

Budget Resolutions - Income Tax (Charge)

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

May I start by apologising for being absent for much of this debate because I was chairing the Health and Social Care Committee? I also declare a personal interest, as three members of my immediate family are employed as NHS doctors.

We need to take a whole-system approach to health – to think of it not just as the NHS, but as a system including social care, public health, the prevention arm and training budgets. I return to a point that I made in an intervention: I wholly welcome the uplift in the NHS budget, but the increase in the NHS England budget that will take place between 2018-19 and 2019-20 is £7.2 billion, whereas the uplift in the wider health budget in the Red Book is only £6.3 billion. It concerns me that this might indicate that some of the uplift in the NHS England budget will come by way of being taken out of other aspects of the health budget, particularly the Public Health England budget, as we have seen in previous years. I hope that the Minister will touch on that in his response.

Jon Ashworth Shadow Secretary of State for Health

I think that the hon. Lady may have left the debate to attend her Committee when I re-emphasised her point directly to the Secretary of State, who told us that we would have to wait for the spending review. Would she share my disappointment if the Government tried to pull the same trick that they pulled three years ago, and actually misled us or gave us bogus figures for NHS spending that did not include public health expenditure, capital and training?

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

We need absolute transparency around health spending, and to take not only a whole-system approach but a long-term view.

Public health is the prevention arm of the system, and taking money out of public health has a serious impact on future spending and our ability to tackle health inequalities. It would be very troubling indeed if much of this uplift came directly from a public health cut. We need to be specific about that, and it is not sufficient to wait for the spending review to clarify that point; I hope that the Minister will be able to tell us further about what it means. People need to plan for the future, so if £900 million is going to be taken out of public health grants, we need to know that now.

When we ask the public which parts of the system they prioritise, public health tends to be at the bottom of the list. It is up to the Government to look at the evidence, and they must be clear that the evidence shows that we must focus unrelentingly on the prevention arm of healthcare. That is the right thing to do, and it is where we have the greatest chance of tackling the burning injustices of health inequality, so it is an important point to address.

The other aspect I want to touch on is social care. The Health and Social Care Committee has just had a sitting with the Care Quality Commission on its excellent "State of Care" report. The report comments on "fragility," and the report of a couple of years ago talked about "a tipping point." The CQC told us that that tipping point has been passed for many people in social care. The interaction between social care and the health service is so close that, if we do not focus on social care, we are simply tipping more costs on to the health service.

Of course it is welcome that there will be an in-year increase for adult social care of Â£240 million this year and Â£650 million next year, but it is widely recognised that, because of the extraordinary increase in demand and pressureâ€”driven not just by the welcome fact that we are living longer but by the great increase in the number of people with multiple long-term conditions living to an older age and by younger, working-age adults living with multiple complex needsâ€”social care needs more than Â£1 billion a year just to stand still, so we need to go further.

I recognise that much of this will come alongside next year's social care Green Paper, which we are all looking forward to, but the system is under considerable challenge. I hope the Minister will recognise in his closing remarks that we are not there yet on social care. He needs to say what we are going to do in the long term to address our social care needs. As I have said before, we will require an approach that involves the Labour Front Benchers, too. We need to see political consensus, otherwise the politically difficult decisions on funding will not get through the House.

If there are to be cuts to public health, the Government will have an even greater responsibility to provide other levers in their public health policy to reduce demand in the system. The Chancellor specifically referred to wanting to reduce the tragedy of lives lost to suicide. Unfortunately, at the same time, the delay in the reduction of the maximum stake for fixed odds betting terminals means that we have passed up on an important opportunity to address the misery of gambling addiction. That is a hugely wasted opportunity. Likewise, there is a missed opportunity to look at what has happened in Scotland on minimum unit pricing to make sure we are addressing some of the key drivers of public health problems. The Government cannot duck that if we are to see cuts to the public health grant.

Finally, there is the impact of Brexit. The Chancellor has said that there will be Â£4.2 billion for preparations for a no-deal Brexit. I am afraid that the costs will be far higher. The Health and Social Care Committee recently heard from the pharmaceutical industry that it is having to plough hundreds of millions of pounds into preparing for no deal. That is phenomenal and inexcusable waste; it is money down the drain. I hope the Government will rethink their policy, because no version of Brexit will provide more money for the NHS. There is a Brexit penalty, not a Brexit dividend, and I hope both Front-Bench teams will come together and agree that, ultimately, we need the informed consent of the British people for whatever version of Brexit we come up with, with the option to remain and properly use the money instead for tackling austerity and improving the lives and the health of our nation.