Funding for new costs arising from Part 1

Meg Munn

To move the following Clause:—

‘(1) The Secretary of State must provide local authorities with sufficient funding to enable them to meet new costs arising directly or indirectly to them by virtue of this Part.

(2) The costs mentioned in subsection (1) include (but are not limited to)—
   (a) costs of introducing the new measures set out in this Part;
   (b) on-going costs of implementing those measures (to be allocated through the annual spending review);
   (c) costs identified by the Department of Health to be funded through the Better Care Fund.’.

Grahame M. Morris

Clause 23, page 22, line 2, at end add—

‘(2A) Where a local authority is unable to meet the adult’s needs for care and support without the provision of housing of a specified nature or location, subsection (1) does not apply.’.
Care Bill [Lords], continued

Social care free at the point of use

Bill Esterson

To move the following Clause:—

‘The Secretary of State must prepare a report on the costs and benefits of requiring, and providing funding for, local authorities to offer all social care free at the point of use. This report must be laid before each House of Parliament within 12 months of section 3 coming into force.’.

Paul Burstow

Clause 109, page 95, line 35, after ‘Health;’, insert—

‘( ) the Chief Nursing Officer of the Department of Health,’.

Integration of care and support with health services etc: integration fund

Norman Lamb

To move the following Clause:—

‘(1) At the end of section 223B of the National Health Service Act 2006 (funding of the National Health Service Commissioning Board) insert—

“(6) Where the mandate specifies objectives relating to service integration, the requirements that may be specified under section 13A(2)(b) include such requirements relating to the use by the Board of an amount of the sums paid to it under this section as the Secretary of State considers it necessary or expedient to impose.

(7) The amount referred to in subsection (6)—

(a) is to be determined in such manner as the Secretary of State considers appropriate, and

(b) must be specified in the mandate.

(8) The reference in subsection (6) to service integration is a reference to the integration of the provision of health services with the provision of health-related services or social care services, as referred to in sections 13N and 14Z1.”

(2) After section 223G of that Act (meeting expenditure of clinical commissioning groups out of public funds) insert—

“223GA Expenditure on integration

(1) Where the mandate includes a requirement in reliance on section 223B(6) (requirements relating to use by the Board of an amount paid to the Board where mandate specifies service integration objectives), the Board may direct a clinical commissioning group that an amount (a “designated amount”) of the sums paid to the group under section 223G is to be used for purposes relating to service integration.

(2) The designated amount is to be determined—

(a) where the mandate includes a requirement (in reliance on section 223B(6)) that designated amounts are to be determined by the Board in a manner specified in the mandate, in that manner;
(b) in any other case, in such manner as the Board considers appropriate.

(3) The conditions under section 223G(7) subject to which the payment of a designated amount is made must include a condition that the group transfers the amount into one or more funds ("pooled funds") established under arrangements under section 75(2)(a) ("pooling arrangements").

(4) The conditions may also include—
   (a) conditions relating to the preparation and agreement by the group and each local authority and other clinical commissioning group that is party to the pooling arrangements of a plan for how to use the designated amount (a "spending plan");
   (b) conditions relating to the approval of a spending plan by the Board;
   (c) conditions relating to the inclusion of performance objectives in a spending plan;
   (d) conditions relating to the meeting of any performance objectives included in a spending plan or specified by the Board.

(5) Where a condition subject to which the payment of a designated amount is made is not met, the Board may—
   (a) withhold the payment (in so far as it has not been made);
   (b) recover the payment (in so far as it has been made);
   (c) direct the clinical commissioning group as to the use of the designated amount for purposes relating to service integration or for making payments under section 256.

(6) Where the Board withholds or recovers a payment under subsection (5)(a) or (b)—
   (a) it may use the amount for purposes consistent with such objectives and requirements relating to service integration as are specified in the mandate, and
   (b) in so far as the exercise of the power under paragraph (a) involves making a payment to a different clinical commissioning group or some other person, the making of the payment is subject to such conditions as the Board may determine.

(7) The requirements that may be specified in the mandate in reliance on section 223B(6) include requirements to consult the Secretary of State or other specified persons before exercising a power under subsection (5) or (6).

(8) The power under subsection (5)(b) to recover a payment may be exercised in a financial year after the one in respect of which the payment was made.

(9) The payments that may be made out of a pooled fund into which a designated amount is transferred include payments to a local authority which is not party to the pooling arrangements in question in connection with the exercise of its functions under Part 1 of the Housing Grants, Construction and Regeneration Act 1996 (disabilities facilities grants).

