HOUSE OF COMMONS

Health and Social Care Committee

Oral evidence: Supporting those with dementia and their carers, HC 96

Tuesday 25 May 2021

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Watch the meeting

Members present: Jeremy Hunt (Chair); Paul Bristow; Rosie Cooper; Dr James Davies; Dr Luke Evans; Barbara Keeley; Sarah Owen; Dean Russell; Laura Trott.

Questions 49 - 81

Witnesses

I: Helen Whately MP, Minister of State for Care, Department of Health and Social Care; and Tom Surrey, Director of Adult Social Care Policy, Department of Health and Social Care.

Examination of witness

Witnesses: Helen Whately and Tom Surrey.

Q49 **Chair:** Our final panel of the morning is looking at the issue of dementia. We have been doing a short, sharp inquiry into what is happening in dementia. Last week, we had some expert evidence. Today, I am pleased to welcome the Minister of State for Social Care, Helen Whately, and the director of adult social care at the Department of Health and Social Care, Tom Surrey. You are both extremely welcome. Thank you very much for joining us. It is nice to see you in the flesh after a year of being virtual.

Let me start, if I may, Helen Whately, by bringing this to your attention: I know you have read it. Last week, we heard, as a Committee, from a former civil servant called Jonathan Freeman. He was very articulate. He talked us through his absolutely awful experience of navigating the bureaucracy involved in accessing financial support, which ultimately meant that he had to sell his mother's home to pay for her care.

The point he made was that he wanted to be spending that time and all that energy looking after her, not having to fight the bureaucracy. We have heard so many times over the last few weeks that reforms are going to be brought forward, but we know that since the Prime Minister's words on the steps of Downing Street 10,000 people have had to sell their home. Is this the year when we are finally going to crack that problem?

Helen Whately: Thank you for putting the question to me. It is very good to be here in person as well.

I watched Jonathan's testimony last week. I have spoken to people who have been through similar experiences and read many emails from constituents and others along the same lines. Yes, we said in our manifesto that we would bring forward reforms for social care, and we are going to do that. We are going to do that this year.

One of the things we said that we will tackle is the problem of catastrophic costs when some people find that they have to sell their home to pay for their care, but I think we should be clear that that is not the only thing that we need to do to reform social care. I have had many conversations with people, and it is well known, and in fact has been spoken about for around 25 years, that there is a need to fix social care.

When people say that we must fix social care or that social care is broken, different people mean different things by that. It is not simple. We need to be ambitious and bold in the scope of the reforms that we are going to set out. On the one hand, yes, we must address the catastrophic costs problem, but we must also, for instance, tackle the challenges of the workforce where we know that there are vacancies and high turnover rates. We must address some of the quality concerns, supporting people to live independently, and make sure that we have the right kind of housing so that people can live independently for longer. We must make sure that there is investment in the technology that could both improve quality and give people more time to care.

I am hugely ambitious on this, as I hope you can hear. My view is that now is the time. Now is the moment. We have a once-in-a-generation opportunity to improve social care, so that we have the kind of system that we would be happy with for our mums, our dads, our grans or grandads or in fact ourselves, should we need it. We want a system that we can be confident in for the future.

Q50 **Chair:** Thank you. One of the issues that came up last week from the Alzheimer's Society is that around a quarter of the people living with dementia are getting no formal care. They are entirely supported by family members, loved ones or friends—what are called unpaid carers. What is your thinking about what we could do to help that particular group of people?

Helen Whately: It is really important to acknowledge the huge amount of care that is often provided by family members—husbands, wives, sons, daughters and relatives. We should not see it as something that should not be happening. We would be worried if we had a society in which people did not care to some extent for their husbands, wives or loved ones when they needed support. What is really important is that we support those carers with the support they need to do that care and for themselves, and of course that the support is there when professional care is needed for an individual with, for instance, dementia. That professional care needs to be there as well.

In terms of practical steps and what we are doing to support unpaid carers, I will talk briefly about the pandemic, which has been an extra hard time for unpaid carers. There have been extra worries about vulnerability to Covid, and we know it has been harder to access services, particularly with respite services and day services not necessarily being available. That was particularly the case earlier in the pandemic, but it has continued to some extent.

What we have done during the pandemic is, on the one hand, provide extra funding to some of the charities that do really valuable work supporting unpaid carers. Carers UK would be an example. We have provided about £11.6 million to charities, to in turn use to support unpaid carers. We have worked with local authorities. For instance, we wrote directly to local authorities saying, "Please make sure you contact those you know who are carers in your area, and reach out to them. Make sure that they have the support they need."

