Sarah Wollaston (Totnes, Conservative)

Will the hon. Lady please clarify that in the shocking case she has set out, the lady was already eligible? It was not an issue about her eligibility for care; it was more an issue of poor practice on the part of her local authority. If the hon. Lady were to visit Torbay—perhaps she already has—she would know that the policy of putting such things in place within 24 hours makes an enormous difference. That is why Torbay is very good at reducing avoidable admissions.

Liz Kendall (Shadow Minister (Health) (Care and Older People); Leicester West, Labour)

I have visited Torbay and seen what they are doing there, which is excellent. There are issues of eligibility criteria and poor practice. However, I want to come to the key point about national eligibility criteria. Those are not the only thing that will deliver decent systems of care and support; it is important to have the criteria, but the practice matters too. It also matters at what level we set the eligibility criteria.

Clause 13 states that the new minimum threshold will be set out in regulations. The Government have published the draft regulations, with a proposed threshold broadly similar to the definition of "substantial need" that is currently in use. I cannot over-emphasise the real concern that exists. As Members will have read in most of the briefings they received, the big question raised by organisations that work with older and disabled people is about eligibility criteria. That is their key concern with the Bill. It is essential to be clear about those concerns.

Ministers in the other place have said that setting eligibility criteria at the level of substantial will not stop councils providing care and support to people with moderate needs. However, in reality, many councils will provide care and support based on those eligibility criteria. They will fulfil their statutory responsibilities, and the real concern is that people with moderate needs will lose out.

Sarah Wollaston (Totnes, Conservative)

I support the amendment in the name of my right hon. Friend the Member for Sutton and Cheam. I shall not reiterate the points made by my hon. Friend the Member for Truro and Falmouth, as those are exactly the reasons why I lent my name to the amendment.

In the draft Care Bill Committee, the issue of well-being was at the heart of our discussions, particularly the emphasis on prevention and the opportunities in the Bill to achieve that. I know that not a single member of the Committee does not recognise that that is the ideal we strive for and that funding is the main issue. The trouble, as the Minister will know, is that the incentives are all related to admitting to hospital, and none of the incentives are linked to prevention because for local authorities that are already hard pressed, there is no benefit in offering extra care.
I very much welcome the better care fund. At a hearing during our evidence sessions on the draft Care Bill, the evidence was that such funding drove integration in practice. We cannot legislate for integration. We must clear the barriers away and put in place the opportunities and the drivers—financial drivers in particular. I recognise that that is the intention, but when he responds, will the Minister set out the concerns expressed by many about the integrated better care fund, as it is now known, and tell us how many claims there are on that resource already? We know, through the passage of the Bill, some of the new obligations on councils in relation to assessments. Those are planned to come out of the better care fund.

Will the Minister set out in detail the spending timetable for that fund? Concern has been expressed in the Health Committee that there is only a relatively short time to spell out how that will be spent. Because the focus today is on the amendment and the issue of prevention, will the Minister tell the Committee who is leading on how the prevention aspect of the Bill will be driven forward to use the fund in the most appropriate way and as was intended?

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