

No	SHA CLUSTER (raised by)	PROGRAMME NAME	BRIEF DESCRIPTION OF PROGRAMME	FUTURE LOCATION	COMMENTS
1	NHS London Cluster	National End of Life Care Programme	National End of Life Care Programme The National End-of-Life Care Programme works to improve care for adults at the end of their lives This includes working across health and social care services in the public, private and voluntary sectors to develop, support, promote and share good practice. The team is based across England, with an admin office in Leicester.	NHSCB	NCAT, which includes the end of life care programme is one of the legacy bodies that is transferring to the NIB. The end of life work will align to the new programme of work for Domain 2 but is unlikely to remain in its current form
2	NHS London Cluster	National Cancer Action Team	National Cancer Action Team The National Cancer Action Team (NCAT) are a hosted or partnership organisation to NHS London and helps the NHS develop world-class cancer services. Directed by Teresa Moss, NCAT are based at St Thomas' Hospital in London and are a key player in the NHS National Cancer action programme. NCAT is part of the National Cancer Programme, working with the Department of Health, NHS Improvement, and the NHS Cancer Screening Programme to achieve the national cancer strategy, 'Improving Outcomes: A Strategy for Cancer'. NCAT hosts the National Cancer Intelligence Network and the National End of Life Care Programme.	NHSCB	
3	NHS London Cluster	SHA Performance Directorate Monitoring operating framework KPIs (e.g. same sex accommodation) and supporting developments to improve the environment.	Separating very young patients from older patients	NHSCB	
4	NHS London Cluster	Significant area of work (no specific programme identified)	TB Find and Treat service Pan London issue	NHSCB, London South CSU	
5	NHS London Cluster	London Health Programmes	Business Intelligence for London Specialised Commissioning (data warehouse)	NHSCB	All specialised commissioning is to go to NHSCB
6	NHS London Cluster	Significant area of work (no specific programme identified)	Sexual Assault Resource Centres (The Havens)	NHSCB	
7	NHS London Cluster	Significant area of work (no specific programme identified)	Continuing Care (Appeals process) Not a statutory function arising from primary legislation	NHSCB	
8	NHS London Cluster	NHS London's Transition Programme - T5 list	111 Campaign, relating to the new 'free to call' service being introduced across London to make it easier to access local NHS healthcare services.	NHSCB	Generally, all 111 services will be going to NHSCB, not just for London
9	NHS London Cluster	NHS London's Transition Programme - T5 list	Specialised Services Commissioning — Business Intelligence for London Specialised Commissioning - This function manages the only data warehouse of pan-London Secondary User Services (SUS) data, providing support to the London Specialist Commissioning	NHSCB	
10	NHS London Cluster	NHS London's Transition Programme - T5 list	Clinical Networks — PCT Hosted functions Hub and spoke networks of services aiming to improve specialty care by promoting a balance between provision of prompt specialist care whilst providing e.g. follow up care in the most convenient setting for the patient. Networks have been established for cancer (out of the Calman-Hine report), cardiac, stroke and trauma services. Organisational boundaries to be invisible to the patient.	NHSCB	All strategic clinical networks are to be hosted and funded by NHSCB, which include <ul style="list-style-type: none"> • Cancer • Cardiovascular disease (including cardiac, stroke, diabetes and renal disease) • Maternity and children's services

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11	NHS London Cluster	NHS London's Transition Programme - T5 list	Pan London Informatics Strategy ownership — This function represents the ownership of the overall pan-London strategic agenda for Informatics. It currently sits within the SHA (TBC) and is required to set the strategic direction and priorities for wh This function links into the DHID and national strategy for IT, and is a dependency of all Informatics activities in London	NHSCB	
12	NHS London Cluster	NHS London's Transition Programme - T5 list	National Roll out of Cancer database	NHSCB	
13	South of England SHA Cluster	Interim Management Support (IMS)	IMAS - core consultancy, Intensive Support Team - provide assistance to Trusts in difficulty. There is a core IMAS team that manage a pool of specialists that go into Trusts to support performance improvement, with two specialties; one in elective care the other in emergency care.	NHSCB	
14	South of England SHA Cluster	National Spinal Cord Injury Board	Specialised Commissioning. Strategic Commissioning Board run and managed by SEC SCG on behalf of the 10 SCGs in England.	NHSCB	
15	South of England SHA Cluster	South of England Spinal Cord Injury Consortium	Specialised Commissioning. Consortium contract/commissioning arrangement run and managed by SEC SCG on behalf of the SCGs in South of England.	NHSCB	
16	South of England SHA Cluster	Implementation of intestinal failure strategy	Specialised Commissioning. Strategic Commissioning Programme run and managed by SEC SCG on behalf of the 10 SCGs in England and National Specialised Commissioning Team	NHSCB	
17	North of England SHA cluster	Patient & public experience	This project follows on from the NHS Future Forum report on Integration which recommended that new patient experience measures should be developed to evaluate patients' experiences across whole journeys of care. This is a time limited project funded from SHA reserves in 2012/13. This is not expected to continue beyond 31 March 2013.	NHSCB	
18	North of England SHA cluster	Mental health (previously CSIP)	Dementia and older people's care, IAPT, Improving the physical health of people with mental illness, improving children's mental health, developing MH and LD capacity in CCGs, implementation of MH PbR, developing autism diagnostic services in line with the autism strategy, developing LD outcomes following Winterbourne.	NHSCB	
19	North of England SHA cluster	Health Visitor Programme	Resulting from DH plans to deliver 4,200 new Health Visitors by April 2015, the programme aim is to:- Increase the numbers of health visitors by training, return to practice and retention improve the education and training for Health Visitors Involve service users in developing the service Ensure that commissioner and provider plans will deliver the programme	NHSCB	
20	North of England SHA cluster	Armed Forces network	The veteran's health programme supports the North East NHS Armed Forces Network the roles of which include managing transition, information sharing, training and awareness and the delivery of the recommendations of the two Murrison reports into mental health and prosthetics. Mental health services include the commissioning of the VWALS service.	NHSCB	
21	Midlands and East Cluster	NHS Sustainable Development Unit (SDU)	Their aim is to help the NHS fulfil its potential as a leading sustainable and low carbon healthcare service. They do this by developing organisations, people, tools, policy and research which will enable the NHS to promote sustainable development and mitigate climate change. The SDU has been established since April 2008. It was formed by the NHS in England under the auspices of the Office of the Strategic Health Authorities.	NHSCB	

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22	Midlands and East Cluster	National Quality Board	The National Quality Board is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS. The Board is a key aspect of the work to deliver high quality care for patients.	NHSCB	
23	Midlands and East Cluster	Equality Delivery System (EDS)	Until December 2011, the EDS work was led by Tim Rideout (CEO of NHS Leicester City, on assignment to work on setting up the NHS Commissioning Board) on behalf of the EDC, and by NHS East Midlands on behalf of the NHS. The specific EDS proposals were developed by a Working Group which includes representatives from strategic health authorities, primary care trusts, NHS Employers and the Care Quality Commission, supported by Department of Health officials. The EDS work is now being led by Paula Vasco-Knight (CEO of South Devon Healthcare NHS Foundation Trust) and by NHS Midlands and East on behalf of the NHS. Paula is supported by an EDS Programme Office Team, led by Maqsood Ahmad, Director of Inclusion for NHS Midlands and East and Director for NHS EDS Implementation.	NHSCB	
24	Midlands and East Cluster	NHS Improvement	NHS Improvement is a national body, hosted by NHS East Midlands. NHS Improvement occupies a small part (16 workstations) of a building leased from Leicester City PCT.	NHSCB	
25	Midlands and East Cluster	NHS Institute for Innovation	NA	NHSCB	
26	Midlands and East Cluster	National Technology Adoption Centre	NTAC supports the NHS in the adoption of identified medical devices and diagnostic tools with a particular focus on their potential to deliver high impact improvements to patients and the NHS, and to assess the issues surrounding their adoption.	NHSCB	
27	Midlands and East Cluster	Cancer Drugs Fund	This is a national funding stream with allocations made to each SHA and which is then administered locally. Arrangements for the allocation of cancer drugs funds varies between each SHA.	NHSCB	The cancer drugs fund will sit clinically with the medical directorate through the portfolio lead for cancer and blood supported by the head of pharmacy. The delivery of the CDF will be through the Operations directorate with each Region having posts whose responsibility is to make it work
28	NHS London Cluster	Significant area of work (no specific programme identified)	Specialised Pharmacy service Covers the majority of the South and East of England	NHSCB	
29	NHS London Cluster	Significant area of work (no specific programme identified)	Safeguarding adults: Nursing – strategic monitoring of health service aspects of safeguarding	NHSCB, CCGs	
30	NHS London Cluster	Significant area of work (no specific programme identified)	Mental health Nursing – learning the lessons from e.g. mental health homicides	NHSCB, CCGs	
31	NHS London Cluster	Significant area of work (no specific programme identified)	Data and information security Medical Director/Chief Information Officer – ensuring confidentiality of patient data	NHSCB, CCGs	
32	NHS London Cluster	Significant area of work (no specific programme identified)	Commissioning Support Appraisal Service (CSAS) Ensures PCTs are consulted when NICE is considering technology appraisal of a new drug	NHSCB potentially if function to continue	The host PCT and CB are currently (as at 21.02.2013) in conversation to determine the future of this service. To be confirmed WC 25.02.2013
33	NHS London Cluster	Significant area of work (no specific programme identified)	Safeguarding (children) Holds NHS Organisations to account and engagement with partners	NHSCB, CCGs	