(10) In exercising a power under this section, the Board must have regard to the extent to which there is a need for the provision of each of the following—
   (a) health services (see subsection (12)),

Care Bill [Lords], continued

(b) health-related services (within the meaning given in section 14Z1), and

(c) social care services (within the meaning given in that section).

(11) A reference in this section to service integration is a reference to the integration of the provision of health services with the provision of health-related services or social care services, as referred to in sections 13N and 14Z1.

(12) “Health services” means services provided as part of the health service in England.”.

As an Amendment to Norman Lamb’s proposed New Clause (Integration of care and support with health services etc: integration fund) (NC2):—

Paul Burstow

Line 74, after ‘regard to’, insert ‘the duty to promote wellbeing in section 1 of the Care Act 2014, and’.

Liz Kendall
Mr Jamie Reed

Clause 10, page 10, line 38, at end insert—

‘(10A) Where an adult is being assessed for NHS Continuing Care and this is to be provided in whole or in part in the community, and that person has a carer who is providing or about to provide care, the local authority must ensure that a carer’s assessment under this section and section 12 is carried out of the carer’s ability to provide or continue to provide care.’.

Liz Kendall
Mr Jamie Reed

Clause 14, page 13, line 29, at end add—

‘(9) Where an assessment is carried out under section 10(10A), the NHS must meet the carer’s assessed needs for support which meet the eligibility criteria free of charge.’.

Liz Kendall
Mr Jamie Reed

Clause 13, page 13, line 36, at end add—

‘(9) The regulations in subsection (6) are subject to the super-affirmative resolution procedure set out in schedule [Super-Affirmative Resolution procedure].’.

Liz Kendall
Mr Jamie Reed

Clause 17, page 17, line 15, at end add—

‘(14) The regulations in subsection (7) are subject to the super-affirmative resolution procedure set out in schedule [Super-Affirmative Resolution procedure].’.
Clause 35, page 32, line 12, at end add—

‘(11) The regulations in subsection (1) are subject to the super-affirmative resolution procedure set out in schedule [Super-Affirmative Resolution procedure].’.

To move the following Schedule:—

‘SUPER-AFFIRMATIVE RESOLUTION PROCEDURE

1 The “super-affirmative resolution procedure” in relation to a draft order under this Act is as follows.

2 The Minister must have regard to—

(a) any representations,
(b) any resolution of either House of Parliament, and
(c) any recommendations of a committee of either House of Parliament charged with reporting on the draft order, made during the 60-day period with regard to the draft order.

3 If, after the expiry of the 60-day period, the Minister wishes to make an order in the terms of the draft, he must lay before Parliament a statement—

(a) stating whether any representations were made under subsection (2)(a); and
(b) if any representations were so made, giving details of them.

4 The Minister may after the laying of such a statement make an order in the terms of the draft if it is approved by a resolution of each House of Parliament.

5 However, a committee of either House charged with reporting on the draft order may, at any time after the laying of a statement under paragraph 3 and before the draft order is approved by that House under paragraph 4, recommend under this subsection that no further proceedings be taken in relation to the draft order.

6 Where a recommendation is made by a committee of either House under paragraph 5 in relation to a draft order, no proceedings may be taken in relation to the draft order in that House under paragraph 4 unless the recommendation is, in the same Session, rejected by resolution of that House.

7 If, after the expiry of the 60-day period, the Minister wishes to make an order consisting of a version of the draft order with material changes, he must lay before Parliament—

(a) a revised draft order; and
(b) a statement giving details of—

(i) any representations made under paragraph 2(a); and
(ii) the revisions proposed.

8 The Minister may after laying a revised draft order and statement under paragraph 7 make an order in the terms of the revised draft if it is approved by a resolution of each House of Parliament.

9 However, a committee of either House charged with reporting on the revised draft order may, at any time after the revised draft order is laid under paragraph 7 and before it is approved by that House under paragraph 8, recommend under this paragraph that no further proceedings be taken in relation to the revised draft order.
Care Bill [Lords], continued

10 Where a recommendation is made by a committee of either House under paragraph 9 in relation to a revised draft order, no proceedings may be taken in relation to the revised draft order in that House under paragraph 8 unless the recommendation is, in the same Session, rejected by resolution of that House.

11 For the purposes of paragraphs 4 and 8 an order is made in the terms of a draft order if it contains no material changes to the provisions of the draft order.

12 In this section the “60-day period” means the period of 60 days beginning with the day on which the draft order was laid before Parliament under section 1(6).’.

Liz Kendall  
Mr Jamie Reed

Clause 14, page 14, line 7, at end insert—
‘(3A) Services of an intimate nature can only be provided to the disabled person.
(3B) Regulations may make provision about what is, or is not, of an intimate nature for the purposes of subsection (3).’.