We have been providing access to PPE for unpaid carers where it is appropriate, and access to testing, as well as the vaccination programme. One benefit that I hope we will see from the vaccination programme is that it may have helped us identify more unpaid carers. That is also one of the challenges. Although there is a carers' register, it does not have on it all those who could be on it. We want to improve information about who is actually an unpaid carer.

Stepping back from the pandemic itself to general support for unpaid carers, a really important part of the 2014 Care Act was that carers gained a legal right to have a needs assessment of their own needs, as well as those of the person they care for. It is really important that the local authorities do that and make sure that those needs are supported.

Q51 **Chair:** I suspect that Barbara Keeley is going to ask you some questions on that particular issue.

I want to go back to the issue of catastrophic care costs. The sums of money involved in implementing, for example, the Dilnot proposals are quite high, but they tend to kick in three, four or five years down the road. There is always a temptation in discussions with the Treasury to put off the implementation of these plans; to announce you are going to do the plans, but then to delay the implementation, so the cost ends up being further away.

Can I be absolutely clear that it is your ambition to make sure that by the time we go into the next election no one will face those catastrophic care costs? Whatever the mechanism is, it will actually be up and running by the time of the next election.

Helen Whately: I do not want to commit to something that might be impossible to do. What I can say, and clearly reiterate, is that we have committed, and have said that we are going to bring forward our proposals on a long-term plan for social care reform this year. There will clearly be an implementation process. The reality is that it may take some time. You will know for instance, from the Dilnot proposals, that that kind of mechanism to help people avoid catastrophic costs takes some time to implement. I do not think I can pre-commit on what the implementation period may be.

Q52 **Chair:** I understand that. You are going to have negotiations with the Treasury. Tom will be having negotiations with his counterparts at the Treasury as well. I just want to make the point that you understand how disappointed people would be if that implementation period ended up being so far away that, even at the time of the next election, people were having to sell their homes. One of the things that came across from Jonathan Freeman's evidence last time was the great hope he had about the Prime Minister's words. He thought, "Great, that's going to help me because the Prime Minister has made that commitment." Then he ended up having to sell his mum's home.

Helen Whately: That is clear. I share the impatience. The reality, which is frustrating, is that the pandemic has set us back. Last year, when we would have been working on social care reforms and bringing them forward, we had to devote a lot of that resource to the pandemic response, albeit that we can now build on a lot of the work we did and the things we have learnt through the pandemic and build that into the social care reforms. Yes, it has delayed the process, but I am impatient and I want us to get on with doing this as soon as we can.

Q53 **Dean Russell:** My question relates to the evidence that was given last week about the silos across care for families of those with dementia. In particular, they had to explain the same thing over and over again, and there was no real consistency at times in how that information was passed on and the support given. I am interested to know whether you see a role for technology in helping to make sure that that flow of information and the lack of duplication in answering the same, sometimes difficult, questions could be resolved. Could technology act to support that?

Helen Whately: Yes, absolutely. Technology is a really important part of improving the experience of care and joining up care, as well as improving the quality of care, reducing mistakes that may be made and freeing staff to spend more time caring and less time having to fill in forms.

On the specific joining-up point, one part of that is to have a shared care record between the health service and social care. We are working with NHSX to bring that forward, with ambitions to have it available to everybody in the social care system for 2024. We are working towards that at the moment.

Q54 **Barbara Keeley:** You touched on the identification of carers and the inadequacy of the carers' register. It was found wanting over the last year when we needed to identify carers. I brought in a Bill in 2010-11 but a predecessor of yours did not support it. I will send it to you in case it is helpful. I think the last year has shown that we should have a proper process, and the NHS should have a duty to identify carers.

Obviously, caring for a person with dementia can be quite difficult. The Committee heard that, and you listened in to that. When I last raised this with your colleague, the Minister for Mental Health, who responded on your behalf, she said that 45,000 carers a year were accessing respite care. Out of 13 million carers, that is a very poor outcome—45,000 carers getting respite care out of 13 million carers.

Can you provide us with reassurance that the Government's plans for social care that you talked about, as and when they are published, will contain concrete steps to ensure that more carers can access breaks from caring? Particularly after the pandemic, carers need a break. It is not just extra funding for carers' organisations. We need funding for breaks because that has almost disappeared.