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34	NHS London Cluster	Significant area of work (no specific programme identified)	Safeguarding (adults) Holds NHS Organisations to account and engagement with partners NB. currently funded through MH bundle monies	NHSCB, CCGs	
35	NHS London Cluster	PCT-based activities with no destinations identified	Payments for Treatment Abroad	NHSCB, CCGs	
36	NHS London Cluster	PCT-based activities with no destinations identified	Appoint Medical Examiner (Coroners & Justice Act)	NHSCB, CCGs	
37	NHS London Cluster	NHS London's Transition Programme - T5 list	myhealthlondon is London's response to providing open and transparent information to the public about health services, through a strategic partnership between NHS London and the Greater London Authority (GLA). The London Councils have joined and throughout the life of the project there has been professional advice from Londonwide LMCs. myhealthlondon builds on the work initiated in November 2010 whereby NHS London worked with the GLA to openly publish data about London's healthcare services through the London Datastore. The website was successfully launched by the Mayor of London on 8 December 2011.	NHSCB, CCGs	
38	North of England SHA cluster	Clinical Networks	Following the regional strategic vision, Our vision, our future and supporting clinical recommendations for improving healthcare across the north east, this programme continues to work closely with clinicians and other staff from across the region to refine and implement improvement plans. Using a programme of facilitated events to focus collective expertise, the programme has developed a strong clinical consensus as well as creating innovative solutions to some of the key challenges.	NHSCB, CCGs	Strategic clinical networks to be hosted and funded by NHSCB, which include <ul style="list-style-type: none"> • Cancer • Cardiovascular disease (including cardiac, stroke, diabetes and renal disease) • Maternity and children's services • Mental health, dementia and neurological conditions. For more information see: http://www.commissioningboard.nhs.uk/2012/07/26/strat-clin-networks/ All other networks are to be locally determined
39	NHS London Cluster	Significant area of work (no specific programme identified)	Medicines Use and Procurement Productivity CCGs would benefit from specialist expertise re: savings on secondary care-prescribed drugs that are outside tariff and on managing primary care prescribing of drugs initiated in secondary care	NHSCB, CSU	
40	NHS London Cluster	London Health Programmes	Specialist Commissioning Health Intelligence pathway profiles Developed once for London	NHSCB, PHE	
41	NHS London Cluster	NHS London's Transition Programme - T5 list	Integrated Care Systems Frameworks aimed at the development of new provider delivery models and organisational forms to support integrated care systems. Pilot schemes across acute and community providers under way in NW London	NHSCB, NTDA	
42	NHS London Cluster	NHS London's Transition Programme - T5 list	Data Loss incidents — There is national work progressing to define a new procedure for reporting data loss incidents. For Transition the task is to maintain control and hand over any outstanding data loss incidents	NHS CB, PHE, HEE, HSCIC, CCGs, DH	To be allocated to each new Data Controller depending on the type of data. This potentially falls into Information Governance policy
43	NHS London Cluster	Significant area of work (no specific programme identified)	Commissioning of London Ambulance Services Critical in assisting CCGs improve health outcomes and getting value for money. CCGs likely to consider LAS commissioning a priority within £25 envelope. Potential destination in new system: CCG commissioned? Lead CCG arrangement for London, CSU delivered. NW CSU have agreed with other London CSUs to lead on LAS and all CSUs have built LAS into price of their offer	NW London CSU	LAS to be hosted by North West London CSU on behalf of London CSUs

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44	NHS London Cluster	NHS London's Transition Programme - T5 list	GP IT	CCGs (via CSUs)	
45	NHS London Cluster	Significant area of work (no specific programme identified)	Patient safety: Performance/Nursing – quality and safety monitoring at the strategic level	New commissioners - NHS CB, CCGs etc	
46	NHS London Cluster	Significant area of work (no specific programme identified)	Employee Health and Safety HR/Facilities Management – ensuring a safe working environment	New employer, new occupier/owner of premises	
47	NHS London Cluster	Significant area of work (no specific programme identified)	Independent sector contract management (pan London) Home O2 and InHealth contracts	New commissioners and their third party subcontractors if contracted out.	
48	NHS London Cluster	Significant area of work (no specific programme identified)	SI investigation team(also Never events)	New Commissioner responsibility - NHSCB or CCGs	
49	North of England SHA cluster	Major incident plan	Emergency planning involves making NHS contingency plans and preparing for specific types of disasters and attacks.	New Commissioners - PHE, NHS CB, CCGs etc	Each new organisation has duty to participate in this, with continuing regional responsibility with the Board, as per the new arrangements
50	North of England SHA cluster	Dementia	Dementia and older people's care, IAPT, Improving the physical health of people with mental illness, improving children's mental health, developing MH and LD capacity in CCGs, implementation of MH PbR, developing autism diagnostic services in line with the autism strategy, developing LD outcomes following Winterbourne.	New Commissioners - PHE, NHS CB, CCGs etc	
51	North of England SHA cluster	Pathology	The pathology work has been part of the DH Pathology Modernisation Program receiving some central funding from the DH and some more locally through the SHA QIPP program. It is likely that this funding will end March 31st 2013. The majority of the funds flow through Gateshead FT who hold the NEwPath budget.	New Commissioners - NHS CB, CCGs, PHE etc	
52	NHS London Cluster	National Cancer Intelligence Network	National Cancer Intelligence Network The National Cancer Intelligence Network (NCIN) links up with organisations across the UK, including the NHS, to collect data about cancer patients and their treatment.	PHE	
53	NHS London Cluster	Significant area of work (no specific programme identified)	Screening office and bowel and newborn screening London priority following poor results on screening in the past	PHE (delivery through NHSCB)	
54	North of England SHA cluster	National Cancer Screening Programme	Responsible for quality assurance & supervision of Breast, Cervical, & Bowel Screening Programmes and Prostate Risk Management	PHE	
55	Midlands and East Cluster	Public Health Observatories	Public Health Observatories (PHO) review public health measures. They were established nationally in 2001 with an autonomous office in each of the old regions. They are funded by DH.	PHE for Public Health Observatories	
56	Midlands and East Cluster	Quality Observatories	Quality Observatories (QO) review and analyse healthcare quality metrics. They were set up in around 2010. They are funded by local NHS bodies including SHA's and their structures vary on a region by region basis	PHE for Quality Observatories currently hosted by PHOs - see comments	Quality observatories not hosted by PHOs are to be determined locally

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57	NHS London Cluster	NHS London's Transition Programme - T5 list	Registration Authority — Services to support the Care Record System smartcards. Function exercised at PCT, PCT-Cluster and SHA levels.	HSCIC	
58	North of England SHA cluster	NLOP (Local Ownership Programme) /NPfIT	The National programme for IT is part of the NHS Connecting for Health (NHS CFH) Department of Health Informatics Directorate. The role is to maintain and develop the NHS national IT infrastructure.	HSCIC NHSCB Local organisations	
59	NHS London Cluster	Deanery Dental education.	To appoint a postgraduate dean to support dental education	LETB	To be determined locally with the London Deanery how this goes into the London LETBs.
60	NHS London Cluster	Significant area of work (no specific programme identified)	Practitioner Health Programme Only works as a scale service	Deanery/HEE	
61	North of England SHA cluster	National Student Union	Bursary scheme hosted by SBS. NHS North West is the lead commissioner on behalf of the other SHAs.	NW LETB	HEE national will negotiate with the National student survey to ensure NHS students are shown separately
62	NHS London Cluster	Significant area of work (no specific programme identified)	London Sexual Health Programme	Boroughs through LHIB	
63	NHS London Cluster	Significant area of work (no specific programme identified)	Pan London HIV prevention programme	Boroughs through LHIB	
64	NHS London Cluster	London Health Programmes	Health Improvement delivery of programmes, behaviour change, social marketing	Boroughs through LHIB	
65	NHS London Cluster	Significant area of work (no specific programme identified)	London Health Improvement Board (LHIB) LHIB have agreement to 3% of Public Health funding from London Boroughs	Levy on London Boroughs	
66	NHS London Cluster	PCT-based activities with no destinations identified	Research Governance For instance, PCTs currently need to consider certain factors before granting permission for research that involves NHS patients in primary care. See http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091185	Providers	
67	NHS London Cluster	Scale Services across London (not statutory)	NHS Primary Care Commissioning	NHS CB or will be terminated	
68	NHS London Cluster	Scale Services across London (not statutory)	Saving Londoners Lives training young people life saving techniques London partnership scheme	Third Sector	
69	NHS London Cluster	NHS London's Transition Programme - T5 list	IT Capital Assets	Will be split depending on Receiver and who requires access and how the IT Systems is provided.eg, if held via a contract or held by the SHA/PCT in its own premises	

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70	North of England SHA cluster	Electronic Staff Record	Based in Sheffield, ESR is a HR & payroll information system that is used nationally by all NHS organisations	Payroll arrangements for each Receiver	Each Receiver has own payroll solution. Migration of ESR for each to be individually determined
71	NHS London Cluster	London Health Programmes	London NHS Travel network To improve travel-related access to healthcare services, improve health and reduce CO2 through encouraging active/sustainable travel; across staff, patients, and visitors	Local resolution	This is not statutory function and therefore should be resolved locally
72	NHS London Cluster	Significant area of work (no specific programme identified)	Clinical Coding Academy Provides training which conforms to IG toolkit requirements across London	Local resolution	This is a London specific programme and therefore needs to be resolved locally
73	NHS London Cluster	Ambulance Radio Programme	Ambulance Radio Programme The Ambulance Radio Programme (ARP) provides voice and data communications between ambulances and their control rooms. This happens through Airwave, a secure digital radio network dedicated to the emergency services and agencies that interoperate with them. The programme is delivered to all English NHS ambulance trusts. The service is supplied by Airwave Solutions and is funded by DH.	Local resolution	This is not statutory function and therefore needs to be resolved locally
74	South of England SHA Cluster	NHS European Office	The NHS European Office represents NHS organisations (both commissioners and providers) to the European Institutions. Its central role is to ensure that NHS views are taken into account in the shaping of EU policy and law which impacts on the NHS.	NHS Confederation	NHS Confederation will provide the service and different organisations will commission it e.g. NHSCB
75	Midlands and East Cluster	Diabetes and Kidney Care Team	This is a national programme which is hosted by Bradford and Airedale PCT. Provision of support to enable front line teams achieve the requirements of the National Service Framework for Diabetes and Kidney Care. There is 1 workstation in an office in Leicester (the same building is occupied by NHS improvement as well).	NHSCB (new Improvement Body)	
76	NHS London Cluster	NHS London's Transition Programme - T5 list	Records Management — Paper Based Records – existing organisations – these are both clinical and also corporate held in both offices and in an estimated 100k archive boxes in more than 50 off sites stores (at an estimated annual cost of more than £1M)	Transition activity	
77	NHS London Cluster	NHS London's Transition Programme - T5 list	Organisational Codes — A new set of NHS Organisation Codes (ODS / NACS) will be produced for successor organisations. These will need to be implemented across multiple systems while maintaining BAU	Transition activity NHS CB, HSCIC, CCGs, all relevant Receivers	
78	NHS London Cluster	NHS London's Transition Programme - T5 list	- SCR - N3 - Choose and Book - EPS - GPSoC	Transition activity NHS CB, HSCIC, CCGs, all relevant Receivers	
79	NHS London Cluster	London Health Programmes	Mental Health Commissioning and Pathway Design Support IAPT access, models for Crisis and LTC, PbR. NB adult safeguarding currently funded through this route)	Closing	
80	North of England SHA cluster	Life Sciences	Hosted by NHS North West on behalf of NHS Innovation. SHA hosted the Director's post, but this funding is likely to cease in 13/14.	Closing	

