Sarah Wollaston Chair, Health Committee

I agree with the Secretary of State that prevention is better than cure, but he will know that achieving the aims of the five year forward view was dependent on a radical upgrade in public health and prevention. He will know that it was also dependent on adequate funding for adult social care. In addition, there are continuing raids on the NHS capital budget, and we need to put in place the kind of transformation that he and our sustainability and transformation partnerships wish to achieve.

Will the Secretary of State therefore confirm that he recognises the serious crisis in social care and the effect it is having on the NHS, and the effect that taking money from public health budgets is having? Although I accept that he does not agree with the Health Committee's appraisal of the Â£10 billion figure, I am afraid I stick by those figures.

Jeremy Hunt The Secretary of State for Health

I have enormous respect for my hon. Friend. I respect her passion for the NHS, her knowledge of it and her background in it, so I will always listen carefully to anything she says. I hope she will understand that just as she speaks plainly today, I need to speak plainly back and say that I do not agree with the letter she wrote today, and I am afraid I do think that her calculations are wrong.

The use of the Â£10 billion figure was not, as she said in her letter, incorrect. The Government have never claimed that there was an extra Â£10 billion increase in the Department of Health budget. Indeed, the basis of that number has not even come from the Government; it has come from NHS England and its calculations as to what it needs to implement the forward view. As I told the Select Committee, I have always accepted that painful and difficult economies in central budgets will be needed to fund that plan. What NHS England asked for was money to implement the forward view. It asked for Â£8 billion over five years; in fact, it got Â£10 billion over six years, or Â£9 billion over five years—whichever one we take, it is either Â£1 billion or Â£2 billion more than the minimum it said it needed.

I think my hon. Friend quoted Simon Stevens as saying that NHS England had not got what it asked for. He was talking not about the request in the forward view, but in terms of the negotiations over the profile of the funding we have with the Treasury. The reason that the funding increases are so small in the second and third year of the Parliament is precisely that we listened to him when he said that he wanted the amount to be front-loaded. That is why we put Â£6 billion of the Â£10 billion up front in the first two years of the programme.

I fully accept that what happens in the social care system and in public health have a big impact on the NHS, but on social care we have introduced a precept for local authorities combined with an increase in the better care fund—[ Interruption.] This is a precept, which 144 of 152 local authorities are taking advantage of. That means that a great number of them are increasing spending on social care. It will come on top of the deeper, faster integration of the
health and social care systems that we know needs to happen.

On public health, I accept that difficult economies need to be made, but it is not just about public spending. This Government have a proud record of banning the display sale of tobacco, introducing standardised packaging for tobacco, introducing a sugary drinks tax and putting more money into school sports. There are lots of things that we can do on public health that make a big difference.

On capital, I agree with my hon. Friend about the pressure on the capital budget, but hospitals have a big opportunity to make use of the land they sit on, which they often do not use to its fullest extent, as a way to bridge that difficult gap.