Committee: Health and Wellbeing Board

Date: 25 March 2014

Agenda item: Care Bill

Wards: All

Also of interest to:

Subject: Care Bill

Lead officer: Simon Williams Director of Community and Housing

Reason for urgency: The chair has approved the submission of this report as a matter of urgency as it provides the latest available information on the impact and implications of the Care Bill which are significant to the Health and Wellbeing Board.

Lead member: Councillor Linda Kirby

Contact officer: Simon Williams

Recommendations:

A. That the Health and Wellbeing Board note the contents of this report

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Care Bill builds on the draft Care and Support Bill published in 2012. The Bill, which in large part accepts the recommendations of the Law Commission review, aims to bring together all the underlying rights powers and duties that underpin the national legislative framework for social care. While retaining the principles of means testing and eligibility thresholds, it introduces into legislation principles of wellbeing, promoting prevention, integration, and early intervention. It also gives new rights to carers and new duties to local authorities to provide a universal information and advice service and to promote a local diverse market in social care.

1.2 It provides a statutory requirement for local authorities to enable individuals to defer payments (with interest) against the security of their homes. 'Portable' assessments are introduced to ensure greater continuity of care for people moving authority areas. Regulations will permit the setting by the Secretary of State of a national eligibility threshold, although local authorities will be able to lower this threshold if they wish (but not raise it).

1.3 Changes incorporated into the Care Bill[1] following consultation include:

- greater emphasis on promoting prevention;
- more focus on supporting people who are not eligible for state-funded support;
- details about implementing the cap on care costs;
- new responsibilities for local authorities and the Care Quality Commission (CQC) on provider failures; and
- a new power for safeguarding adults boards but no powers of entry for social workers.

1.4 The Bill is currently at its Committee stage and may be subject to further amendments in the detail

2 DETAILS

2.1 Summary of the Bill

The Bill is in three parts:

2.2 Part 1 – Care and support

This section aims to establish a clear, unified modern statute for adult social care based on recommendations from the Law Commission review, and the vision for social care set out in the white paper *Caring for our future reforming care and support.*

- Clauses 1 to 7 set out the general responsibilities of local authorities. They describe local authorities' broader care and support role towards the local community, including services provided more generally, for instance those with the aim of reducing needs.
- Clauses 8 to 41 provide for a person's journey through the care and support system. These provisions map out the process of assessments, charging, establishing entitlements, care planning, and the provision of care and support. They include provision to create a cap on the costs of care and for local authorities to enter into deferred payment agreements.
- Clauses 42 to 47 outline the responsibilities of local authorities and other partners in relation to the safeguarding of adults, including a new requirement to establish Safeguarding Adults Boards in every area.
- Clauses 49 to 58 set out local authorities' responsibilities for ensuring continuity of care where a provider sustains business failure and ceases to provide a service, and provide for the oversight of registered care and support providers by the Care Quality Commission (CQC).

[1] The Care Bill incorporates changes to the Draft Bill made as a result of extensive stakeholder consultation; pre-legislative scrutiny by the Joint Committee set up to examine the draft bill; the decision to implement the cap on lifetime care costs; and the Francis report into care at Stafford Hospital.

- Clauses 59 to 67 will support the transition for young people between children's and adult care by giving local authorities powers to assess children, young carers and parent carers.
- Clauses 68 to 78 set out set out provisions in relation to independent advocacy, recovering charges owed to the local authority, reviews of funding provisions, and other miscellaneous matters, including restating the law relating to delayed discharges

2.3 Analysis of the provisions in the Section is set out in Appendix I.

2.4 **Part 2 – Care standards**

This section provides the legislative framework for the government's response to unacceptable failings in health and social care provision in relation to the work of the Care Quality Commission (CQC).

2.5 The main measures are as follows.

- Developing Ofsted style ratings for health and care providers based on a system of performance review and assessment;
- A single failure regime overseen by the CQC and Monitor with powers for the new Chief Inspector of Hospitals to instigate the failure regime more effectively;
- A criminal offence for providers of NHS secondary care to supply or publish false or misleading information about aspects of provision;
- Closing a loophole in CQC regulatory powers so that it is no longer possible for large providers to apply to change registration conditions once the CQC has commenced enforcement proceedings (means large providers can no longer make it look as if they voluntarily closed a service);
- The CQC to establish a unitary board to bring it in line with best practice.