Future destination of functions that are currently the legal responsibility of SHAs

No	Legal Reference	Statutory Source	Description of Function	How exercised	Future location HSC Act 2012	Comments
1	1	NHS Act 2006 Section 1 Regulation 3(3) and 3(5) of the NHS Functions Regulations	Duty to promote a comprehensive health service, designed to secure the improvement in the physical and mental health of people in England and the prevention, diagnoses and treatment of illness. Duty must be exercised for the benefit of the SHA's area or to secure the effective provision of services by its PCT and NHS Trusts	Strategy, Commissioning and Provider Development. Development of a strategic plan for London.	NHSCB	Continuing duty on the Secretary of State. The SoS maintains ministerial responsibility to Parliament (section 1 of the 2006 Act amended by s. 1 of the 2012 Act). The NHSCB is subject to the duty under section 1 concurrently with the SoS (new section 1H(2) inserted by s 9 of the 2012 Act).
2	4	NHS Act 2006 Section 4 Regulation 3(1) and 3(2) of the NHS Functions Regulations	Duty to provide high security psychiatric services and related services to be exercised jointly by SHAs and PCTs. SHAs to exercise function only to the extent necessary for performance management. The duty to arrange for the provision of high secure services is transferred to the NHSCB (amendment in s 16 of the 2012 Act).	Performance. Commissioning and performance management of high secure mental health services to preserve SoS line of sight	NHSCB	The duty to arrange for the provision of high secure services is transferred to the NHSCB (amendment in s 16 of the 2012 Act). The NHSCB has a duty to provide secure psychiatric premises and to ensure that the person providing the service has been approved by the SoS. The SoS may direct the NHSCB in respect of commissioning high secure services under the new section 4(3A) of the 2006 Act.
3	A (50)	NHS Act 2006 Schedule 12, Paragraph 2A	Power to enter into an LPS scheme (only where the other participants are Primary Care Trusts; powers ancillary). (Not yet in force in respect of SHAs)	Medical. Ensure provision of primary care	NHSCB	The power under paragraph 2A of Schedule 12 has been transferred to the NHSCB or the Secretary of State (Schedule 4, Paragraph 76). References to SHAs omitted.
4	A(42)	Section 249	Duty to cooperate with the prison service with a view to improving the way in which functions are exercised in relation to the health of prisoners.	Performance/Nursing. Monitoring and learning from prison service SUIs.	NHS CB re: prison service functions and Regulations for consultation.	A new definition of NHS Body has been inserted at section 275 of NHS Act 2006 and includes the National Health Commissioning Board, CCGs, Special Health Authorities, NHS Trusts, NHS Foundation Trusts and a Local Health Board (paragraph 138, Schedule 4). The duty under section 249 applies accordingly.
5	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (GMC contracts regulations) 2004	To approve decisions by PCTs on opt-outs by GPs of out of hours services	Function exercised through: Medical/Nursing/Performance Overview of out-of-hours GP cover.	NHS CB	
6	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Capacity Act 2005 regulations 2006	Power to instruct an advocate to act for a person lacking capacity	Not clear this is still relevant legislation May never have been used.	NHS CB	
7	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Health (Hospital Guardianship and Treatment England) regulations 2008	Power to transfer detained patient to another hospital	May never have been used.	NHS CB	
8	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Health (Hospital Guardianship and Treatment England) regulations 2008	Power to transfer recalled community patient to another hospital	May never have been used.	NHS CB	
9	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Health (Hospital Guardianship and Treatment England) regulations 2008	Power to assign a community patient to another body	May never have been used.	NHS CB	
10	Secondary Legislation. General statutory functions that do not have a defined destination	Nursing and midwifery Order 2001	SHAs form the Local Supervising Authorities for nurses and midwives	Nursing. LSA Annual Report, and involvement/ leadership within maternity services.	NHSCB	
11	Secondary Legislation. General statutory functions that do not have a defined destination	Healthcare Professionals Alert Notice Directions 2-6	Duty to nominate someone to issue, monitor and revoke alert notices	Medical/Public Health. Cascading Alert Notices	NHSCB	
12	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (Concerns complaints and redress arrangements (Wales)) regulations 2011	Consider redress where concerns are raised about services provided under arrangements with a Welsh NHS Body	Performance/Nursing. Management and monitoring of complaints. Probably never used	NHSCB	
13	A(5)	NHS Act 2006 Section 5 and Schedule 1 Regulation 3(1), 3(2) and 3(3) of the NHS Functions Regulations	Duty to provide a range of services. To be exercised jointly by SHAs and PCTs but only by SHAs for the purpose of performance management. Services include: • Provision of a microbiological service • Provision of advice on contraception and the treatment, supply and medical examination of persons seeking such advice • Providing vehicles for people with physical disabilities The NHSCB, SoS or a CCG may conduct, commission or assist the conduct of specified research (section 17(13) of the 2012 Act). Transferred	Performance. Performance management.	NHSCB	Replaced by NHSCB duty under section 1H(2).
14	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (functions of SHAs and PCTs and Administrative Arrangements) regulations 2002	To provide any of a list of services 68 services listed, some highly specialised. Need to check these have been transferred somewhere	Need to check these have been transferred somewhere. Function exercised through: Strategy Commissioning & Provider Development/Performance. Ensuring service provision	NHSCB	Replaced by NHSCB duty under section 1H(2)

