbeing Board, and
 - (iii) NHS England.

14Z54 Consultation about forward plans

- (1) This section applies where an integrated care board and its partner NHS trusts and NHS foundation trusts are—
 - (a) preparing a plan under section 14Z52, or
 - (b) revising a plan under section 14Z53 in a way that they consider to be significant.
- (2) The integrated care board and its partner NHS trusts and NHS foundation trusts must consult—
 - (a) the group of people for whom the integrated care board has core responsibility, and
 - (b) any other persons they consider it appropriate to consult.
- (3) The integrated care board and its partner NHS trusts and NHS foundation trusts must involve each relevant Health and Wellbeing Board in preparing or revising the plan.
- (4) The integrated care board and its partner NHS trusts and NHS foundation trusts must, in particular—
 - (a) give each relevant Health and Wellbeing Board a draft of the plan or (as the case may be) the plan as revised, and
 - (b) consult each relevant Health and Wellbeing Board on whether the draft takes proper account of each joint local health and wellbeing strategy published by it which relates to the period (or any part of the period) to which the plan relates.
- (5) Where a Health and Wellbeing Board is consulted under subsection (4)(b)—
 - (a) it must respond with its opinion on the matter mentioned there;
 - (b) it may also give that opinion to NHS England.

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- (6) Where a Health and Wellbeing Board gives its opinion to NHS England under subsection (5)(b) it must inform the integrated care board and its partner NHS trusts and NHS foundation trusts that it has done so (unless it informed them, in advance, that it was planning to do so).
- (7) If an integrated care board and its partner NHS trusts and NHS foundation trusts revise or further revise a draft after it has been given to each relevant Health and Wellbeing Board under subsection (4), subsections (4) and (5) apply in relation to the revised draft as they applied in relation to the original draft.
- (8) An integrated care board and its partner NHS trusts and NHS foundation trusts must include in a plan published under section 14Z52(3)—
 - (a) a summary of the views expressed by anyone consulted under subsection (2),
 - (b) an explanation of how they took account of those views, and
 - (c) a statement of the final opinion of each relevant Health and Wellbeing Board consulted in relation to the plan under subsection (4).
- (9) In this section, “joint local health and wellbeing strategy” means a strategy under section 116A of the Local Government and Public Involvement in Health Act 2007.

14Z55 Opinion of Health and Wellbeing Boards on forward plan

- (1) A relevant Health and Wellbeing Board—
 - (a) may give NHS England its opinion on whether a plan published by an integrated care board and its partner NHS trusts and NHS foundation trusts under section 14Z52(3) takes proper account of each joint local health and wellbeing strategy published by the Health and Wellbeing Board which relates to the period (or any part of the period) to which the plan relates, and
 - (b) if it does so, must give the integrated care board and its partner NHS trusts and NHS foundation trusts a copy of its opinion.
- (2) In this section, “joint local health and wellbeing strategy” has the same meaning as in section 14Z54(9).

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

- (1) Before the start of each financial year, an integrated care board and its partner NHS trusts and NHS foundation trusts must prepare a plan setting out their planned capital resource use.
- (2) The plan must relate to such period as may be specified in a direction by the Secretary of State.
- (3) The Secretary of State must publish any direction under subsection (2).
- (4) The integrated care board and its partner NHS trusts and NHS foundation trusts must publish the plan.
- (5) The integrated care board and its partner NHS trusts and NHS foundation trusts must give a copy of the plan to—
 - (a) the integrated care partnership for the board’s area,
 - (b) each relevant Health and Wellbeing Board, and
 - (c) NHS England.