2.6 **Part 3 – Establishing non departmental public bodies**

This section covers the establishment and responsibilities of Health Education England and the Health Research Authority.

2.7 **Timetable**

From April 2015:

- Duties on prevention and wellbeing
- Duties on information and advice
- Duty on market shaping
- National minimum threshold for eligibility
- Assessments including carers assessments
- Personal budgets and care and support plans
- Safeguarding
- Universal deferred payments

From April 2016:

- Extended means test
- Capped charging system
- Care accounts

2.8 **Headline national analysis**

The Care Bill has broadly been described as a welcome and long awaited reform of a complex legal landscape for social care. The focus on prevention, the desire to ensure greater consistency between areas through the introduction of national minimum eligibility criteria, and the greater recognition of, and proposed support for, the role of carers are all welcome. The cap on personal contributions towards the cost of 'eligible' needs should also bring greater comfort to those in need.

2.9 However, the scale of the Bill is huge and there are concerns that if its implementation is rushed, the reforms could be inadequately supported and potentially unstable. Detailed regulations are not due until late 2014 and work will be necessary to digest these and establish workable arrangements, prepare IT systems to support personal care accounts for example, and retrain social care staff. In addition to this, there will be a need to educate service users and the general public on the changes and how, for example, the cap will work. Implementation by April 2015 for most measures, and 2016 for the new charging arrangements, looks challenging.

2.10 There are also considerable concerns about funding the reforms. All the impact assessments relating to the Care Bill show immediate costs but savings over a ten year period. The savings are based on prevention working, something for which the evidence has been equivocal over many years. The Department of Health indicates that it will work with local authorities to better understand and mitigate costs. However, as the LGIU has flagged the immediate funding situation for local authorities and adult social care is so challenging that future savings, real or otherwise, are academic. ADASS has recently issued a paper 'Social care funding: a bleak outlook is getting bleaker'. This survey showed that, despite the welcome resource transfers from the NHS, directors of adult social services plan to save another £800 million this year and that since the beginning of the current austerity programme around 20 percent of net spending has been cut. Future trends show that around 13 percent of future savings will result in direct withdrawal of services, while reductions in the levels of personal budgets are also likely. There are clear questions over the potential for local authorities to successfully implement the changes in the bill in such difficult financial circumstances.

2.11 ADASS is currently working with all local authorities to model the costs of the capped charging system, and compare this with initial Department of Health estimates: some initial findings suggest that these estimates are under predicting true costs.

2.12 Some funds are being made available for implementation costs such as the extra number of assessments needed, investment in new systems, and duties for carers

2.13 An important development alongside these reforms will be the £3.8 billion Better Care Fund (previously known as the Integration Transformation Fund)

announced by the Government for 2015-16. This will be a pooled budget between NHS and local authorities to support the principles in the Bill and improve coordination of services. However, none of this is new money. It will be drawn from existing budgets and not add to the funds available for care.

2.14 The draft national minimum eligibility criteria indicate a shift towards the existing definition of 'moderate' level needs rather than maintaining the current definition of 'substantial'. While potentially helping more people, this would also increase costs for the 130 local authorities that currently operate at substantial.

2.15 There are also queries how the reforms will work in practice:

- definitions of preventative support and how this relates to services provided through assessed care needs and to charging policies.
- The approach to assessing the needs of carers has shifted significantly – the twin pillars of 'substantial' and 'regular' have gone – these and other changes will have implications for assessment and support planning.
- Additional responsibilities for people who do not meet eligibility criteria – for instance, does written information mean personalised information, therefore a significant extension of support planning or will a leaflet on preventative support suffice?
- Additional responsibilities relating to people eligible for care who self fund – for instance, an increase in reviews to monitor independent personal budgets.
- Asset-based, proportionate assessment and identifying where local authorities can provide additional support (rather than taking over the whole support) – good practice but requiring a new approach from practitioners.

2.16 **Local implementation**

The implementation programme has six broad work-streams, which are summarised below. These are being integrated with other aspects of adult social care redesign, as set out in the draft Target Operating Model, and the programme of savings, to form one overall adult social care redesign programme.

2.17 *Prevention and universal services* Lead: Head of Commissioning

- .Wellbeing and prevention
- Information and advice

Merton already has chosen to continue to invest on a targeted basis in prevention, and through Ageing Well has re-shaped this in partnership with the voluntary sector. There is a web based information and advice service called Merton-i. These arrangements will be kept under continued review.