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15	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (functions of SHAs and PCTs and Administrative Arrangements) regulations 2002	Various general functions to provide services and persons to discharge duties	General provisions applicable to SHA's administrative procedures.	NHSCB	Replaced by NHSCB duty under section 1H(2)
16	Secondary Legislation. General statutory functions that do not have a defined destination	Functions of Primary Care Trusts and Strategic Health Authorities and the NHS Business Services Authority (Primary Dental Services) (England) Regulations 2006	NHS Business Services Authority to exercise delegated functions	Delegation of a function: likely to continue post March 2013 but formal handover of delegable authority would tie this up. Function exercised through: Finance/Performance. Overview of management of dental services.	NHSCB for dental	Regulations are being amended in the third tranche of implementing legislation to be made in early February. To be confirmed with policy leads for primary dental services to confirm policy.
17	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (quality accounts) regulations 2010	To review draft quality accounts for accuracy and omissions within 30 days of receipt	Medical Directorate Monitoring of quality and patient safety.	NHSCB, CCGs	Consequential amendments were made in December 2012. The requirement to provide draft accounts to a relevant SHA or PCT is replaced with a requirement to provide those accounts to either: i) The appropriate NHS Commissioning Board area team where 50% or more of the provider's health services* during the reporting period are provided under contracts, agreement or arrangements with the Board, or ii) the clinical commissioning group which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period. * either provided directly or sub-contracted
18	A(2)	NHS Act 2006 Section 2 Regulation 3(1) of the NHS Functions Regulations	Duty to provide services considered appropriate for discharging duties imposed on the Secretary of State and do other things calculated to facilitate the discharge of such duties. The duty is modified so that the Secretary of State, the NHSCB, and CCGs may do anything which is calculated to facilitate the discharge of any function conferred on it. However, the language relating to actual provision of services by the Secretary of State is removed. (Provision amended by s. 55, Schedule 4, Paragraph 1 of the 2012 Act).	General provision underpinning the duty to ensure service provision.	NHSCB, CCGs	The duty is modified so that the Secretary of State, the NHSCB, and CCGs may do anything which is calculated to facilitate the discharge of any function conferred on it. However, the language relating to actual provision of services by the Secretary of State is removed. (Provision amended by s. 55, Schedule 4, Paragraph 1 of the 2012 Act).
19	A(7)	Section 6(1) See also Regulation 3(2) of the NHS Functions Regulations	Power to provide services outside England. Delegated by SoS to SHAs. Where the SoS has duty or power to provide anything under sections 2A or 2B (public health) or under Schedule 1, that thing can be provided outside England. (Amendment contained in Schedule 4, paragraph 2 of the 2012 Act). A new sub-section (1A) has been inserted into section 6 of the 2006 Act to mean that where CCG or NHSCB has power to arrange for anything to be provided it can provide it outside England.	Strategy, Commissioning and Provider Development and Performance. Overview of specialised commissioning and IFR policy.	NHSCB, CCGs	Where the SoS has duty or power to provide anything under sections 2A or 2B (public health) or under Schedule 1, that thing can be provided outside England. (Amendment contained in Schedule 4, paragraph 2 of the 2012 Act). A new sub-section (1A) has been inserted into section 6 of the 2006 Act to mean that where CCG or NHSCB has power to arrange for anything to be provided it can provide it outside England.
20	B (5) i	CHILDREN ACT 2004 Section 10	SHAs have duty to co-operate with local authorities and others to improve well-being of children. The duty applies to the NHSCB and CCGs for their area (paragraph 128, Schedule 5).	Medical/Nursing Child protection, SUI policy and children's safeguarding.	NHSCB, CCGs	The duty applies to the NHSCB and CCGs for their area (paragraph 128, Schedule 5).
21	B (6) ii	CHILDREN ACT 2004 Section 11	SHAs have a duty to ensure that functions are discharged having regard to the need to safeguard and promote the welfare of children.	Medical/Nursing Child protection, SUI policy and children's safeguarding.	NHSCB, CCGs	The duty applies to the NHSCB and CCGs for their area (paragraph 129, Schedule 5).
22	B (7) iii	CHILDCARE ACT 2006 Section 4	Section 4 specifies a SHA as a "relevant partner". Relevant partners have a duty to work with local authority in connection with the authority's arrangements for improving well-being etc of young children. The NHSCB and CCGs have been added to the definition of "relevant partner". SHA omitted from definition (paragraph 137, Schedule 5).	Medical/Public Health. Regional work on Joint Improvement Support Plans	NHSCB, CCGs	The NHSCB and CCGs have been added to the definition of "relevant partner". SHA omitted from definition (paragraph 137, Schedule 5).
23	Secondary Legislation. General statutory functions that do not have a defined destination	Children's Trust Board (Relevant Partners) (Exceptions) (England) Regulations 2010	See section 12A(4) of the Children Act of 2004	Not handing this off risks undermining efforts to protect vulnerable children Function exercised through: Nursing/Safeguarding arrangements for children	NHSCB, CCGs	
24	B (12) i	CRIMINAL JUSTICE ACT 2003 Section 325	As a "specified person" under section 325 SHAs have a duty to co-operate with the Police, Probation and Prison services in relation to arrangements for assessing risks of violent or sexual offenders.	Performance. General duty of cooperation on all health agencies?	NHSCB, CCGs	Paragraph 124, Schedule 5: NHSCB and CCG added to the list of specified persons under section 325. SHA omitted.
25	B (15) i	DOMESTIC VIOLENCE, CRIME AND VICTIMS ACT 2004 Section 9(2)	If directed by the Secretary of State, a duty to conduct a domestic homicide review. Duty applies to the NHSCB and CCGs. Amended by sections 55, 179; Schedule 5, paragraph 126; Schedule 14, Part 2; paragraph 95.	Nursing. May never have been used.	NHSCB, CCGs	Duty applies to the NHSCB and CCGs. Amended by sections 55, 179; Schedule 5, paragraph 126; Schedule 14, Part 2; paragraph 95.
26	B (15) ii	DOMESTIC VIOLENCE, CRIME AND VICTIMS ACT 2004 Section 9(3)	Duty, if holding or participating in a domestic homicide review, to have regard to any guidance produced by the Secretary of State. Duty applies to the NHSCB and CCGs. Amended by sections 55, 179; Schedule 5, paragraph 126; Schedule 14, paragraph 95.	Nursing. May never have been used.	NHSCB, CCGs	Duty applies to the NHSCB and CCGs. Amended by sections 55, 179; Schedule 5, paragraph 126; Schedule 14, paragraph 95.
27	B (20) i	HEALTH AND SOCIAL CARE (COMMUNITY HEALTH AND STANDARDS) ACT 2003 Section 45 and Section 148	SHA has a duty as a prescribed NHS body to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body. Health care means services provided to individuals in the connection with the prevention, diagnoses, or treatment of an illness (including mental illness). omitted, NHSCB and CCG inserted as prescribed NHS bodies	Performance/Medical/Nursing. Monitoring of quality indicators and performance managing for improvement.	NHSCB, CCGs	SHA omitted, NHSCB and CCG inserted as prescribed NHS bodies
28	B (22) i	INTERNATIONAL DEVELOPMENT ACT 2002 Section 9, Schedule 1	Power, as a relevant public body, to make arrangements for the purposes of furthering sustainable development in countries outside the United Kingdom; improving the welfare of the population of one or more such countries, or alleviating the effects of a natural or man-made disaster or other emergency on the population of one or more such countries.	Strategy, Commissioning and Provider Development. May never have been used	NHSCB, CCGs	Applies to the NHSCB and CCGs. Sections 55, 56, 179, 249; Schedule 5, paragraph 100; Schedule 7, paragraph 11; Schedule 14, Part 2, paragraph 82; Schedule 17, paragraph 9.
29	Secondary Legislation. General statutory functions that do not have a defined destination	Medical Profession (Responsible Officers) Regulations 2010 (2)	Duty to appoint a responsible officer when doctors are employed	Function exercised through: Medical/ Overview of patient safety in primary care.	NHSCB, CCGs	

No	Legal Reference	Statutory Source	Description of Function	How exercised	Future location HSC Act 2012	Comments
30	Secondary Legislation. General statutory functions that do not have a defined destination	Care Quality Commission (Registration) Regulations 2009	The relevant SHA must be informed of a CQC warning notice	Regulator is likely to continue to issue warning notices; it is not clear who needs to be informed. Function exercised through: Performance/Medical/Nursing. Monitoring and performance management in patient safety.	New commissioners, ie, NHS CB and CCGs	
31	Secondary Legislation. General statutory functions that do not have a defined destination	Controlled Drugs (Supervision of Management and Use) Regulations 2006 (Part 4)	To cooperate in management of issues concerning the supply of drugs by relevant persons (doctors, etc), and to share information with other responsible bodies further to this duty.	Medical. See NHS Act 2006, s17, above. Overview of medicines management	New commissioners, ie, NHS CB and CCGs	
32	Secondary Legislation. General statutory functions that do not have a defined destination	Delayed Discharges (England) Regulations 2003	Delayed Discharges (England) Regulations 2003	Managing delayed discharges is a key part of winter planning Performance. Function exercised through: Monitoring of operating framework KPIs and development of 'Winter' planning arrangements.	New commissioners, ie, NHS CB and CCGs	
33	Secondary Legislation. General statutory functions that do not have a defined destination	Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002	To consult with local overview committees	Strategy Commissioning & Provider Development/Public Health. Consulting on health strategy.	New commissioners, ie, NHS CB and CCGs	
34	Secondary Legislation. General statutory functions that do not have a defined destination	Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (2)	Report on complaints to be received	Performance/Nursing. Complaints monitoring.	New commissioners, ie, NHS CB and CCGs	
35	Secondary Legislation. General statutory functions that do not have a defined destination	Duty derived from Health Act 2009	Duty to publish quality accounts	Nursing. Overview of quality and safety.	New commissioners, ie, NHS CB and CCGs	
36	B (23) i	MENTAL HEALTH ACT 1983 Section 12(2)	Requires medical practitioners to be approved as having special experience in the diagnosis of mental disorder. Function delegated to SHAs under the NHS Functions Regulations. Section 38: Function rests with the Secretary of State, who may (i) enter into an agreement with another person to carry out the approval function, (ii) impose requirement on the NHSCB or SpHA to exercise the approval function concurrently with the SoS or the person whom the SoS has entered into an agreement with.	Medical	SofS DH Directorate of Mental Health Disability and Equality	
37	Secondary Legislation. General statutory functions that do not have a defined destination	Controlled Drugs (Supervision of Management and Use) Regulations 2006 (18)	To participate in local intelligence networks	Medical See NHS Act 2006, s17, above. Overview of medicines management	New commissioners, ie, NHS CB and CCGs	
38	A(45)	Section 258	Duty to secure facilities for Universities undertaking research or clinical teaching connected with clinical medicine or dentistry	Regional Director of Public Health	SofS, NHSCB, CCGs	See s.258 as amended by paragraph 131 to Schedule 4 to the 2012 Act. LAs are not subject to this duty
39	Secondary Legislation. General statutory functions that do not have a defined destination	Water Fluoridation (consultation) regs 2005	To advertise and consult on water fluoridation schemes		SofS, LAs	The regulations are being replaced by the new system under the Water Industry Act, as amended by the 2012 Act, under which local authorities will consider and consult on proposals for fluoridation; and Secretary of State will hold the contracts with water undertakers (PHE will manage these contracts). The Secretary of State/PHE will take on existing fluoridation arrangements from SHAs.
40	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (Performers List) regulations 2004	To appoint a postgraduate dean to support dental education	Deanery. Dental education	LETB	
41	21 (i)	HEALTH SERVICES AND PUBLIC HEALTH ACT 1968 Section 63 See also Regulation 3(1) of the NHS Functions Regulations	Power to provide, or make arrangements for the provision of training for NHS staff or persons contemplating employment in the NHS. Power exercisable jointly by SHAs and PCTs.	Function exercised through: POD/Deanery. Education commissioning	HEE (NHSCB, CCGs and LAs can make arrangements for own staff)	References to SHA omitted. NHSCB and CCG inserted.
42	B (2) i	AIDS (CONTROL) ACT 1987 Section 1	Duty to provide periodical reports on matters relating to HIV and AIDS	Section 59: Repeal of Aids (Control) Act 1987. Unclear whether new reporting mechanism instituted in its place – public health provisions?Function exercised through: Public Health/ Reporting on HIV and AIDS.	PHE	Section 59: Repeal of Aids (Control) Act 1987. Unclear whether new reporting mechanism instituted in its place – public health provisions?
43	B (14) i	DISABLED PERSONS (SERVICES, CONSULTATION AND REPRESENTATION) ACT 1986 Section 7(3)	SHA has a duty as a "manager" to give written notification of the date that a person is to be discharged from hospital after having received medical treatment for a mental disorder as an in-patient for a continuous period of not less than 6 months ending with the date to be discharged. Notification must be given as soon as reasonably practicable.Paragraph 40, Schedule 5: Duty rests with the Secretary of State where the SoS is responsible for the administration of the hospital.	Medical.	Duty remains with hospitals (to notify CCGs)	The function (discharge planning) remains with the hospital: it is that the commissioner for healthcare needs to be updated so that the hospital knows who to contact. By virtue of the 2012 Act (paragraph 40 of Schedule 5), in England the relevant health authority becomes the CCG rather than the local PCT. So the managers must notify the local CCG in whose area the person is to reside, and the CCG has a duty to make arrangements for an assessment of needs.
44	Secondary Legislation. General statutory functions that do not have a defined destination	Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (2)	Applies to all NHS bodies	Performance/Nursing. Complaints monitoring.	All NHS Bodies	Definition amended in new section 275 of the NHS Act 2006. ie, NHS CB and CCGs etc