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- (6) NHS England may give a direction as to the date by which subsection (5) must be complied with.
- (7) NHS England may publish guidance about the discharge by an integrated care board and its partner NHS trusts and NHS foundation trusts of their functions under this section.
- (8) An integrated care board and its partner NHS trusts and NHS foundation trusts must have regard to any guidance published under subsection (7).
- (9) NHS England may give directions, in relation to a financial year—
 - (a) specifying descriptions of resources which must, or must not, be treated as capital resources for the purposes of this section;
 - (b) specifying uses of capital resources which must, or must not, be taken into account for the purposes of this section.
- (10) The reference in subsection (1) to the use of capital resources is a reference to its expenditure, consumption or reduction in value.

14Z57 Revision of joint capital resource use plans

- (1) An integrated care board and its partner NHS trusts and NHS foundation trusts may revise a plan published under section 14Z56.
- (2) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in a way that they consider to be significant, section 14Z56(4) and (5) apply in relation to the revised plan as they applied in relation to the original plan.
- (3) If the integrated care board and its partner NHS trusts and NHS foundation trusts revise the plan in any other way, they must—
 - (a) publish a document setting out the changes, and
 - (b) give a copy of the document to—
 - (i) the integrated care partnership for the board’s area,
 - (ii) each relevant Health and Wellbeing Board, and
 - (iii) NHS England.

14Z58 Annual report

- (1) An integrated care board must, in each financial year, prepare a report (an “annual report”) on how it has discharged its functions in the previous financial year.
- (2) An annual report must, in particular—
 - (a) explain how the integrated care board has discharged its duties under sections 14Z34 to 14Z45 and 14Z49 (general duties of integrated care boards),
 - (b) review the extent to which the board has exercised its functions in accordance with the plans published under—
 - section 14Z52 (forward plan), and
 - section 14Z56 (capital resource use plan),
 - (c) review the extent to which the board has exercised its functions consistently with NHS England’s views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and

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- (d) review any steps that the board has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.
- (3) In undertaking the review required by subsection (2)(d), an integrated care board must consult each relevant Health and Wellbeing Board.
- (4) An annual report must include—
 - (a) a statement of the amount of expenditure incurred by the integrated care board during the financial year in relation to mental health,
 - (b) a calculation of the proportion of the expenditure incurred by the integrated care board during the financial year that relates to mental health, and
 - (c) an explanation of the statement and calculation.
- (5) NHS England may give directions to integrated care boards as to the form and content of an annual report.
- (6) An integrated care board must—
 - (a) give a copy of its annual report to NHS England before the date specified by NHS England in a direction, and
 - (b) publish a copy of the annual report.

Performance assessment of integrated care boards

14Z59 Performance assessment of integrated care boards

- (1) NHS England must conduct a performance assessment of each integrated care board in respect of each financial year.
- (2) A performance assessment is an assessment of how well the integrated care board has discharged its functions during that year.
- (3) The assessment must, in particular, include an assessment of how well the integrated care board has discharged its duties under—
 - (a) section 14Z34 (improvement in quality of services),
 - (b) section 14Z35 (reducing inequalities),
 - (c) section 14Z38 (obtaining appropriate advice),
 - (d) section 14Z40 (duty in respect of research),
 - (e) section 14Z43 (duty to have regard to effect of decisions),
 - (f) section 14Z45 (public involvement and consultation),
 - (g) sections 223GB to 223N (financial duties), and
 - (h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).
- (4) In conducting a performance assessment, NHS England must consult each relevant Health and Wellbeing Board as to its views on any steps that the board has taken to implement any joint local health and wellbeing strategy to which the board was required to have regard under section 116B(1) of that Act of 2007.
- (5) In conducting a performance assessment, NHS England must, in particular, have regard to—

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- (a) any guidance published by the Secretary of State for the purposes of this section, and
 - (b) any guidance published under section 14Z51.
- (6) NHS England must publish a report in respect of each financial year containing a summary of the results of each performance assessment conducted by NHS England in respect of that year.

Power of NHS England to obtain information

14Z60 Power of NHS England to obtain information

- (1) NHS England may require an integrated care board to provide NHS England with information.
- (2) The information must be provided in such form, and at such time or within such period, as NHS England may require.