Helen Whately: I completely agree with you, and I really appreciate the contribution you are making and how frequently you raise unpaid carers in the conversations we are having both about support during the pandemic and about reform.

One thing I will say in relation to the pandemic is that we have been working with local authorities to try to make sure that there is a restart of respite care, particularly day services. That is why we did a survey working with ADAS—the Association of Directors of Adult Social Services—to assess the level of day services that were up and running last autumn. It was quite clear from that that many services were not running at normal levels, which is not a surprise given the pandemic. We are looking at it again now, so that we can get a good idea about what is going on and the amount of day service and respite support that is available to carers, because it is so important to enable somebody who is experiencing the demands of caring to have respite. Yes, we need to make sure in our broader ambition for social care reform that we consider the support necessary for unpaid carers as well as the professional workforce and the professional part of social care.

Q55 **Barbara Keeley:** Will you be stepping it up from that level of 45,000? I have to tell you that is derisory compared with the support there was for respite in the past. There is really no funding left any more. One of the national carers' organisations has launched its own charitable drive to get funding for respite care breaks, but there used to be separate funding. There was a targeted amount of funding in the national carers strategy that was absolutely separate. Clearly, for carers of people with dementia, it is vital that they get a break.

Helen Whately: I absolutely agree that it is vital for somebody to get a break. I know from family experience how important that is and, if you are looking after somebody with a lot of needs, how difficult that can be, so having a few hours to yourself every week so that you can do the things you need to get done or have a bit of time—

Q56 **Barbara Keeley:** I think it is important to say whether you will be funding it or not. We cannot really expect cash-strapped local authorities that have struggled during the pandemic, and have not been funded their extra Covid costs, to find the funding. The key question to you, as the Government Minister responsible, is, will you be funding it?

Helen Whately: In terms of local authority funding, local authorities have had a substantial amount of extra funding during the pandemic, and we have also put—

Q57 **Barbara Keeley:** Not what they need.

Helen Whately: We have also put £1.8 billion directly into social care, a proportion of which, just over £11 million, has been used to support day services to reopen. We have supported, and are supporting, social care costs from national Government, but I think we should look at this specific cost in the round, and the need to make sure overall that social care has the funding it needs to provide the support that is needed, and that we want there to be, for those who receive care and those who look after them.

Q58 **Barbara Keeley:** Caroline Abrahams from Age UK told the Committee, "We are miles away from fulfilling the Care Act." You have said in looking at reform that it is not just about a cap on care costs. I think we would all agree with that.

Will you be looking at challenges like access to care? Will more people get care under a reformed system? On quality of care, something like one in five care providers is not providing decent care. Of course, you have touched on the workforce and the pay and conditions of care staff. Do you see those as challenges to be overcome by reform, and how are they going to be addressed by the reform that is coming forward?

Helen Whately: Right now, I cannot set out the whole of what we aspire to do through a long-term plan for social care reform. That is clearly a substantial piece of work.

Q59 **Barbara Keeley:** Will you be looking at the things I have just mentioned?

Helen Whately: What I think I have said is that we are ambitious about reform. We will look at social care in a broad way and work with a huge range of stakeholders involved in social care, both providers and indeed care users, so that the reforms address what people want from the system, which is not always what those at the centre would anticipate.

One thing I should also say on this is about the implementation of the Care Act. In the health and care Bill, which is on its way to Parliament in a shorter timeframe, we are going to implement an assurance oversight system that the CQC will take the lead on. That will look at local authorities' commissioning of social care and give much greater visibility than we have at the moment of the extent to which the Care Act is being put into practice, versus the gaps between the aspiration and the reality.

Q60 **Barbara Keeley:** It would be helpful for the Committee if you could respond. You said that it is more than a cap on care costs. Will reforms be covering issues like access to care, which is more people who need packages of care; quality of care, which is not good enough in one of five care providers; and the pay and conditions of care staff? Are those the challenges that you will be addressing? What you have told me is that the CQC is going to report on local authorities, but unless you change the situation for local authority funding, there is not going to be much change apart from reporting on a lot of what we already know.

Helen Whately: Again, I am not going to go through every detail of what is going to be in the long-term plan.

Q61 **Barbara Keeley:** Could you say whether that shortlist of things will be there?

Helen Whately: It will be bold and ambitious. On the one hand, yes, we want to solve the catastrophic costs of the care challenge, which means that at the moment people have to sell their home to pay for care. On the other hand, we want to make sure that we have the workforce that we need. There is clearly a relationship between funding the system and making sure the workforce is there, tackling some of the problems of high turnover of the workforce, to ensure—

Q62 **Barbara Keeley:** Can you assure us about the pay and conditions of the workforce?

