

On 14 May 2026, the government introduced the Health Bill, the legislative vehicle for completing reforms announced in the government's 10 Year Health Plan for England and the abolition of NHS England (NHSE) announced in March 2025. The Bill sets out powers transferred from NHSE as well as new powers. DHSC describes the Bill as supporting two aims: improving patient safety and experience through a single patient record and putting power and resources into NHS providers.

DHSC: combines NHSE and DHSC roles with new powers

DHSC combines NHSE roles with DHSC powers. It continues to define **overarching health policy, agreeing NHS budget, and sponsoring the NHS and ALBs**. It absorbs and delivers **NHSE operational functions**, including commissioning the most specialised services; payment system and provider licence regime; and operational oversight.

New powers from the Bill:



Directly oversees ICBs and providers: Able to issue direction to ICBs and to providers without any restriction, where before NHSE could only intervene upon failure



Health inequalities duty to access and outcomes: SoS's health inequalities duty is broadened to specify access and outcomes, mirroring NHSE's existing framing



Workforce planning and sufficiency: Duty to ensure there are sufficient people to meet workforce needs, upgrading the process-based duty to one that ensures sufficient people with appropriate education and training



Discretionary public/private override: The Bill introduces a discretionary override to the previously flat prohibition on varying the public/private provider mix, allowing the SoS to adjust the mix only when in the interest of the health service



NHS data obligations: Statutory guidance and reporting duties on the use of NHS data will reside within DHSC's remit. The Department will require patient-level data from NHS organisations to populate the single patient record

ICBs: refocussed to strategic commissioners

ICBs will **continue as statutory system-level commissioners**, established under the Health and Care Act 2022, responsible for allocating the local NHS budget, planning and securing NHS services for their populations.

Implications of the Bill:



Strategic commissioners for almost all services, full transfer from NHSE to ICBs of primary care, community pharmacy, dentistry and ophthalmology, with only the most specialised commissioning held centrally



Subject to SoS direction on any ICB function, not only on failure as previously. SoS may remove and direct the replacement of ICB chief executives



Mayoral nominees from each geographically overlapping mayoral strategic authority must sit on the ICB, with candidates aligned to SoS selection guidance



Planning architecture is condensed to two tiers: Neighbourhood Health Plans and Strategic Plans. The statutory requirement to maintain an Integrated Care Partnership is removed

Providers: central oversight of FTs and NHS trusts

NHS Trusts and Foundation Trusts (FT) remain statutory NHS providers under the NHS provider licence and CQC registration. Both must meet constitutional performance standards and operate within the annual NHS planning framework.

The Bill pulls FT and NHS-Trust regimes closer together and gives SoS new levers over both:

- **Equal audit regime:** FTs brought within the same Local Audit and Accountability Act regime as NHS Trusts; FT register and the consultation requirement on FT authorisation abolished
- **FT governance stripped back:** Members and Council of Governors are removed; SoS gains powers to make regulations on board membership and to suspend directors
- **Spending caps on FTs:** SoS may set a FT's annual expenditure limit by order, after consulting the Trust
- **Lower-threshold licence interventions:** SoS may impose governance conditions on a FT's licence where satisfied the Trust risks failure to comply (not actual failure), and requires automatic removal or suspension of named executives
- **Conversion of failing FTs to NHS trusts:** Where an FT has breached a licence condition or other statutory requirement
- **Trust Special Administration (TSA) broadened:** SoS now appoints administrators. For NHS Trusts, TSA is triggered with serious quality failure or where it is 'appropriate in the interests' of the NHS. For FTs, it is with serious quality failure or (likely) insolvency. On appointment, the chair, executives and NEDs are suspended; the statutory objective binding FT administrators to secure continued NHS service provision is removed
- **Enables new FT cohort:** The Bill enables the 10YHP commitment to authorise new FTs from 2026 and for all providers becoming FTs by 2035



Regulators consolidate patient voice

- **NICE** is explicitly protected as the only regulatory body whose recommendations cannot be overridden by the SoS
- **CQC** is the independent regulator, and expands to absorb HSSIB's safety investigation functions
- Healthwatch England functions transfer to **DHSC** with a new Patient Experience Directorate; local Healthwatch health functions move into ICBs; and social care functions transfer into local authorities



Single Patient Record (SPR)

- The Bill provides the basis for a **single patient record (SPR)** accessible across all NHS data controllers and patients, granting powers to unify current fragmentation
- The SoS can establish regulations requiring disclosure of patient information by **all NHS bodies to populate the SPR**
- The SoS must consider **adequate safeguards** to prevent improper use of information made available under regulations