2.18 *Integration* Lead: Integration Project Director

- General duty to cooperate
- Better Care Fund

2.19 Merton with its NHS partners has established an integration project, overseen by a project board, as from early 2013. The two areas for the project are proactive case management based on three multi-disciplinary and multi-agency locality teams, and fast integrated reactive responses designed to enable people to be at home. The plans for integration, and how they meet the requirements of the Better Care Fund, will be the subject of a separate report to the Health and Wellbeing Board and to Cabinet. A project director, accountable to the CCG Chief Officer and to LBM's Director of Community and Housing, began work in Merton in December 2013.

2.20 *Assessment and care management* Lead: Head of Access and Assessment

- Eligibility
- Assessment
- Carers
- Portability
- Transitions
- Personal budgets and care and support plans

2.21 Merton has already redesigned these processes to meet the requirements of personalisation in order to meet government policy as from 2007. Merton carries out carers assessments and monitors take up of carers services. All these processes will be reviewed.

2.22 Regarding eligibility, the new national threshold is Substantial, which is currently Merton's policy. However the tests for substantial, on which the Department of Health consulted, are considerably more generous than Merton's current tests, and they could be interpreted as closer to Merton's definition of Moderate. These tests are currently being finalised as the Bill goes through its parliamentary process, but there is a possibility that considerably more people in Merton may qualify for support.

2.23 *Paying for care* Leads: Head of Access and Assessment
Finance lead for Community and Housing

- Extended means test
- Capped charging system
- Care accounts
- Universal deferred payments

2.24 Merton has a successful financial assessments team which works closely with colleagues in the finance function of corporate services. The legislation and detailed directions will pull considerably more people into being financially assessed. All self-funders will need to be assessed and if they are eligible a Care Account established in April 2016 in order to track the use of personal funds towards the £72,000 cap. In addition to this the threshold for a means test to apply will move from the current £23,000 to £118,000, thus encouraging more people to look to the council for support.

2.25 Merton currently offers a deferred payments scheme on a discretionary basis, mainly to avoid forcing the sale of properties when people still need to live in them. The new scheme will make this a right for everyone, and may lead to considerably increased take up.

2.26 *Market shaping* Lead: Head of Commissioning

Merton has already begun its own Market Position Statement in order to analyse the overall local care market, whether commissioned by Merton or used by self-funders of other local authorities. Merton also has regular provider forums, and so the new duties of working together are in tune with current practice. There is also a new duty to step in if there is "market failure" and a local provider ceases to trade, in order to maximise appropriate continuity of care for the provider's customers, and given the number of providers this could prove significant.

2.27 *Safeguarding* Lead: Safeguarding manager

There is a new duty for councils to establish safeguarding boards and to ensure that agencies cooperate in this area. Merton has a long established such board, and has a good track record of cooperation with other agencies and of using formal processes such as Serious Case Reviews when needed. In order to allow for a degree of independent challenge, the directors of adult social care for Merton and Kingston chair each other's Boards. All these arrangements will be reviewed as the detail of the Bill becomes apparent.

2.28 There are also two key enabling areas:

- Information technology and business systems, notably around establishing Care Accounts and the new financial assessment processes
- Workforce, as there will be a need to support changing practice in the light of the new duties of wellbeing, new assessment processes, new eligibility criteria, and the need to tailor support proportionately to those who fund their own care.

2.29 Requirements in these areas will be integrated into the Target Operating Model strategies.

3 ALTERNATIVE OPTIONS

3.1 None, as the Care Bill will establish duties for all local authorities

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1 The Department of Health has consulted on the proposals in the Bill, and Merton participated in this. Locally we will consult over implementation through our normal channels and in particular Healthwatch.

5 TIMETABLE

5.1 As set out in 2.7 above

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1 The financial implications of the bill are extensive and fall into three broad categories

6.2 Firstly there are the costs of implementation in terms of staffing and systems costs.

6.3 Secondly there are the costs of new duties other than capped care costs. These include the new eligibility criteria, carers assessments, and deferred payments.