No	Legal Reference	Statutory Source	Description of Function	How exercised	Future location HSC Act 2012	Comments
45	Secondary Legislation. General statutory functions that do not have a defined destination	NHS Bodies Employment Contracts Directions 2008	CE, directors and senior managers' notice period is six months	All new NHS Bodies? Is this already covered by the amendment to the definition of NHS Bodies. Function exercised through: People & Organisational Development/HR. VSM terms and conditions	Function ceases	NHSCB subject to requirement for Secretary of State approval of remuneration policies (paragraph 9(4) of Schedule A1)
46	B 9() i	COMMUNITY CARE (DELAYED DISCHARGES ACT) 2003 Section 9	Section 9 provides that regulations may make provision for panels appointed by SHAs to assist in dispute resolution between two or more public authorities about matters relating to delayed discharge payments. SHA must appoint those performing the function.	Performance/Finance Not covered by SHA Assurance – may never have been used.	Function ceases	Paragraphs 108-110 of Schedule 5 to the 2012 Act amend the 2003 Act in the light of the decision that the dispute resolution function is no longer necessary, so it is no longer possible to give another body the SHA's dispute resolution function. (The negative consequential order removes various provisions from the Delayed Discharges (England) Regulations SI 2003/2277 in the light of this).
47	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (Venereal Disease) regs 1974	Duty to disclose information about a person to clinicians treating that person to help control the spread of venereal disease	Sexual health can be a service priority and relates to patient data. Function exercised through: Medical/Nursing/CIO. Overview of sexual health services	Function ceases once NHS trusts abolished	The regulations put restrictions on the disclosure by SHAs, PCTs and NHS Trusts of information capable of identifying an individual examined or treated for any sexually transmitted disease. The consequential amendments order removes the SHA and PCT references without replacement. The power under which the regulations are made is not available in relation to the NHS Commissioning Board/CCGs. The intention is for these regulations to cease to have effect, and not to be replaced, when NHS Trusts are abolished

Annex 8.3 Future destination of functions that are currently the legal responsibility of PCTs

No	Legal Reference	Statutory Source	Description of Function	Future location HSC Act 2012	Delegation	Comments
1	Secondary Legislation. General statutory functions that do not have a defined destination	Controlled Drugs (Supervision of Management and Use) Regulations 2006 (12)	DUTY: PCTs (along with NHSTs, NHSFTs) are designated bodies for the purposes of the Regs (Reg 3), and are required to appoint accountable officers (regulation 4). There is a duty on designated bodies to establish arrangements for their removal from office in specified circumstances (regulation 6). Designated bodies are required to ensure that their accountable officers are sufficiently resourced (regulation 7). Accountable officers for Primary Care Trusts have particular responsibilities for setting up local intelligence networks, relating to the management and use of controlled drugs, for their area (regulation 18). Other provisions as per SHA table.	NHSCB		
2	Secondary Legislation. General statutory functions that do not have a defined destination	Dentists Act 1984 (Amendment) Order 2005 (4)	PCTs may be consulted under s. 26B of the Dentists Act on any guidance proposed by the GDC regarding fitness to practice (reg 17 inserts s. 26B). Similar provisions for allied professions (reg 31) and rules (reg 43)	NHSCB		
3	Secondary Legislation. General statutory functions that do not have a defined destination	Education (Special Educational Needs) (England) (Consolidation) Regulations 2001 (7)	DUTY: To obtain advice from a medical professional regarding medical information relating to a pupil with possible special educational needs (Reg 9) PCT to receive details of all pupils with SEN statements at least two weeks before the start of each terms.	NHSCB		
4	Secondary Legislation. General statutory functions that do not have a defined destination	General Dental Services, Personal Dental Services and Abolition of the Dental Practice Board Transitional and Consequential Provisions Order 2006 (25)	DUTY: Complaints about pilot scheme providers where there is no succeeding contractor must be investigated by the PCT (Reg 21-22)	NHSCB		
5	Secondary Legislation. General statutory functions that do not have a defined destination	General Medical Services Transitional and Consequential Provisions Order 2004 (37)	DUTY: PCT must, in specified circumstances, enter into a GMS contract with prospective contractors who were previously providing services under general medical services arrangements (regs 2-12). POWER: to provide primary medical services to the patients of medical practitioners who are suspended or unable to perform services on the grounds of physical or mental ill-health (Reg 25)	NHSCB		
6	Secondary Legislation. General statutory functions that do not have a defined destination	General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004 (68)	Largely transitional provisions, mostly relating to relationship with contractors – various duties relate to transitional period around 31st March/1st April 2004, e.g. DUTY: To send written notice of removal of a violent patient from the patient list (Reg 7) DUTY: To add practitioners to performers' lists in specified circumstances (Reg 38).	NHSCB		
7	Secondary Legislation. General statutory functions that do not have a defined destination	General Ophthalmic Services Contracts Regulations 2008 (4)	POWER: To enter into General Ophthalmic Services contracts with contractors (Reg 3) (and duties to give reasons in writing if the PCT refuses to enter into a contract (Reg 5). POWER: to investigate complaints, etc (Sch 1 Part 5). DUTY: to work with contractors to resolve disputes (Sch 1 Part 6).	NHSCB		
8	Secondary Legislation. General statutory functions that do not have a defined destination	Healthy Start Scheme and Welfare Food (Amendment) Regulations 2005 (2)	DUTY: To provide Healthy Start vitamins (as a Health Service Body, the others being NHSTs and NHSFTs), and inform beneficiaries where they may obtain healthy start vitamins (Reg 8A). POWER: to make arrangements for a pharmacist or other person or body to supply Healthy Start vitamins for beneficiaries on its behalf (Reg 8A).	NHSCB		
9	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (Expansion of Role) Regulations 2006 (1)	POWER: as an NHS Body, the power to instruct an IMCA to represent a person lacking capacity in certain circumstances relating to changes to accommodation, or where protective measures are put in place to ensure the protection of an adult lacking capacity (if it is satisfied that it would be of particular benefit to the protected person to be so represented).	NHSCB		
10	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (General) Regulations 2006 (1)	NOT POWER: Includes PCTs as an NHS Body for purposes of s. 37 and 38 of the MCA 2005.	NHSCB		
11	Secondary Legislation. General statutory functions that do not have a defined destination	Misuse of Drugs (Amendment No 2) Regulations 2006 (5)	Amends the below	NHSCB		
12	Secondary Legislation. General statutory functions that do not have a defined destination	Misuse of Drugs Regulations 2001 (3)	DUTY: to provide prescription forms (on which all prescriptions must be prescribed, except in certain circumstances) (Reg 15)	NHSCB		
13	Secondary Legislation. General statutory functions that do not have a defined destination	National Child Measurement Programme Regulations 2008 (5)	POWER: to weigh and measure children and further process resulting information for the purposes of the National Child Measurement Programme where the conditions are met. Delegable between PCTs (Reg 2). DUTY: to take steps to give each parent of a relevant child to whom such exercise relates a reasonable opportunity to withdraw their child from participation in the exercise (and not weigh these children) (Reg 3). POWER: to use information gained for purposes specified in reg 4.	NHSCB		
14	Secondary Legislation. General statutory functions that do not have a defined destination	National Health Service (Charges for Appliances) Regulations 1974 (1)	POWER: to charge for excess price in optical appliances being repaired or replaced that are more expensive than clinically necessary (Reg 3) POWER: to refer to a committee to determine whether the excess charge should be payable (Reg 6).	NHSCB		