Helen Whately: —that there is care for people when they need it, of the quality that is needed and the sort of care that is needed. I would say there is a whole shift, building on what some local authorities are already doing, which is about having a care system that supports people to be independent and to really live their lives to the full.

Q63 **Barbara Keeley:** But you have not mentioned access to care and quality of care. Those are not challenges that you are thinking of addressing in the reforms.

Helen Whately: Of course, I recognise those challenges. I want to make sure that, among all that we are going to look at, people who need care have access to the care that they need and that there is the quality of care that you or I would want, whether it was for ourselves or our own families.

Chair: Thank you.

Q64 **Sarah Owen:** Last week, I had the privilege of asking questions of and meeting John O’Doherty, who has vascular dementia and gave evidence to the Committee. He gave some heartbreaking evidence about having no trust in the care system, which is your responsibility, but he has trust in the Alzheimer’s Society, for example.

Trust clearly needs to be built and should be part of any of the reforms that you have coming further down the line. One of those is around continuity of carers. Retaining skilled care workers was brought up as a problem, not just by the people experiencing and using the care system but by some of our expert witnesses like Caroline Abrahams from Age UK.

At a Westminster Hall debate, you responded to some of us who were there by saying that pay is rarely mentioned by healthcare staff as an issue. It was raised as an issue by the witnesses we had. Do you think that carers are currently getting paid enough? Will the issue around low pay for care workers be addressed in your reforms?

Helen Whately: Our reforms will look at the workforce and what we need to do to have the workforce that is needed to provide people with the quality of care that we want the system to provide.

Sarah Owen: That is fine, but—

Helen Whately: Just bear with me.

Q65 **Sarah Owen:** If you need me to break it down even more simply, will you be paying staff more?

Helen Whately: These things are not a simple yes/no answer. It might be tempting to make questions a yes/no answer, but there is a good reason, going back to 1997 through five Prime Ministers, why social care reforms have been set out as an objective. Here we are now, 25 years later, talking about how we must bring forward a plan for social care reform. None of these things is that simple. None of these things involves quick fixes. We are talking about a huge workforce of about 1.6 million people who work in social care. It is a fabulous workforce, I think we should say, and we should recognise and thank them for what they do.

I want to go further in recognising that workforce. One thing I would say while I have the chance is that I am wearing my care badge today.

Q66 **Sarah Owen:** Yes, I can see that.

Helen Whately: I note your expression, but recognition matters. NHS staff get a lot of recognition, rightly so because NHS staff do a fantastic thing, but so do our care workforce. One of the things I want us to do as a society is recognise and appreciate our care workforce more.

I also want to make sure that we do not have such a high turnover of care workers, which you refer to. Clearly, it is a better thing for quality if somebody has a consistent individual looking after them as far as possible. One of the things we need to achieve that is opportunities for people to progress in a care career. At the moment, I have heard that some people talk about doing a care job as a stopgap. Others, to be clear, are working in care jobs for a long time—decades—and will speak about how hugely rewarding it is. I want to make sure that people have an opportunity to pursue a real career in care, with progression through that career, and, yes, being paid appropriately for the work they do.

Q67 **Sarah Owen:** Thank you. One of the issues is not just around pay; as you said, it is about terms and conditions as well. Throughout the pandemic, care workers have gone above and beyond, which is why we are rightly recognising them. We know that it is an incredibly tough job in normal circumstances. It is a skilled job. Do you know how many care workers have received refunds for the NHS surcharge over the last year?

Helen Whately: I do not have that information, but on the terms and conditions point, one thing we know is that care workers have a range of terms and conditions that they are employed under because they are often directly employed by private sector providers, who have the relationship with the care worker.

During the pandemic, one of the things that we secured funding for, as part of the £1.8 billion extra funding that has gone to social care to support them with Covid costs, has been to fund full pay for care workers who have had to self-isolate due to Covid. To me, that is something that has been really important. I did not want any care worker to lose out financially because they were doing the right thing and isolating if they were a contact or had tested positive.

I am glad that we have had it reported back that far more care workers are receiving pay if they are isolating. I want to see continued improvement in the terms and conditions for care workers as we go through the years ahead.