6.4 Thirdly there are the costs from the new charging and capped costs arrangements, which are the most significant. The allocation formula through which these costs will be recognised in local authorities is still subject to review

6.5 Nationally £135m has been earmarked to come out of the Better Care Fund of £3.8bn to offset the costs in the first two categories above. Merton's formula share of this is £400k. There is also £50m nationally for capital costs for transition to the capped costs system, again coming out of the Better Care Fund. Further funding for implementation may come to councils direct from CLG for 2015/16, but this is yet to be confirmed. Funding for the third category of costs for the new charging and capped costs arrangements has yet to be determined: central government assumptions of costs are about to be tested by all councils using a formula worked out by some councils themselves, and the distribution formula has yet to be decided.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1 The care bill is in itself an important new piece of consolidating legislation which replaces earlier legislation relating to adult social care.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 The legislation has been designed to take these into account.

9 CRIME AND DISORDER IMPLICATIONS

9.1 None for the purposes of this report.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 None for the purposes of this report.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix One: Analysis of Part One of the Care Bill

12 BACKGROUND PAPERS

None

Analysis of Part 1 of the Care Bill: Care and support

Clause	Detail
Promoting individual wellbeing (Clause 1)	The Care Bill introduces a general duty on local authorities to promote an *individual's* wellbeing (NB this is a change from the draft Bill which referred to an adult's wellbeing). This will be the single unifying purpose of adult social care and the reference point for all outcomes. Although a precise definition of 'wellbeing' is not given, a list of outcomes or areas of activity which develop the concept of wellbeing is included, incorporating specific references to personal dignity, protection from abuse and neglect, control over everyday living and suitable accommodation. The individual is placed central to the exercise of this duty, for example the local authority must begin with the "assumption that the individual is best-placed to judge the individuals' well-being."
Preventing the need for care and support (Clause 2)	Local authorities will have a duty to prevent, delay or reduce the need for care and support for both carers and people with care needs. The aim of this is to rebalance adult social care towards prevention, wellbeing and independence. This duty will be able to be carried out jointly with other local authorities and regulations will set out what local authorities can and cannot apply charges to. Regulations will be forthcoming to specify where a local authority may charge for taking steps to prevent, reduce or delay needs for care and support. Any charge made under these regulations can cover only the cost to the local authority of providing or arranging the service. There will also be regulations to prohibit charging where otherwise this would be allowed. This is to allow for local authorities to continue to charge for some preventative services as they do now (e.g. subsidised leisure services), and to enable local authorities to broaden access to services that that may fall outside of traditional models of care and support to a wider range of adults and carers in their area.
Promoting integration (Clause 3)	Local authorities will have a duty to carry out their care and support functions with the aim of integrating services with those provided by the NHS and with other health-related services. This provides a counterpart to the duty for integration on the NHS set out in the Health and Social Care Act 2012. The Care Bill incorporates the recommendation that housing should be specifically included as an example of a health-related service.
Information and advice (Clause 4)	Local authorities will be required to provide a universal information and advice service available to the local population not just those with assessed care and support needs. This should include details about how care and support operates in the authority's area, how to access it, what services and providers are available, how to access independent financial advice and how to raise concerns about the safety or well-being of a person with care needs. It will be for local authorities to determine the precise scope and manner of the information and advice they will offer. Information and advice must be accessible to all, e.g. not just online, and the wording makes it clear that information and advice must be proportionate to need, e.g. they will range from a simple leaflet, through face-to-face conversation to independent advocacy support.
Market shaping (Clause 5)	Local authorities will have a duty to promote diversity, quality and sufficiency of local services so that a range of high quality providers are available for local people. Local authorities are required to consider this duty when commissioning services. Government has clarified that the duty refers to the services that people from the area use, rather than just services located in the area. Guidance will address unacceptable commissioning practices that affect the market and will also cover the need for local authorities to engage with providers, people with care needs and carers.
Cooperation (Clauses 6 & 7)	Local authorities and other organisations with functions relevant to care and support have a general duty to cooperate backed by a specific duty to cooperate in relation to individuals with care needs and carers.