No	Legal Reference	Statutory Source	Description of Function	Future location HSC Act 2012	Delegation	Comments
15	Secondary Legislation. General statutory functions that do not have a defined destination	Children (Secure Accommodation) (No 2) Regulations 1991 (1)	POWER: to make applications to court under s. 25 Children's Act in respect of children in its care only (Reg 2)	NHSCB		Secure Children's Homes with welfare only beds are currently exempt from the Regulations underpinning the NHSNCB. The NHS Commissioning Board will have the duty to commission services or facilities for those in prison or other forms of prescribed accommodation, including for children who are detained for welfare reasons and who are not offenders. It will also commission public health services (e.g drug and alcohol services) for the same group, on behalf of the Secretary of State for Health
16	A4	National Health Service Act 2006 Section 144/Schedule 12	Subject to Regulations, the power to enter into Local Pharmaceutical Services Schemes	NHSCB		The power to enter into Local Pharmaceutical Services Schemes has been transferred to the NHSCB or the SoS (Schedule 4, paragraph 76). Provisions relating to SHAs entering into LPS schemes (which are not yet in force) are omitted.
17	A5	HEALTH ACT 2009 Section 29	Section 29: Amends NHS Act 2006 Schedule 12- providing local pharmaceutical services under an LPS scheme (where it is not the commissioning body);[1]	NHSCB		This has been transferred to the SoS or the NHSCB (paragraph 93, Schedule 4).
18	C47	National Health Service Act 2006 Schedule 12	Further provisions in relation to LPS schemes.	NHSCB	Delegable	The provisions relating to SHAs entering into LPS schemes (which are not yet in force) are omitted.
19	D11	AUTISM ACT 2009 Sections 2 and 3	As an NHS body, there is a duty upon the PCT to follow Secretary of State guidance to act on the autism strategy.	NHSCB, CCGs		The Act omits PCTs as an NHS Trust and inserts the National Health Service Commissioning Board and CCGs within the definition of an NHS Trust. The NHSCB and the CCG's will therefore have a duty to comply with the Secretary of State guidance (Paragraph 171, Schedule 5).
20	D12	CARERS (EQUAL OPPORTUNITIES) ACT 2004 Section 3	As a relevant authority, the PCT has a duty to consider requests from LAs for assistance in the planning of services for carers.	NHSCB, CCGs		Both CCGs and the National Health Service Commissioning Board become relevant authorities and therefore have duty to consider requests. PCTs are omitted as a relevant authority (Schedule 5, paragraph 125).
21	D17	CHILDREN ACT 1989 Section 80	With regard to premises in which a child who is being accommodated by or on behalf of a PCT, the PCT (as a prescribed person) must cooperate with those acting on behalf of the Secretary of State to provide information and access to premises during an inspection.	NHSCB, CCGs		Both CCGs and the NHSCB become prescribed persons, as they may make arrangements for provision of accommodation to children (along with the Secretary of State) pursuant to the NHS Act 2006. They therefore must comply with the duty (Schedule 5, Paragraph 54).
22	D19	CHILDREN ACT 2004 Section 10	As a "relevant partner", the PCT has a duty to cooperate with LAs and other partners to improve well-being of children.	NHSCB, CCGs	Non delegable	The NHSCB and a CCG for the relevant area come within the definition of "relevant partner" and therefore subject to this duty (Schedule 5, paragraph 128).
23	D20	CHILDREN ACT 2004 Section 11	The PCT has a duty to make arrangements to ensure that PCTs functions are discharged with regard to the need to safeguard and promote the welfare of children.	NHSCB, CCGs	Non delegable	The National Health Service Commissioning Board and CCGs are introduced to this section, and therefore become subject to this duty (Schedule 5, paragraph 129).
24	D26	THE CRIMINAL JUSTICE ACT 2003 Section 325	As a "specified person" under section 325, PCTs have a duty to co-operate with the Police, Probation and Prison Services in relation to arrangements for assessing risk of violent or sexual offenders.	NHSCB, CCGs		National Health Service Commissioning Board and CCGs come within the definition of a "specified person" and therefore has a duty under section 325 (Schedule 5, Paragraph 124).
25	D27	DOMESTIC VIOLENCE, CRIME AND VICTIMS ACT 2004 Section 9	Duty to have regard to any guidance issued by the Secretary of State in relation to their involvement in a domestic violence review (which they may be directed to participate in or establish by the Secretary of State).	NHSCB, CCGs	Non delegable	National Health Service Commissioning Board, CCGs may be directed by the Secretary of State to establish or participate in reviews. In carrying out reviews or participating, they must have regard to any guidance issued by the Secretary of State as to the establishment and conduct of such reviews (Schedule 5, Paragraph 126).
26	D28	DISABLED PERSONS (SERVICES, CONSULTATION AND REPRESENTATION) ACT 1986 Section 7	A PCT comes within the definition of a "health authority". A health authority has a duty to make arrangements for an assessment of the needs of a person with respect to the provision of services in relation to the discharge of a patient from hospital.	NHSCB, CCGs	Non delegable	The National Health Service Commissioning Board and CCGs come within the definition of a "health authority" and therefore are subject to the duty (Schedule 5, Paragraph 39).
27	D32	EQUALITY ACT 2010 Section 149 Schedule 19, Part 1	Public sector duty of equality (duty to have due regard, in carrying out functions, to eliminating discrimination, advancing equality, and fostering good relations to people with and without a prescribed characteristic).	NHSCB, CCGs	Non delegable	Schedule 5, Paragraph 182: National Health Service Commissioning Board and CCGs added in place of PCTs and therefore subject to this duty in exercising their functions.
28	D40	HEALTH AND SAFETY AT WORK 1974 Section 60	Making arrangements for a medical practitioner to provide medical records of persons under 18 to employment medical advisers.	NHSCB, CCGs	Non delegable	Paragraph 19, Schedule 5: National health Service Commissioning Board or CCGs
29	D41	HEALTH AND SOCIAL CARE (COMMUNITY HEALTH AND STANDARDS) ACT 2003 Section 165	Power to apply provisions about recovery of charges to non-NHS hospitals. Does not apply to NHS funded hospital treatment unless in "health service hospital".	NHSCB, CCGs	Non delegable	The National Health Service Commissioning Board and CCGs take on this power (amendment in paragraph 123, Schedule 5).
30	D47	LOCAL GOVERNMENT AND PUBLIC INVOLVEMENT IN HEALTH ACT 2007 Section 106 (3) and 111*	Section 106 (3) and 111 (5): As a partner authority (section 104), PCTs have a duty to co-operate with the responsible local authority in determining local improvement targets, additional targets, or changes to or removal of existing targets, in local area agreements relating to it. Also have a duty to have regard to SoS guidance.	NHSCB, CCGs	Non delegable	Section 106 applies to prescribed partner agencies. The list of "partner agencies" has been amended to incorporate the NHSCB and CCGs.
31	D51	THE MENTAL HEALTH ACT 1983 Section 39	Duty to provide the Court on request with information about availability of hospital places in order to admit a person in pursuance of a hospital order or interim hospital order.	NHSCB, CCGs	Non delegable	Paragraph 28, Schedule 5: CCG or National Health Service Commissioning Board
32	Secondary Legislation. General statutory functions that do not have a defined destination	Local Authorities (Committee System) (England) Regulations 2012 (1)	DUTY: to have regard to the report or recommendations of an Overview and Scrutiny Committee in the exercise of its functions (note that this duty does not apply where the relevant committee is a non-unitary district council committee, or the recommendations were made under s. 244 of the NHS Act 2006 (Reg 9). DUTY: to provide to an overview and scrutiny committee such information as that committee may reasonably require in order to discharge its functions which has been requested in writing (Reg 9).	NHSCB, CCGs		
33	Secondary Legislation. General statutory functions that do not have a defined destination	Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (2)	DUTY: as a "local NHS body", to consult the local OSC if a PCT has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such service. (Reg 4) DUTY: as a local NHS body to provide an overview and scrutiny committee with such information about the planning, provision and operation of health services in the area of that committee's local authority as the committee may reasonably require in order to discharge its functions (reg 5). DUTY: For an officer of a PCT to attend an OSC meeting to answer questions, if requested by the OSC (Reg 6).	NHSCB, CCGs		

No	Legal Reference	Statutory Source	Description of Function	Future location HSC Act 2012	Delegation	Comments
34	Secondary Legislation. General statutory functions that do not have a defined destination	Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (5)	DUTY: If a complaint is made to the PCT regarding services provided under arrangements made with a provider by the PCT, the PCT must ask the complainant if they object to details being sent to the provider. The PCT must as soon as reasonably practicable send details of the complaint to the provider if the complainant consents. (Reg 7) DUTY: if appropriate, to handle the complaint itself in accordance with the regulations (Reg 7). If the PCT does not consider it appropriate and the complainant consents, duty to notify the provider that it must investigate the complaint. DUTY: to acknowledge a complaint within three days (Reg 13) of receipt. DUTY: to prepare an annual report in relation to complaints, and to send a copy of its annual report to its SHA (Reg 18)	NHSCB, CCGs		
35	Secondary Legislation. General statutory functions that do not have a defined destination	Local Safeguarding Children Boards Regulations 2006 (1)	FUNCTION: PCTs, and the other persons and bodies listed in section 13(3) of the Children Act 2004 are required to co-operate in the establishment and operation of Local Safeguarding Children Boards. The function of LSCBs are set out in Regulation 4.	NHSCB, CCGs		
36	Secondary Legislation. General statutory functions that do not have a defined destination	Major Accident Off-Site Emergency Plan (Management of Waste from Extractive Industries) (England and Wales) Regulations 2009 (1)	PCT in the vicinity of a mining waste facility must be consulted on the preparation of the off-site emergency plan (Reg 4(11)).	NHSCB, CCGs		
37	Secondary Legislation. General statutory functions that do not have a defined destination	Medicines (Pharmacy and General Sale—Exemption) Order 1980 (5)	POWER: Power to sell/supply medicinal products where supplied for the purpose of being administered to a particular person in accordance with the written directions of a doctor or dentist relating to that person, or in accordance with a Patient Group Direction (exemption from the provisions of s. 52 of the Medicines Act 1968).	NHSCB, CCGs		
38	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 (4)	POWER: (Reg 7) Power of officers of the PCT to authorise the transfer of a detained patient who is maintained under contract with the PCT to another hospital. POWER: (Reg 9) Power of officers of the PCT to authorise the transfer of a recalled community patient, who is maintained under contract with the PCT, to another hospital. POWER: (Reg 17) Power of officers of the PCT to authorise the assignment of a community patient, who is maintained under contract with the PCT, to another body. DUTY: To provide a patient advice and liaison service in respect of patient correspondence (Reg 31).	NHSCB, CCGs		
39	Secondary Legislation. General statutory functions that do not have a defined destination	NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (5)	PCTs (along with NHSTs and NHSFTs) are prescribed bodies for purposes of s. 31 of the Health Act 1999 (now s. 75 NHS Act 2006). POWER: to enter into partnership arrangements with a local authority in relation to the exercise of any— (a) NHS functions, and (b) health-related functions of the local authority, if the partnership arrangements are likely to lead to an improvement in the way in which those functions are exercised (reg 4). DUTY: To consult prior to entering into partnership arrangements (reg 4). POWER: on PCT to undertake health-related functions of the Local Authority alongside NHS functions in course of s. 31 arrangement. DUTY: to report to the local authorities, both quarterly and annually, on the exercise of the health-related functions which are the subject of the arrangements (Reg 8).	NHSCB, CCGs		
40	Secondary Legislation. General statutory functions that do not have a defined destination	National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (1)	DUTY: Listed as an NHS body subject to requirement to consider redress where a concern relates to services which it has provided, or arranged for the provision of, under arrangements with a Welsh NHS body.	NHSCB, CCGs		
41	Secondary Legislation. General statutory functions that do not have a defined destination	National Health Service (Charges) (Amendments Relating to Pandemic Influenza) Regulations 2009 (2)	Sets out no charge may be made by PCT (or other NHS bodies) in relation to treatment/medication for pandemic influenza.	NHSCB, CCGs		
42	Secondary Legislation. General statutory functions that do not have a defined destination	Education (Special Educational Needs) (Information) (England) Regulations 1999 (2)	Power: to request copies of reports prepared by the governing bodies of maintained schools regarding provision of education for pupils with special educational needs in their schools (Reg 4)	NHSCB, CCGs		The regulations require the governing body of every maintained school to distribute information covered by these regulations to the PCT for the area in which the school is located. The order replaces the reference to the PCT with references to the CCG and to the NHS CB.
43	D13	CHILDREN ACT 1989 Section 24	Duty to advise and assist certain young people that have been accommodated by the PCT for a period of 3 months or more.	NHSCB, CCGs		Important to understand that the Act confers the function of giving advice & assistance on local authorities. Section 24 is about defining which persons qualify for such advice & assistance, and includes persons accommodated for at least 3 months by a PCT. This is amended so the provision covers a person accommodated for 3 months pursuant to arrangements made by a CCG or NHSCB (those bodies will only commission not provide accommodation). The imminent commencement order will include a transitional provision so that a period accommodated with a PCT still counts for purposes of qualification after 1st April 2013. But there is no orphan function here - it is a test for determining qualification for assistance - and has been amended to cover those accommodated under NHSCB or CCG arrangements in place of PCTs

