

Health and Care Bill

AMENDMENTS TO BE MOVED IN COMMITTEE OF THE WHOLE HOUSE

Clause 3

LORD PATEL
BARONESS WALMSLEY

Page 2, line 20, at end insert –

“(3A) In section 13G (duty as to reducing inequalities), at end insert –

- “(2) NHS England must publish guidance about the collection, analysis, reporting and publication of performance data by relevant NHS bodies with respect to factors or indicators relevant to health inequalities.
- (3) Relevant NHS bodies must have regard to guidance published by NHS England under this section.
- (4) In this section “relevant NHS bodies” means –
 - (a) NHS England,
 - (b) integrated care boards,
 - (c) integrated care partnerships established under section 116ZA of the Local Government and Public Involvement in Health Act 2007,
 - (d) NHS trusts established under section 25, and
 - (e) NHS foundation trusts.””

Member’s explanatory statement

This amendment would give NHS England a statutory duty to publish guidance on how NHS bodies should collect, analyse, report and publish performance data on factors and/or indicators related to health inequalities.

Clause 14

BARONESS THORNTON

Page 9, line 15, at end insert –

- “(3A) Before making a proposal under subsection (2), the relevant clinical commissioning group or groups must consult with all local authorities within the proposed area and give due regard to any responses.

Clause 14 - continued

- (3B) Any change to the initial area as defined in subsection (1) may only be made with the agreement of all the local authorities in the initial area and the proposed new area.”

Member’s explanatory statement

This ensures that the local authorities in the areas covered by an Integrated Care Board must be consulted and give their agreement.

Clause 20

BARONESS HOLLINS

Page 16, line 34, after “access” insert “physical and mental”

Member’s explanatory statement

This amendment requires integrated care boards to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

Page 16, line 36, after “of” insert “physical and mental”

Member’s explanatory statement

This amendment requires integrated care boards to prioritise both the physical and mental health and well-being of the people of England and to work towards the prevention, diagnosis or treatment of both physical and mental illness, replicating the parity of esteem duty introduced in the Health and Social Care Act 2012.

Page 17, line 28, after “services” insert “and social care services”

Member’s explanatory statement

This amendment will ensure that the provision of social care services are also considered by Integrated Care Boards.

Page 17, leave out lines 36 to 42 and insert –

- “(2) Each integrated care board must exercise its functions with a view to securing that the provision of health services and social care services is fully integrated where it considers that this would –
- (a) improve the quality of physical and mental health services (including the outcomes that are achieved from the provision of those services),
 - (aa) improve the quality of social care services (including the outcomes that are achieved from the provision of those services),”

Member’s explanatory statement

This amendment would place greater emphasis on the provision and quality of social care services and the integration of health and social care services.

Clause 39

LORD LANSLEY

Lord Lansley gives notice of his intention to oppose the Question that Clause 39 stand part of the Bill.

Clause 64

LORD LANSLEY

Lord Lansley gives notice of his intention to oppose the Question that Clause 64 stand part of the Bill.

Clause 68

LORD LANSLEY

Lord Lansley gives notice of his intention to oppose the Question that Clause 68 stand part of the Bill.

Clause 70

BARONESS THORNTON

Page 64, line 6, at end insert –

“(3A) The regulations must ensure that the arranging (procuring and sub-contracting) of healthcare services by public bodies for the purposes of the health service in England is not to be included within the scope of any future trade agreements.”

Member’s explanatory statement

This replicates the wording of the requirement set out in the proposed NHS Provider Selection Regime to ensure the NHS has its own bespoke procurement arrangements.

LORD LANSLEY

Lord Lansley gives notice of his intention to oppose the Question that Clause 70 stand part of the Bill.

Clause 91

LORD PATEL

Page 84, line 43, leave out “include” and insert “mean”

Member’s explanatory statement

This amendment will narrow the scope of Secretary of State’s powers.

Page 85, line 1, leave out paragraphs (b) to (d)

Member’s explanatory statement

This amendment will narrow the scope of Secretary of State’s powers.

After Clause 140

BARONESS GREENGROSS

Insert the following new Clause—

“Social care cap

- (1) The Secretary of State must pay or reimburse any expenditure incurred by any individual for social care services exceeding the maximum for social care contributions in that individual’s lifetime in accordance with this section.
- (2) The maximum for social care contributions in any individual’s lifetime for 2022 is £50,000.
- (3) The maximum for social care contributions in any individual’s lifetime for each subsequent year must be set by regulations made by the Secretary of State in accordance with subsection (4).
- (4) The regulations must provide that the maximum changes from the previous year by a proportion that is in line with care cost inflation.”