Liz Kendall  
Mr Jamie Reed

Clause 14, page 14, line 29, at end add—
‘(9) A local authority should publish on its website the current cost that the local authority incurs for particular services for which it may make a charge.’.

Liz Kendall  
Mr Jamie Reed

Clause 15, page 14, line 33, leave out ‘cap on care costs’ and insert ‘set level above which an adult starts receiving financial assistance with the costs of their care’.

Liz Kendall  
Mr Jamie Reed

Clause 15, page 15, line 6, leave out ‘cap on care costs’ and insert ‘the set level above which an adult starts receiving financial assistance with the costs of their care’.

Liz Kendall  
Mr Jamie Reed

Clause 15, page 15, line 27, leave out ‘cap on care costs’ and insert ‘the set level above which an adult starts receiving financial assistance with the costs of their care’.

Liz Kendall  
Mr Jamie Reed

Clause 15, page 15, line 22, at end add—
‘(9) The Secretary of State must report to Parliament—
(a) in advance of this section coming into force with the Government’s assessment of the likely impact of the set level above which an adult starts receiving financial assistance with the costs of their care; and
(b) annually once the section is in effect, with the Government’s assessment of the impact of the set level above which an adult starts receiving financial assistance with the costs of their care.’.
financial assistance with the cost of their care, in particular its
distributional impact across different levels of income.’.

Liz Kendall
Mr Jamie Reed

Clause 26, page 24, line 40, at end insert—
‘(4) A personal budget for an adult must be set at a level that would be sufficient to meet all of that adult’s eligible needs as assessed by regulations referred to in section 13(6).’.

Liz Kendall
Mr Jamie Reed

Clause 34, page 30, line 46, at end insert—
‘(9) The Secretary of State shall make available to all local authorities a model deferred payment scheme and all local authorities must follow this model unless they can show due cause not to.’.

Liz Kendall
Mr Jamie Reed

Clause 35, page 31, line 15, at end insert—
‘(3A) The regulations must require any interest incurred on an adult’s deferred amount or interest on an amount charged under subsection (1)(b) to count towards the set level above which an adult starts receiving financial assistance with the costs of their care.’.

Liz Kendall
Mr Jamie Reed

Clause 35, page 31, line 20, at end insert—
‘(4A) The regulations may not specify any threshold of other assets above which a person is not eligible to receive a deferred payment loan.’.

Liz Kendall
Mr Jamie Reed

Clause 35, page 31, line 27, at end insert—
‘(5A) Regulations under this section must provide that—
(a) a local authority shall direct anyone considering a deferred payment arrangement to an appropriately qualified financial adviser or to appropriately qualified financial advisers; and
(b) any loan under this scheme shall be sufficient to pay for advice under paragraph (a) above.’.
Care Bill [Lords], continued

Joint Care and Support Reform Programme Board: assessment of funding

Liz Kendall
Mr Jamie Reed

To move the following Clause:—

‘(1) Before any provision of Part 1 is brought into force, the Joint Care and Support Reform Programme Board must have informed the Secretary of State whether sufficient funding is in place or will be put in place to ensure that the provision in question can be implemented satisfactorily.

(2) In subsection (1), the “Joint Care and Support Reform Programme Board” means the board of that name consisting of representatives including the Local Government Association, the Association of Directors of Adult Social Services and the Department of Health.’.

Ministerial advisory committee

Liz Kendall
Mr Jamie Reed

To move the following Clause:—

‘An independent ministerial advisory committee shall be set up to keep under review the workings of the set level as set out in section 15, and the means-testing arrangements set out in section 17.’.

Initial funding assessment

Liz Kendall
Mr Jamie Reed

To move the following Clause:—

‘The Secretary of State must ask the Office for Budget Responsibility to complete by the end of 2014 a review of the funding of adult social care that assesses—

(a) the adequacy of current public funding of these services;
(b) the proposals for funding the provisions in this Act;
(c) the implications of the Act and its funding for the NHS over the next five years; and
(d) in particular the short and long term costs of setting the eligibility criteria at the level set out in regulations.’.

Impact assessments of regulations

Liz Kendall
Mr Jamie Reed

To move the following Clause:—

‘(1) Before bringing into force sections 13, 17 and 35, the Secretary of State must lay before Parliament an impact assessment of the regulations set out in those sections.'
Care Bill [Lords], continued

(2) In relation to the regulations set out in subsection 13(6), the assessment must show how the provisions will affect the likely impact of the set level above which an adult starts receiving financial assistance with the costs of their care.’.