No	Legal Reference	Statutory Source	Description of Function	Future location HSC Act 2012	Delegation	Comments
44	Secondary Legislation. General statutory functions that do not have a defined destination	Immigration and Asylum Act 1999 (Part V Exemption: Educational Institutions and Health Sector Bodies) Order 2001 (1)	Power: Section 84(1) of the Act (prohibition of provision of immigration advice or immigration services unless a qualified person) shall not apply to a health sector body described in Schedule 3 to the Order (SHAs, PCTs, HAs, NHSTs, NHSFTs, SpHAs). Therefore power to give immigration advice/services.	NHSCB, CCGs		The 2001 order exempts SHAs, PCTs and SpHAs (and certain other health sector bodies) from the requirement to register with the Office of the Immigration Service Commissioner (OISC) before providing immigration advice. The Home Office intends in due course to replace the 2001 order with arrangements that take account of the points-based system for immigration control. Meanwhile, the order replaces the references to SHAs and PCTs with references to the NHS CB and CCGs. It does not add references to NICE and IC in their NPDB incarnations, as we are confident they do not need this exemption
45	D7	National Health Service Act 2006 Section 244	Duty to consult local authority overview and scrutiny committee(s) on proposals for substantial developments or variations in the local health service.	NHSCB, CCGs, Trusts		Section 244 applies to NHS bodies as defined in section 242. As set out above, section 242 is amended to omit PCTs (and SHAs). The duty under section 244 remains in relation to NHS Trusts and NHS Foundation Trusts. The section has been amended to include reference to both the NHSCB and CCGs.
46	F3	National Health Service Act 2006 Section 269	Duty to supply without charge to a medical practitioner or midwife a notice of birth or death. Power to bring (summary criminal) proceedings against those that do not give notice of a birth to the PCT within six hours of birth.	NHSCB, CCGs, LAs	Delegable	Amended by section 284 to apply to defined relevant bodies, including the NHSCB, CCGs and LAs. The duty applies accordingly. PCTs are included in the definition of relevant body until section 34 comes into effect.
47	Secondary Legislation. General statutory functions that do not have a defined destination	Crime and Disorder (Prescribed Information) Regulations 2007 (2)	DUTY: To share depersonalised information amongst public bodies, further to s. 17 Local Government Act. For PCTs, the relevant information will be the general postcode address of persons resident in the area admitted to hospital, the date of such admissions and the sub-categories of each admission within the blocks— (a) assault (X85–Y09), (b) mental and behavioural disorders due to psychoactive substance use (F10–F19), (c) toxic effect of alcohol (T51), and (d) other entries where there is evidence of alcohol involvement determined by blood alcohol level (Y90) or evidence of alcohol involvement determined by level of intoxication (Y91).	NHSCB, CCGs, LAs		The regulations specify the sets of depersonalised information that relevant authorities (including PCTs) have a duty to disclose to each other if held by them. This includes, for PCTs, information on, for example, hospital admissions resulting from assault, substance misuse, and domestic abuse. The information that PCTs as commissioners currently hold on these matters will be held in future by the NHS CB and CCGs, and in some cases by public health LAs. The order therefore replaces the reference to PCT with references to the NHS CB, CCGs, and LAs.
48	Secondary Legislation. General statutory functions that do not have a defined destination	Crime and Disorder Act 1998 (Intervention Orders) Order 2006 (1)	PCT, NHST and NHSFTs in the area in which the defendant resides to be consulted by relevant local authority prior to making an Intervention Order application.	NHSCB, CCGs (LAs already covered)		Before applying for an intervention order (an order that can be attached to an anti-social behaviour order where the behaviour is the result of drug misuse), a local authority must consult, amongst others, a PCT concerned with the provision of appropriate activities within the area in which it appears that the defendant resides or will reside. Order replaces PCT with CB and CCG.
49	Secondary Legislation. General statutory functions that do not have a defined destination	Adoption Support Services (Local Authorities) (Wales) Regulations 2005 (4)	POWER: To provide adoption support agency services pursuant to s. 3(4)(b) of the Adoption and Children Act 2002 (reg 5, also NHS Trusts, Local Authorities, and registered adoption agencies) Local authorities must consult PCT in preparing adoption plans if there may be a need for the provision of services to the adoptee, or as part of an assessed needs assessment (Reg 7, 10). Local authorities must supply plans to PCTs in these circumstances.	CCGs		
50	Secondary Legislation. General statutory functions that do not have a defined destination	Adoption Support Services Regulations 2005 (4)	POWER: To provide adoption support agency services pursuant to s. 3(4)(b) of the Adoption and Children Act 2002 (reg 5, also NHS Trusts, Local Authorities, and registered adoption agencies) Local authorities must consult PCT in preparing adoption plans if there may be a need for the provision of services to the adoptee, or as part of an assessed needs assessment (Reg 7, 10). Local authorities must supply plans to PCTs in these circumstances.	CCGs		
51	Secondary Legislation. General statutory functions that do not have a defined destination	Adoptions with a Foreign Element Regulations 2005 (2)	PCT to be sent details by LA and Adoption Agency of every overseas child proposed to be adopted into a household in their area (Reg 5(1); reg 22)	CCGs		
52	Secondary Legislation. General statutory functions that do not have a defined destination	Care Planning, Placement and Case Review (England) Regulations 2010 (1)	Placing authority (Local Authority) must give notification to PCT of the placement of a child (Reg 13)	CCGs		
53	Secondary Legislation. General statutory functions that do not have a defined destination	Care Quality Commission (Registration) Regulations 2009 (2)	Placing authority (Local Authority) must give notification to PCT of the placement of a child (Reg 13)	CCGs		
54	Secondary Legislation. General statutory functions that do not have a defined destination	Children's Homes Regulations 2001 (2)	PCT to be notified in the event of a death of a child in a care home.	CCGs		
55	Secondary Legislation. General statutory functions that do not have a defined destination	Fostering Services (England) Regulations 2011 (3)	Fostering service to notify PCT of child death, outbreak of infectious disease (Sch 3).	CCGs		
56	Secondary Legislation. General statutory functions that do not have a defined destination	Fostering Services Regulations 2002 (2)	Similar provisions to the above, re death of a child placed with foster parents (Sch 3)	CCGs		
57	Secondary Legislation. General statutory functions that do not have a defined destination	Control of Major Accident Hazards Regulations 1999 (1)	Relevant PCT must be consulted on on-site/off-site safety plan by operator/local authority respectively (Reg 9, 10) in relation to prescribed establishments under the Regs.	CCGs NHSCB & PHE to be consulted		The regulations currently require the PCT for the area to be consulted by operators of establishments where dangerous substances are present about their on-site and off-site emergency plans. The order replaces the references to the PCT for the area with a reference to the CCG for the area. It also requires consultation with the NHS CB (where the establishment is situated in England) and adds a requirement to consult PHE (in consequence of the fact that the S of S will have public health responsibilities that the CB and CCGs don't).