Intervention powers

14Z61 Power to give directions to integrated care boards

- (1) This section applies if NHS England is satisfied that—
 - (a) an integrated care board is failing or has failed to discharge any of its functions, or
 - (b) there is a significant risk that an integrated care board will fail to do so.
- (2) NHS England may direct the integrated care board to discharge such of those functions in such manner and within such period or periods as may be specified in the direction.
- (3) NHS England may direct—
 - (a) the integrated care board, or
 - (b) the chief executive of the integrated care board,to cease to perform any functions for such period or periods as may be specified in the direction.
- (4) NHS England may—
 - (a) terminate the appointment of the integrated care board's chief executive, and
 - (b) direct the chair of the board as to which individual to appoint as a replacement and on what terms.
- (5) Where a direction is given under subsection (3)(a) NHS England may—
 - (a) exercise, on behalf of the integrated care board, any of the functions that are the subject of the direction;
 - (b) direct another integrated care board to perform any of those functions on behalf of the integrated care board, in such manner and within such period or periods as may be specified in the direction.
- (6) A direction under subsection (5)(b) may include provision prohibiting or restricting the integrated care board from making delegation arrangements in relation to a function that is exercisable by it by virtue of the direction.

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- (7) In subsection (6) “delegation arrangements” means arrangements made by a person for the exercise of a function by someone else.
- (8) Where a direction is given under subsection (3)(b) NHS England may—
- (a) exercise, on behalf of the chief executive, any of the functions that are the subject of the direction;
 - (b) direct the chief executive of another integrated care board to perform any of those functions on behalf of the chief executive, in such manner and within such period or periods as may be specified in the direction.
- (9) For the purposes of this section—
- (a) a failure to discharge a function includes a failure to discharge it properly, and
 - (b) a failure to discharge a function properly includes a failure to discharge it consistently with what NHS England considers to be the interests of the health service.

14Z62 Section 14Z61 directions: consultation and cooperation

- (1) Before exercising the power conferred by section 14Z61(5)(b) or (8)(b) NHS England must consult the integrated care board to which it is proposing to give the direction or to whose chief executive it is proposing to give the direction.
- (2) Where a direction is given under section 14Z61(3)(b) to the chief executive of an integrated care board, that board must co-operate with any chief executive to whom a direction is given under subsection (8)(b).

Disclosure of information

14Z63 Permitted disclosures of information

- (1) An integrated care board may disclose information obtained by it in the exercise of its functions if—
 - (a) the information has previously been lawfully disclosed to the public,
 - (b) the disclosure is made under or pursuant to regulations under section 113 or 114 of the Health and Social Care (Community Health and Standards) Act 2003 (complaints about health care or social services),
 - (c) the disclosure is made in accordance with any enactment or court order,
 - (d) the disclosure is necessary or expedient for the purposes of protecting the welfare of any individual,
 - (e) the disclosure is made to any person in circumstances where it is necessary or expedient for the person to have the information for the purpose of exercising functions of that person under any enactment,
 - (f) the disclosure is made for the purpose of facilitating the exercise of any of the integrated care board’s functions,
 - (g) the disclosure is made in connection with the investigation of a criminal offence (whether or not in the United Kingdom), or
 - (h) the disclosure is made for the purpose of criminal proceedings (whether or not in the United Kingdom).
- (2) Subsection (1)(a) to (c) and (h) have effect notwithstanding any rule of common law which would otherwise prohibit or restrict the disclosure.

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Interpretation

14Z64 Interpretation

In this Chapter—

“the health service” means the health service in England;

“health services” means services provided as part of the health service;

“integrated care partnership” has the meaning given by section [116ZA\(1\)](#) of the Local Government and Public Involvement in Health Act 2007;

“relevant Health and Wellbeing Board”, in relation to an integrated care board, has the meaning given by section [14Z52\(7\)](#).]

