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

It is a pleasure to follow James Brokenshire, who spoke so powerfully about his experience of the NHS and the importance of early diagnosis of cancer. He said in his opening remarks that we should have been discussing Brexit. I say to him and his colleagues that there is no version of Brexit that would benefit the NHS, social care, science and research or public health, so I urge him to look again at the way he has voted over recent days. That is something we heard compellingly and repeatedly—

Lucy Allan Conservative, Telford

Will the hon. Lady give way?

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

I will not give way, simply because of Madam Deputy Speaker's comments about time pressures.

We heard those views on Brexit powerfully and consistently from all those who gave evidence to the Health and Social Care Committee, so I again urge the right hon. Gentleman to reconsider.

No debate about the NHS can take place without considering alongside it social care and public health. I start by thanking all those who work in all those sectors, who are working under pressure as never before. I reiterate the powerful points raised by the shadow Secretary of State for Health and Social Care. I will not repeat his points about the pressures, including the financial pressures, because I agree with him. However, as parties write, structure and frame their manifestos, I urge all colleagues to look at the evidence and at the asks of the NHS’s workforce and leaders.

I welcome an NHS Bill in the Queen’s Speech “I was going to ask the Secretary of State this, but unfortunately he has left his place, so I hope it will be addressed in the summing up” but have the Government looked carefully at the work that was done by the NHS, alongside the Select Committee, to frame those asks? People in the NHS were clear that they did not want another top-down administrative disorganisation of the NHS; they wanted something targeted. As was set out by my former colleague on the Select Committee, Dr Whitford, they want the scrapping of section 75. They want a common-sense approach to getting rid of the endless and wasteful procurement rounds. They want an approach that allows all parts of the NHS and partner organisations to work together more closely. I want to hear from the Minister in his summing up that the Government have heard that loud and clear, and that it will all be adopted, because it has cross-party support in the Select Committee and a very clear evidence base. That would help us to implement the long-term plan much more quickly.

I would also like the Minister to say more about when we will hear the Government's
proposals for social care, because the knock-on pressures from social care on the NHS are enormous. Far too many people end up in far more expensive settings, where they do not want to be and where they are put at greater risk, for the want of good social care in our communities. This is a political failure. Two Select Committees—the Health and Social Care Committee and the Housing, Communities and Local Government Committee—worked alongside a citizens' assembly to come up with a consensus approach. We have to get away from the back and forth of, "Is it a death tax?", "Is it a dementia tax?" The fact is that we already have a dementia tax in the NHS and social care. The result of the failure to grasp this issue and come up with a long-term solution is that 1.4 million people are going without the care they need. It is a failure on the part of all of us to grasp this problem and come up with something long term and sustainable.

We need to take a far more evidence-based approach to public health and prevention. To give an example of that, today the Health and Social Care Committee published our "Drugs policy" report. Last year, 2,670 people died as a direct result of drug use. That is an increase of 16% on the year before. That figure can be doubled if we include all the causes of preventable early death among people who use drugs. Again, we know what works. I urge the Government to look at the international evidence, to be bold and to consider making this a health responsibility—to say that we will help addicts and that we will radically improve treatment facilities.

There has been a 27% cut in resources for drug treatments, and as a result people are dying unnecessarily. I am afraid that we are not being bold enough in saying that we can save these lives and benefit people's wider communities if we are just prepared to take the step of destigmatising drugs and seeing drug use as an illness rather than something for which, for personal possession, people should be banged up in jail. We should allow our police forces to continue to go after the dealers—the Mr Bigs—rather than criminalise people, especially given that, frankly, we saw competitive drug-taking stories during the Conservative leadership election. I would ask whether any of those people would have been in the position they were had they had a criminal record.

The point is that people are dying completely unnecessarily because of our current policies. Our drug policies are failing, and they are particularly failing those who are dying, their families and all the wider communities that are being subjected to the harms of unnecessary acquisitive crime, discarded dirty needles and so forth. Let us look at the evidence, and let us be bold—"not just on drugs policy, but on so many of the other things that are leading to serious health inequalities, such as childhood obesity. Let us be evidence-led in our policy and let us try to get away from the party divisions.

In closing, I would just like to express again my sincere thanks to all those who are helping us out there in our emergency services.

They Work For You