Clause	Detail
	Directors of public health have been specified in the clause since during consultation many recommended that local authorities' new public health responsibilities needed to be reflected.
Assessing needs for care and support (Clauses 8 -12)	There will be a requirement for local authorities to carry out a needs assessment where it appears that an adult may have needs for care and support, taking into account how the person's needs impact on their wellbeing and the outcomes that an individual wishes to achieve in day-to-day life. There will also be a requirement for local authorities to carry out a carer's assessment where it appears that a carer may have needs for support at that time, or in the future. It should taking into account the carer's ability and willingness to provide care and support, both now and in the future; the impact of caring on the carer's wellbeing; and the outcomes that the carer wishes to achieve in day to day life. In carrying out the assessment the local authority must also have regard to whether a carer works/ wishes to work, or participates in/would like to participate in, education, training or recreation. There is an emphasis that people who use services and carers should be in control and actively involved in assessment, not just consulted. Assessments should be approached in a proportionate way and a written record of assessment and eligibility decisions to be provided in all cases. There is more emphasis on an asset-based approach to assessment, enabling people to achieve wellbeing within their own resources with additional support from local authorities Further regulations will set out more provisions about carrying out needs or carer's assessments.
Eligibility (Clauses 13 - 17)	A national minimum eligibility threshold will be set regarding needs. The government will give more detail about the minimum threshold in draft regulations following the settlement for adult social care in the spending round in June 2013. Local authorities are required to consider which needs could be met by information and advice or preventative support. Everyone with care and support needs who is assessed will be informed of support available to prevent or reduce care needs and support whether or not they meet the eligibility threshold. 'Where none of the needs of the adult concerned meet the eligibility criteria the local authority must give him or her written advice and information about what can be done to prevent or delay the development of needs for care and support' (13.5).

Charging financial assessment and cap on care costs (Clauses 14-17)	Local authorities will be given a general power to charge for certain types of care and support, at their discretion. The Bill makes it clear that local authorities cannot charge a person more than what it costs it to provide or arrange the care and support or charge carers for services provided to the person they care for. The Bill establishes a cap on the amount that adults can be required to pay towards eligible care costs over their lifetime. These costs are either specified in a personal budget where the local authority is meeting the person's needs, or in an independent personal budget where the person has decided that they do not want the local authority to meet their needs. Local authorities are restricted from charging for eligible care costs once the amount of a person's accrued care costs reach the level of the cap. The level of the cap will be set in regulations, and is currently confirmed at £72,000. This may include the cap being set at different amounts for people of different ages, and/ or setting the cap at zero for specified categories of person. The funding provisions are expected to be commenced in April 2016, and eligible care costs will only start counting towards the cap from the date of commencement of the clauses. Local authorities will be required to provide a written record of financial assessment. People will have the right to opt out of a financial assessment while having their progress towards the financial cap recorded. Regulations will set out provisions for carrying out financial assessments.
Duties and powers to meet needs (Clauses 18-22)	These clauses set out the local authority's duty to meet an adult's eligible needs for care and support, and provide broad powers to enable local authorities to meet the needs of adults whose needs they are not otherwise required to meet, for instance because the adult is not ordinarily resident, or does not have needs for care and support which meet the eligibility criteria. The local authority must have carried out an assessment in these cases to determine what needs the adult does have, if any. Similarly, there is a duty on the local authority to meet a carer's eligible needs for support, along with a broad power to enable local authorities to meet the needs of carers who are not otherwise eligible, including the provision of care and support to the person needing care, as long as that person agrees. Clause 22 which covered the boundary between local authority and NHS provision attracted considerable attention in the draft bill. The government did not agree with the Joint Committee that the current restrictions on local authorities providing or arranging the provision of nursing care should be reconsidered, and these restrictions remain. The government indicates that the intention of this clause is that the existing boundary is maintained and it has made some clarifications to this effect.
Steps after assessment (Clause 24)	A local authority should prepare a care and support plan for an adult with needs for care and support, or a support plan for a carer, inform the adult which of their needs it will meet and where direct payments may be used to meet needs, and help the adult in deciding how to have the needs met. Where there is no requirement to meet needs, and the local authority has decided not to meet them anyway, it must provide a written explanation of the reasons why it is not going to meet the needs (e.g. this could be the adult is ordinarily resident elsewhere, or their needs are being met by a carer) and information and advice in writing on how the adult can meet or reduce their needs independently, including information on how the adult can prevent or delay their needs.

