Today we have seen a welcome announcement in the House: a rise in the threshold for eligibility to social care to £123,000 and the improvement of having a total cap on care costs. However, this will have huge implications for local authorities, because it will bring many more people into statutory eligibility for care. This will not come into force for several years, but the settlements in place now will have long-term implications for the future, and great implications for rural areas and rural authorities such as Devon, the fifth-oldest of all the local authority areas in England. The implications will combine with the similar kind of arrangements that occur, for example, in health.

Increasingly, there is a trend towards prioritising funding to address health inequality, rather than focusing on health need. The older one is, the greater one's care needs.

Graham Stuart (Beverley and Holderness, Conservative)

Ageist

Sarah Wollaston (Totnes, Conservative)

It is ageist. We need to consider what elderly people require. How can we justify the fact that older patients in inner-city authorities have three times the amount spent on their cancer care than those living in a rural authority? For any condition that we might want to consider—be it diabetes, arthritis or dementia—rural local authorities’ needs will be higher. How do we justify to our elderly constituents, or to a carer for someone with dementia, that they are entitled to less? Why do we rate the value of an elderly person with dementia so much less in a rural area such as Devon than we do in an inner-city area?

We have to consider health inequalities, but other parts of the budget are more appropriately considered as modifiable areas for change. However, many conditions are not modifiable as health inequality issues. Will the Minister say what can be done to address health and social care needs? It is not just about addressing need, but the cost of delivering care. It might take a care worker in Devon 40 minutes to travel between appointments, whereas distances and costs will be far less in inner-city areas. There is also the consideration of whether a care worker can be found at all in many rural areas. Will those on the Front Bench consider the challenge of rurality? To be deprived in a rural area is to be additionally deprived. I hope that Ministers will address that by distributing funding more equitably to rural areas.