

## Local Government and Social Care Funding

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

My right hon. Friend makes some really important points about the first 1,000 days of life, but equally there are similar arguments relating to the end of life. For example, too many people who need social care end up in a much more expensive place at the end of their life—in a hospital setting, where they do not want to be—for the want of the right investment in social care. Does he agree that we should apply the principle of investing to save across the whole of life?.....

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It is a pleasure to follow Anna Turley.

I start by thanking and paying tribute to all the frontline care staff around the country, and to all the family carers, informal carers and those working extremely hard in voluntary services in all our constituencies. In my constituency, I pay tribute to Dartmouth Caring, Totnes Caring, Brixham Does Care, South Brent and District Caring, and Kingsbridge and Saltstone Caring. I know that similar voluntary services are working across the country in tandem with the NHS to provide excellent care to our constituents, but they are under pressure as never before.

There is a devastating impact on those affected—those who are not getting the care services they need; not only working-age adults but older adults, and their families. There is also an impact on the NHS. If people cannot access care services, there is not only an impact on their dignity, mobility and wellbeing but they are much more likely to end up in hospital—a place they do not want to be and at much higher cost—sometimes with serious illnesses or injuries that could have been avoided by better prevention and early intervention.

We need to deal with this issue, and the House needs to appreciate the scale of the challenge. Let us look at the demographics. We know from the Office for National Statistics that, last year, 18% of our population nationally was aged over 65, but that in 14 years' time 23% of our population nationally will be over 65. Of course it is a good thing that people are living longer, but they are living longer with multiple disabilities and we need to be prepared for that. We need to be prepared not only for the scale of the shortfall we face right now but for what is coming in the future. When we talk about social care funding, we need not only to acknowledge the impact of the shortfall we have here and now, and how we are going to deal with it, but to plan seriously for what is coming down the track.

In my constituency, we are already there. My constituency has a much older population than in many parts of the country and, even when they can afford to pay for care, people cannot find the workforce to care for them. There is a real crisis in our social care workforce, which needs investment. We need to value and nurture that workforce. We know what works, but we also know it will require serious investment.

I am afraid that one of the features of such debates is that the blame bounces backwards and forwards when, in fact, cross-party working and consensus building is what is really needed. The funding choices we face are difficult. I agree with the hon. Member for Redcar, who highlighted why this cannot all be funded at a local level. Doing so just widens inequality, because the areas that are least able to pay have the greatest need. It is unrealistic for everything to come from a local level, so we need to work towards a national solution to the problem.

The Health and Social Care Committee, which I chair, has worked together with the Housing, Communities and Local Government Committee—I pay tribute to Mr Betts, who has also spoken about this—and we know what works. The tragedy is that we could deal with the problem. Our joint Committees looked at the options and achieved a cross-party consensus; we worked alongside a citizens' assembly, because we think it is really important to build consensus outside this House. There are some principles we should be following. I urge the Minister, in her response, to tell us when the social care Green Paper will be published and commit to ensuring that it looks at the work of our joint Select Committees and the citizens' assembly.

We can move forward, but if we have learned anything from the Brexit process, surely it has to be that we cannot build consensus at the end of a process; we have to build it in right from the start. I hope that the Green Paper will be designed to achieve that, and that it will set out the principle of fairness in the funding of social care. One statistic that we should all be aware of is that in the next 14 years, as our demographic changes and the percentage of our population aged over 65 increases to 23%, there will be 4.4 million more citizens aged over 65 but only 1.5 million extra citizens aged under 65. It is simply not sustainable to allow all the extra cost to fall on working-age, employed adults, so we must look at how to spread it fairly across the generations and between the employed and the self-employed.

I agree with Members who have talked this afternoon about reimagining national insurance as national health and care insurance. If we are truly to move towards a system that expands not only eligibility but quality, we need to bring more funding into the total system; the funding cannot just come from local sources. I urge the Minister to set out what she feels about the measures highlighted in the joint Select Committee report, and whether the Government will commit to coming up with a solution that can deliver real change, rather than kicking the issue down the line.

The wrong lesson to learn from the last general election campaign would be, "Don't ever set out who has to pay more." We all need to do that now, between elections. We must be realistic with our constituents about the fact that everybody needs to pay more, and we must build their trust in the idea that the increase will be delivered fairly. The consequences of doing nothing will be that more and more of our constituents will be left in desperate conditions, without carers to look after them; more and more of our care providers will go to the wall; and there will be no increase in the quality of care delivered on the ground, because there will not be the funding to support the workforce. We have to grasp the nettle with these difficult choices.

Before I close, I want to say something about Brexit. There is no version of Brexit that will deliver anything positive for health and social care, especially if we look at the impact on the workforce. The Minister will know that in parts of the south-east and London, in particular, social care is very heavily dependent on access to a workforce from the European Union. That is also the case in my constituency. Nationally, around 7% of the social care workforce are from the EU. If we cut off access to that workforce, not only will we miss out on an incredibly important and valued skilled workforce by making it more difficult for them to come

here, but we will add costs. Many of the people who work in social careâ€”in fact, the vast majorityâ€”will not meet the current proposed earnings thresholds that will allow them to come here easily on, for example, tier 2 visas.

We need a way to nurture our workforce and to make it easy for people to come here to work and to feel valued. I do not want to meet any more people in my constituency who work in the NHS and social care and tell me that after decades of dedicated service to this country, they no longer feel welcome.

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

The Minister's reply suggests that the Green Paper already exists. There is a great deal of frustration about the delay. The Green Paper was supposed to follow hard on the heels of the 10-year plan, because the two were closely linked. The Secretary of State gave a pledge from the Dispatch Box that it would be published before Christmas. Will the Minister at least set out the reasons for the delay, and give some indication of when we might expect it? It is such a crucial document.

Caroline Dinenage Minister of State (Department of Health and Social Care)

As the hon. Lady will know, a version of the Green Paper already exists, but that does not mean that we are resting on our laurels while we are waiting for an opportunity to publish it. We are continuing to improve it and evolve it so that when we do publish itâ€”as soon as possibleâ€”it will be in the best possible shape.