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

Does my right hon. Friend accept that this could be done in a step-wise fashion? We could probably start immediately by introducing free personal social care for people at the end of their life, and we could then move forward to try to bring more people within that sphere. There is certainly a strong economic and moral case for introducing such care at the end of life.

Vincent Cable Liberal Democrat Spokesperson (Health and Social Care)

That is a helpful and humane suggestion, and if we approach this whole question in terms of its practicality, rather than with abstract ideology, we might make some headway. What my hon. Friend suggests seems an eminently sensible way to start that process.

The last and most difficult issue is the one in which successive Governments have got hopelessly bogged down: the so-called catastrophe risk for the small number of people who are caught with prolonged expenses as a result of residential care. When I was in government the Dilnot report attempted to address that issue, but I think we have moved beyond that now. This is a classic problem of insurance, and it is now recognised in a way that it was not before. I think the current Prime Minister said this publicly that the private insurance market cannot, and will not, deal with this problem. If there is to be insurance it must be social insurance, and large numbers of people will have to make a contribution to prevent the burden falling on a small number of unfortunates who contract long-term conditions, with all the costs involved.

That could be done in a variety of ways. One idea is a supplement to national insurance. Another idea from 10 years ago, which I had no problem with, is that if we are to solve the problem of people losing their inheritance, everyone who pays inheritance tax should pay a small supplement. That struck me as a good social insurance principle. Whether or not that formula was right, we have now got to a point of accepting that this is a social insurance problem, and there are different mechanisms for dealing with it. If we are reasonably grown up politically, we should find a way of closing that gap.

I begin by paying tribute to all the family carers and the care workforce, including those who looked after my mother-in-law Mary. It was only with their support that she was able to die where she wished: at home, surrounded by her loved ones. That support is not available to everybody, but it should be. For the want of good social care, far too many people unnecessarily end up in far more expensive hospital settings. We must act quickly, and I hope that the Minister will update us on when the Government will come forward with their consultative social care Green Paper, because it was promised two and a half years ago.
Five publication deadlines have been missed, so when will we see that Green Paper?

I also hope that the Minister will confirm that she has looked at the Joint Select Committee inquiry by the Health and Social Care Committee and the Housing, Communities and Local Government Committee, because the proposals provide a blueprint for how to move things forward. It contains practical suggestions that have been road-tested for their acceptability through a citizens assembly. I hope that she will also confirm that the principles set out in the document will form part of the Green Paper.

I am afraid that I am going to disappoint my right hon. Friend Sir Vince Cable, who said that this debate provided an opportunity not to talk about Brexit, because Brexit poses a grave threat to a fragile sector. The Yellowhammer documents make it clear that smaller providers face going to the wall within two to three months and larger providers within four to six months. I hope that the Minister will be able to comment on what action will be taken to mitigate that.

The effects include not only the impact of an increase in inflation on a fragile sector, but the impact on the workforce. As the Minister knows, the vacancy rate is already at 8%, which amounts to around 110,000 positions across social care. Some 8% of the workforce come from our partner EU27 nations, and many workers are deciding that it is no longer economically viable for them to remain in the UK due to changes in the exchange rate. Several careworkers have told me in tears that they no longer feel welcome in this country, which is horrific and should make us all feel a sense of great shame, but that is the reality. People face racist remarks in our country today despite decades of service to the most vulnerable in society. We cannot afford to lose them. We need to set out what will happen to ensure that the people in this workforce, many of whom will not meet the income thresholds, will be able to come here, share their skills with us and be welcomed.

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