No	Legal Reference	Statutory Source	Description of Function	Future location HSC Act 2012	Delegation	Comments
58	B2	National Health Service Act 2006 Section 6(1) See also Regulation 3(2) of the NHS Functions Regulations	Power to provide services under section 3 outside of England.	SofS, NHSCB, CCGs	Delegable	The power to provide services outside England applies to the SoS: where the SoS has duty or power to provide anything under sections 2A or 2B (public health) or under Schedule 1, that thing can be provided outside England (Schedule 4, paragraph 2). A new sub-section 1A has been inserted into section 6 to mean that where a CCG or the NHSCB has the power to arrange for anything to be provided, it too can provide it outside England.
59	B4	National Health Service Act 2006 Section 80	Power to make available to LAs the services of primary care providers to enable LAs to discharge their functions relating to social services, education and public health.	SofS, NHSCB, CCGs	Delegable	Section 80 has been amended to omit PCTs. As amended, the SoS, the NHSCB or a CCG may make available to LAs the services of SpHA and Local Health Boards (schedule 4, paragraph 28).
60	D14	CHILDREN ACT 1989 Section 24C (as inserted by s. 4 of the Children (Leaving Care) Act 2000)	Duty to inform the local authority within whose area the child proposes to live where a child who is accommodated by the PCT ceases to be so accommodated, after reaching the age of sixteen	SofS, NHSCB, CCGs, SpHAs		The National Health Service Commissioning Board and CCGs (and the Secretary of State) become bodies who must comply with this duty as they may make arrangements to provide accommodation pursuant to the NHS Act 2006. Special Health Authorities, which are already referred to in this section as a body providing accommodation, remain (Schedule 5, Paragraph 50).
61	D18	CHILDREN ACT 1989 Section 85	Duty to notify the appropriate officer of the responsible local authority where a child is provided with accommodation by any PCT for a consecutive period of at least three months or with the intention of accommodating him for that period.	SofS, NHSCB, CCGs		Both CCGs and the NHSCB (along with the Secretary of State) may make arrangements for accommodation pursuant to the NHS Act 2006, and they therefore must comply with the duty (Schedule 5, Paragraph 55).
62	F2	National Health Service Act 2006 Section 12A(1)	Delegated power to enable PCTs to make direct payments to patients. If permitted by regulations, to secure the provision for a patient of services that the PCT must provide under section 117 of the Mental Health Act 1983 (aftercare)	SofS, NHSCB, CCGs, LAs	Delegable	The SoS, the NHSCB, a CCG or a local authority may arrange for direct payments to be made to patients (Schedule 4, paragraph 10). The SoS may make Regulations relating to direct payments (section 12B of the 2006 Act).
63	Secondary Legislation. General statutory functions that do not have a defined destination	Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence) Regulations 2008 (1)	Provisions relating to the PCT's function as a supervisory body under the DoLS arrangements. The Regulations provide the eligibility requirements for people who carry out the assessments, and provide some limitations on the ability of a supervisory body to select people to carry out assessments, even if the person meets the eligibility requirements.	SofS		Paragraph 183 of Schedule A1 to the Mental Capacity Act 2006 provides that section 26(4)-(6) of the National Assistance Act (deemed place of ordinary residence) applies to any determination of where a person is ordinarily resident for the purposes of paragraph 182 (ordinary residence in relation to a care home). Under paragraph 183(3), the Secretary of State or the National Assembly for Wales is responsible for determining any question arising as to a person's ordinary residence. Paragraph 183(6)-(7) enables (but does not require) regulations to be made to provide for arrangements before, upon or after the determination of a person's ordinary residence. Part 6 (regulations 17-19) of the regulations make such provision. They provide for interim arrangements while the ordinary residence dispute is ongoing and what happens when ordinary residence is determined. The 2012 Act amends paragraph 183 to apply also to determinations of ordinary residence under paragraphs 180 (hospitals in England) and 181 (hospitals in Wales). This means that disputes about ordinary residence are now subject to the National Assistance Act provisions, whether they relate to care homes or to hospitals.
64	Secondary Legislation. General statutory functions that do not have a defined destination	Functions of Primary Care Trusts (Dental Public Health) (England) Regulations 2006 (5)	DUTY: to provide, or secure the provision of, the following, to the extent that it considers necessary to meet all reasonable requirements within its area— (a) oral health promotion programmes; (b) dental inspection of pupils in attendance at schools maintained by [local authorities]; and (c) oral health surveys to facilitate— (i) the assessment and monitoring of oral health needs, (ii) the planning and evaluation of oral health promotion programmes, (iii) the planning and evaluation of the provision of primary and specialist dental services, and (iv) the monitoring and reporting of the effect of water fluoridation programme DUTY: to participate in any oral health survey required by the Department of Health as part of a survey conducted or sponsored under section 5(2)(d) of the Act (other services) (Reg 2)	LAs		Functions are transferring to local authorities, as part of their new public health functions. The regulations were made under s.111 of the 2006 Act, which is amended so as to replace references to PCTs with reference to LAs. The 2008 regulations are to replace by Part 4 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012
65	B9	National Health Service Act 2006 Section 249	Duty to co-operate with the prison service with a view to improving the way in which functions are exercised in relation to the health of prisoners.	New Commissioners - NHSCB, CCGs etc	Delegable	A new definition of NHS Body has been inserted at section 275 of NHS Act 2006 and includes the National Health Commissioning Board, CCGs, Special Health Authorities, NHS Trusts, NHS Foundation Trusts and a Local Health Board (paragraph 138, Schedule 4). The duty under section 249 applies accordingly.
66	Secondary Legislation. General statutory functions that do not have a defined destination	National Health Service (Functions of SHAs and PCTs and Administration Arrangements) England Regulations 2002 (22)	Research governance Quality & Safety function(s) at Cluster / Borough level	Providers		
67	Secondary Legislation. General statutory functions that do not have a defined destination	Functions of Primary Care Trusts and Strategic Health Authorities and the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Primary Dental Services) (England) Regulations 2006 (6)	Delegation of powers in relation to primary dental services provision to NHS BSA. Some delegation may be revoked in certain circumstances.	Regulations being amended		Regulations are being amended in the third tranche of implementing legislation to be made in early February. To be confirmed with policy leads for primary dental services to confirm policy.

No	Legal Reference	Statutory Source	Description of Function	Future location HSC Act 2012	Delegation	Comments
68	B8	National Health Service Act 2006 Section 223	Power to form or participate in the formation of companies for the purpose of providing facilities or services.	Not a function for transfer	Delegable CCGs can also exercise the power but only for the purpose of securing improvement in the physical or mental health for the people for	This isn't a function to be "transferred". The Secretary of State had the power to set up companies under s.223 and delegated that power, to a limited extent to PCTs. The 2012 Act gives the NHSCB and CCGs freestanding powers to set up s.223 companies, subject to certain limitations. Any existing PCT shares in a s.223 company will be transferred under the relevant PCT property transfer scheme under s.300 of the 2012 Act
69	Secondary Legislation. General statutory functions that do not have a defined destination	Regulatory Reform (Fire Safety) Order 2006	Statutory fire safety functions May transfer to any of: NHS Commissioning Board, CCGs, LA & NHS PS	Not a function for transfer		Not a function to be transferred. The order imposes fire safety obligations on employers and other persons controlling premises - it makes generic provision (not provision specific to health services bodies), requiring the "responsible person" (ie the employer in the case of a workplace; otherwise the person who has control of the premises or the owner) to take various fire precautions. From 1st April 2013, it is not a question of transferring a function - it is a question of who controls the premises in question. This may be an issue for NHS Prop Co to consider in relation to all the premises transferred to it from PCTs & SHAs?
70	Secondary Legislation. General statutory functions that do not have a defined destination	NHS (functions of SHAs and PCTs and Administrative Arrangements) regulations 2002	To provide any of a list of services 35 services listed, some highly specialised. Need to check these have been transferred somewhere.	Function ceases		Revoked by the order. the list of services referred to is the list of specialised services commissioned by SHAs. The 2002 Regulations will be revoked. The NHSCB will commission the specialised services set out in regulations made under s.3B of the 2006 Act (see Part 3 of the NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012) - covering many (if not all?) of the services listed in the 2002 Regulations. If not for NHSCB, the services are the responsibility of CCGs.
71	Secondary Legislation. General statutory functions that do not have a defined destination	Education (Publication of Local Education Authority Inspection Reports) Regulations 1998 (1)	(Reg 4) PCTs to be sent copies of LEA inspection reports and response plans (along with other organisations)	Function ceases in England		The regulations originally applied in both England and Wales, but following the amendment of Chapter 1 of Part 6 of the Education Act 1997 by the Education and Inspections Act 2006 now apply only in relation to Wales. The order therefore removes the reference to PCT without replacement.
72	Secondary Legislation. General statutory functions that do not have a defined destination	Highways Act 1980 (Gating Orders) (England) Regulations 2006 (1)	PCT falls within definition of "NHS trust or NHS foundation trust", meaning a National Health Service trust, Primary Care Trust or NHS foundation trust providing an emergency ambulance service. These bodies have a right to be consulted/informed of any proposed gating order on a public highway.	Providers of emergency ambulance services to be consulted		The regulations deal with the procedure to be followed by councils in making, varying or revoking gating orders for highways in their area. The council must give notice of its proposals to "every NHS trust or NHS foundation trust through whose area the relevant highway passes". "NHS trust or NHS foundation trust" is defined as meaning an NHS Trust, PCT, or Foundation Trust providing an emergency ambulance service. The order removes the PCT reference without replacement. It is not necessary to insert references to the NHS CB and CCGs, as they will not provide emergency ambulance services.
Additional locally identified functions						
73	101	Additional locally-identified functions	Patient Safety / Sis Respond appropriately to all SUIs, independent enquiries and incidents, child death reviews.	NHSCB		Currently at Cluster / Borough-level
74	102	Additional locally-identified functions	Vulnerable Adult Protection Ensure there are effective systems in place for effective adult protection – including policies, procedures and relationships with key partners. This has particular relevance to e.g. victims of domestic violence, users of mental health services, and clients with a Learning Disability.	NHSCB		
75	112	Additional locally-identified functions	Other Vulnerable Groups Commissioning for vulnerable groups, to ensure services are commissioned specifically, for seldom heard and vulnerable groups such as travellers, asylum seekers.	NHSCB		
76	104	Additional locally-identified functions	System Management - Competition Panel Managing the local provider market to ensure there is an appropriate range and choice of providers.	NHSCB		
77	110	Additional locally-identified functions	Serious Case Reviews	NHSCB		Currently at Cluster / Borough-level
78	111	Additional locally-identified functions	Winter Planning & Surge Planning – to ensure effective winter planning.	NHSCB		
79	114	Additional locally-identified functions	Local Enhanced Services	NHSCB		Currently Borough-level

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80	115	Additional locally-identified functions	Other Community Services Grants (LA/VS Section 64)	SofS, NHSCB, CCGs		Under the 2012 Act, the SofS retains the s.64 power and can continue to make grants. The NHSCB and each CCG then has their own power to make grants to voluntary organisations which provide or arrange the services which are similar the Board/CCG commissions. So the Secretary of State can continue to make national grants, and the NHSCB and CCGs can make grants in relation to the services they commission. NHSCB and CCGs will in effect take on the grant making function from SHAs and PCTs, and potentially from Secretary of State where the grants relate to the services they commission
81	105	Additional locally-identified functions	Carbon Footprint & Champion, to deliver on 2010 Carbon Reduction Strategy and other 'sustainability' issues	All Commissioners and Providers		This function presumably stretches across all of the NHS, both commissioners and providers and could be split up with responsibility going to different parts of the health service. This is not a specific statutory function, but would be ancillary to other functions.
82	103	Additional locally-identified functions	Professional Development Commissioning of education programmes – clinical and non clinical.	HEE		Currently at Cluster / Borough-level
83	107	Additional locally-identified functions	Waste Licensing / Waste Broker	Property owners, Commissioners, NHS Property Services		
84	108	Additional locally-identified functions	Liaison with Town Planners on Sect 106 and CIL	Property owners, Commissioners, NHS Property Services		