Care planning, personal budgets and direct payments (Clauses 25-34)	The care and support plan (or in the case of a carer, the support plan) must specify the needs identified in the needs or carers assessment and the extent to which the needs meet the eligibility criteria. It requires the plan to specify the needs the local authority will meet and to state how it will meet them, and which of the various relevant matters were covered in the assessment, including the outcomes which the person wishes to achieve in day to day life. It must also include the personal budget for the adult and information and advice about how to prevent, delay or reduce the adult's needs for care and support or the carer's need for support. The local authority will have to ensure the care and support plan (or support plan) remains an accurate, up-to-date reflection of the person's needs and the outcomes they wish to achieve and the services arranged to meet these needs and outcomes. There is an emphasis on the individual being in charge of decision-making e.g. the local authority must take all reasonable steps to reach agreement on the care and support plan. Local authorities will be required to provide, review and update an 'independent personal budget' for people who have eligible care needs but do not meet financial criteria. This notional budget will allow the individual to progress towards the care cap. It will be based on what the local authority would pay for care (rather than the amount the self-funder may pay) to avoid the problem of people paying more and reaching the cap more quickly. Local authorities will also maintain and provide statements about care accounts – up to date records of the total care costs accrued. The Care Bill makes it clearer that the personal budget should be equivalent to the reasonable cost to the local authority of meeting the needs it has identified. The only requirement around the use of direct payments should be that they meet the needs and outcomes in the care and support plan (clauses 25 and 33). There is the ban on using direct payments to pay for a local authority direct service. Mixed packages of managed and direct payment services will continue and will be reflected in guidance.
Deferred payments (Clauses 34-35)	Regulations will set out when local authorities may or must allow deferred payment (e.g. so that a person does not have to sell a house in their lifetime) and the interest and administrative fees allowed. It intends to consult on details of this scheme. The government wants the scheme to be cost neutral to local authorities so it did not agree with the Joint Committee's recommendation that local authorities should not be able to charge interest on administrative fees that the individual chose to defer to be paid along with the deferred payment.
Continuity of care between areas (Clauses 36-37)	This clause sets out the duties that local authorities are under when an individual, and potentially their carer, notifies them that they intend to move from one local authority area to another. It seeks to ensure that a person who moves local authority area does so with no interruption to their care. In response to the consultation, the government has replaced the language of 'sending' and 'receiving' authorities with the more neutral 'first' and 'second' authorities. It has not agreed to include a measure that the second authority should guarantee to provide the same support as the first, but it has included measures to require it to take the original care and support plan into account and to provide a written explanation if it differs.
Where a person lives (Clauses 38-40)	This clause defines where a person, who is being provided with accommodation to meet their care and support needs, is considered to be "ordinarily resident". This is to help identify where responsibility lies for funding and/or provision of care. Since publishing the draft bill the government has worked with devolved administrations to clarify arrangements for movement between countries. It has also added a new clause 40 allowing local authorities to recover costs incurred for meeting a person's needs where another local authority is liable.

Safeguarding adults (Clauses 41-46)	This clause places a duty on local authorities to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse, including financial abuse. The purpose of the enquiry is to establish with the individual and/or their representatives, what, if any, action is required in relation to the situation; and to establish who should take such action. It supplements the existing obligations on other organisations to look after the people in their care effectively, or, in the case of the police, to prevent and respond to criminal activity. The draft bill set out the first ever statutory framework for adult safeguarding and received considerable support from the consultation. The government has agreed to give a new duty for relevant organisations to supply information on request to safeguarding adults boards.
Protecting property (Clause 47)	This clause restates the duty originally set out at section 48 of the National Assistance Act 1948, for local authorities to prevent or mitigate loss or damage to the property of adults who have been admitted to a hospital or to a residential care home, and are unable to protect it or deal with it themselves. This duty applies to any tangible, physical moveable property belonging to the adult in question. The clause also re-enacts an offence associated with this duty which sets out that any person who obstructs the local authority's exercise of this duty is liable on summary conviction to pay a fine, and provides a defence of reasonable excuse. Local authorities will be able to recover from the adult any reasonable expenses incurred in protecting that adult's property.
Managing provider failure and oversight of the care market (Clauses 48-54)	These clauses were not included in the draft bill and have been subject to a separate consultation. Local authorities are already responsible for ensuring continuity of care for people whose needs they are already required to meet. The bill extends this duty to people who are self-funding a care home place or home care. The local authority response can be flexible dependent on the situation – from providing information about other providers to providing temporary replacement care. The CQC will monitor the financial position of difficult to replace providers – those providing specialist care or multi-area providers.
Transition for children to adult care and support (Clauses 55-63)	The government has made changes to the bill to emphasise the links between children's legislation and the Care Bill and to create a whole family approach. It noted the Joint Committee's recommendation that young carers should be brought into the bill in line with the Law Commission's recommendation. However, it indicated that existing measures were sufficient to support young carers and it did not believe it was appropriate for young people to receive adult care and support before age 18.