Changes to legislation:

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Changes and effects yet to be applied to the whole Act associated Parts and Chapters:

Whole provisions yet to be inserted into this Act (including any effects on those provisions):

- s. 3B(1)(aa) inserted by [2022 c. 31 Sch. 3 para. 2\(b\)](#)
- s. 3B(1)(za) inserted by [2022 c. 31 Sch. 3 para. 2\(a\)](#)
- s. 13G(4) words omitted by virtue of 2012 c. 7, Sch. 14 para. 4A (as inserted) by [2014 c. 23 s. 120\(18\)\(a\)](#)
- s. 35(3A)(3B) inserted by [2012 c. 7 s. 159\(4\)](#)
- s. 35(3A) words substituted by [2022 c. 31 Sch. 5 para. 12\(4\)](#) (This amendment not applied to legislation.gov.uk. The insertion of s. 35(3A) by 2012 c. 7 s.159(4) not yet in force.)
- s. 40(4)-(4B) substituted for s. 40(4) by [2012 c. 7 Sch. 14 para. 5](#)
- s. 42(1A) inserted by [2012 c. 7 Sch. 14 para. 6](#)
- s. 65F(2A)-(2F) inserted by [2012 c. 7 Sch. 14 para. 15\(4\)](#) (This amendment is itself amended before it comes into force by 2014 c. 23, ss. 85(15), 120(18)(b)(c), 127(1); S.I. 2014/1714, art. 3(2)(b)(c))
- s. 65H(10A) inserted by [2012 c. 7 Sch. 14 para. 17\(4\)](#)
- s. 65H(10A) omitted by [2022 c. 31 Sch. 8 para. 7\(7\)](#) (This amendment not applied to legislation.gov.uk. 2012 c. 7 Sch. 14 revoked at 1.7.2022 by 2022 c. 31, s. 186(6), Sch. 7 para. 13 before the insertion of s. 65H(10A) could come into effect.)
- s. 82A-83A and cross-heading substituted for s. 83 and cross-heading by [2022 c. 31 Sch. 3 para. 3](#)
- s. 84(4)-(4B) substituted for s. 84(4) by [2022 c. 31 Sch. 3 para. 4\(4\)](#)
- s. 92(5A) inserted by [2022 c. 31 Sch. 3 para. 9\(4\)](#)
- s. 94(3)(ca)(cb) substituted for s. 94(3)(ca) by [2022 c. 31 Sch. 3 para. 11\(3\)](#)
- s. 98A98B substituted for s. 98A by [2022 c. 31 Sch. 3 para. 14](#)
- s. 98BC-99B and cross-heading substituted for s. 99 and cross-heading by [2022 c. 31 Sch. 3 para. 15](#)
- s. 100(3A)(3B) inserted by [2022 c. 31 Sch. 3 para. 16\(4\)](#)
- s. 109(3)(ca)(cb) substituted for s. 109(3)(ca) by [2022 c. 31 Sch. 3 para. 23\(3\)](#)
- s. 112(1)(za) inserted by [2022 c. 31 Sch. 3 para. 24\(2\)\(b\)](#)
- s. 114A114B substituted for s. 114A by [2022 c. 31 Sch. 3 para. 26](#)
- s. 114C and cross-heading inserted by [2022 c. 31 Sch. 3 para. 27](#)
- s. 116A116B and cross-heading inserted by [2022 c. 31 Sch. 3 para. 30](#)
- s. 117(4)(4A) substituted for s. 117(4) by [2022 c. 31 Sch. 3 para. 31\(4\)](#)
- s. 125A125B substituted for s. 125A by [2022 c. 31 Sch. 3 para. 39](#)
- s. 223C(1)(c)(d) inserted by [2022 c. 31 s. 28](#)
- s. 223LA inserted by [2022 c. 31 s. 30\(3\)](#)
- Sch. 15 para. 4(1)(b) and word omitted by [2012 c. 7 Sch. 14 para. 39\(3\)](#)