Member’s explanatory statement

The 2011 Dilnot report recommended that the contribution cap be set at £35,000 at that time. Care cost inflation runs at 1.5% above CPI, so to replicate the 2011 recommendation adjusting for this the cap would now be set at £50,000.

After Clause 148

BARONESS GREENGROSS

Insert the following new Clause—

“Social prescribing

The Secretary of State must seek to ensure that health professionals are aware of any benefits of practising social prescribing of music and the arts for dementia, in particular for patients at the onset of symptoms so as to preserve their brain health and resilience in the community.”

Insert the following new Clause—

“Dementia care plan

- (1) The Secretary of State must prepare and publish a plan for dementia care.
- (2) The plan must recognise the different types of dementia and the specific care needs of each type.
- (3) It is the duty of each local authority and NHS integrated care system to implement the plan for their own areas.”

BARONESS CHAKRABARTI

Insert the following new Clause—

“Public health condition for investment in research into vaccines and other health technologies

- (1) Any relevant research or development funded or part-funded by public finances is subject to the public health condition.

After Clause 148 - continued

- (2) The Secretary of State, UK Research and Innovation, the National Institute for Health and Care Excellence, the Intellectual Property Office and all public authorities must ensure that the public health condition is fulfilled in respect of such research or development and any material benefit derived from it.
- (3) The public health condition is that –
 - (a) a proportionate share of any intellectual property resulting from the public funding (including intellectual property in all research, pre-clinical and clinical data, safety and efficacy information and manufacturing capability) is subject to Crown ownership and openly licensed,
 - (b) a proportionate share of any private profit resulting from the public funding is re-invested in further public health-related research, and
 - (c) any proportion of public funding is published and taken into account in relation to the setting of reasonable prices for the public procurement of medicines domestically and internationally.
- (4) In addition, the Secretary of State must utilise, and actively support other countries to utilise, the full range of flexibilities within the Agreement on Trade-Related Aspects of Intellectual Property Rights (“TRIPS”) for the purposes of public health.
- (5) In the event of the World Health Organization declaring a pandemic, the Secretary of State must immediately –
 - (a) waive UK-registered patents, industrial designs, other intellectual property rights, and protections relating to undisclosed information relating to –
 - (i) vaccines,
 - (ii) medicines,
 - (iii) diagnostics and their associated technologies, and
 - (iv) materials,
 necessary for combatting a pandemic internationally,
 - (b) issue relevant emergency compulsory directions to enable the domestic manufacturing of generic and biosimilar products, and
 - (c) support and implement any proposal to temporarily waive elements of the TRIPS Agreement at the World Trade Organization to assist wider global manufacturing of and access to health technologies.”

Member’s explanatory statement

This new Clause ensures public benefits in exchange for public financing of research and development. It would require the Secretary of State to support public health flexibilities under the TRIPS Agreement and, in the event of a pandemic, domestic and international knowledge-sharing to combat the emergency.

Schedule 2

BARONESS HOLLINS

Page 136, line 24, at end insert –

“(d) a learning disability and autism lead (see paragraph 8).”

Member's explanatory statement

This amendment would provide for the addition of an expert in learning disability and autism on each Integrated Care Board.

BARONESS MEACHER

Page 137, line 23, leave out “one member” and insert “two members”

Member's explanatory statement

This amendment would strengthen minimum clinical representation on Integrated Care Boards by ensuring there are at least two primary care members.

Page 137, line 30, at end insert –

- “(d) at least one member nominated jointly by persons who deliver clinical secondary medical services for the purposes of the health service within the integrated care board’s area, and
- (e) at least one member appointed directly by the integrated care board to provide public health advice as a registered consultant in public health.”

Member's explanatory statement

This amendment would strengthen minimum clinical representation on Integrated Care Boards by ensuring there is at least one clinical representative of secondary care and at least one qualified and registered public health consultant appointed by the ICB to provide public health leadership and a professional view on the health of the whole ICB population.

BARONESS HOLLINS

Page 137, line 30, at end insert –

- “(d) a learning disability and autism lead who must –
 - (i) have expertise in the access and provision of health services and care services for people with a learning disability and autism, and
 - (ii) have approval from NHS England.”

Member's explanatory statement

This amendment would ensure that the learning disability and autism lead is a person of expertise in learning disability and autism, with knowledge and understanding about what good support looks like, in line with current good practice guidance.

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4 January 2022