Q68 **Sarah Owen:** When it comes to continuity of care—particularly when caring for people with Alzheimer's and dementia—I used to be one of those care workers who would go into people's homes, and building a relationship and trust is incredibly important. I remember that for the first three times I visited one woman, she would only let me sit on her doorstep. What plans will you have for specifically addressing the skills gap and retaining skills when it comes to caring for people with dementia and Alzheimer's in the community?

Helen Whately: You have experienced it as a care worker. I absolutely defer to you in that experience. I have spent time with care workers and have seen, alongside them, the sort of relationship between a care worker and somebody with dementia, and how important it is to have that trusted relationship, as you say.

Skills for Care does a huge amount of work on this already, supporting the care workforce and training the care workforce. We recently appointed a chief nurse for social care, Deborah Sturdy. It is a new role. She is doing a fantastic job as a leader and point of contact for the social care workforce. As I said, our reforms will include ambitions for the workforce, including looking at how we make sure that we have a workforce who can develop the right skills, and progress through their care career.

Q69 **Sarah Owen:** One last quick question. Do you think that care workers should be paid between travel times? If so, will that be written into legislation as part of the reforms?

Helen Whately: I think it is already really clear that care workers should at least be paid the national living wage or the national minimum wage as appropriate. We have made it quite clear to local authorities that they should ensure that they are funding the providers that they commission in such a way that they can do that, and that should include travel time between appointments.

Q70 **Dr Davies:** I would like to turn to diagnosis rates for dementia. Going back to the 2015 Prime Minister's challenge for dementia, there was an intention to ensure that two thirds of the predicted prevalence of dementia should receive a formal diagnosis. There was success on that front. Over the pandemic, we have dropped back a bit, to 61% or so. What are the intentions to try to recover the situation?

Helen Whately: Early diagnosis is crucial to make sure that the individual gets the support that they need and, really importantly, that those caring for them can access support as well. As you say, we have done really well through the dementia challenge period in hitting the target of making sure that two thirds of those in the country who are estimated to have dementia have a diagnosis. During the pandemic, that slipped backwards. For understandable reasons, it was harder to access services, but we want to get that right back up above the target.

NHS England is spending £17 million to bring that back up and to take steps to increase the diagnosis rate again. We have seen improvements in the rate in the last couple of months. It is not back up to the target yet, but it is going in the right direction.

Q71 **Dr Davies:** Obviously, the reopening of face-to-face consultations will help. What kinds of measures specifically will be put in place to ensure that there is a focus on this area?

Helen Whately: NHS England has been working in the community with GPs about getting back on track with the target; and about access to memory assessment services, and supporting access to them virtually where that is appropriate. I recognise that it is not always appropriate. Those are some of the sorts of things that are going on to address the target. This might be a good moment to bring in Tom Surrey in case he can give further detail, if the Chair would be happy to do that.

Chair: Yes, of course. Please, Tom.

Helen Whately: I hope I haven't put you on the spot, Tom, unhelpfully.

Tom Surrey: Not at all unhelpfully, Minister. I do not have a huge amount to add. There has been a series of contacts between NHS and GP networks to make sure that they are not just aware of the reopening of memory clinics and the dementia well pathway that is in place, but that they build on some of the innovation that happened during the pandemic, with the increased use of remote memory clinics and remote assessment, and to pass that through.

We have been working quite closely, as have NHS colleagues in their personalised care teams, with some of those who gave evidence at your previous session, in particular the Alzheimer's Society, to launch a new website to provide information about the memory assessment process, and to make sure that both professionals and carers have access to the information they need to provide those services going forward.

Q72 **Dr Davies:** There is often a bit of a gap in the provision of post-diagnostic support. What work is taking place to improve that situation?

Helen Whately: The critical next step after diagnosis is to make sure that people have information about what support is available and, for instance, access to a link worker who can help them navigate the system, which I know can be daunting for somebody who needs to use social care services for the first time. You are also coping with the implications and the consequences of somebody you love, for instance, having a dementia diagnosis.

Making sure that there is good information about the support services is a really important part of the picture, but to me the first step, as we come through the pandemic, is to get the diagnosis rates up again, so that we know we are identifying people early on. That is important for their support, but actually there is a connection with research. We know that we can have better information for research if we have earlier diagnosis.

Dr Davies: Thank you.

Q73 **Paul Bristow:** Minister, at the session we had with Mr Freeman last week he talked about his experience of dealing with his local CCG. He talked about lack of transparency, appeals processes that take months, if not years, and said that quite often no reasons for rejection are given. As Mr Freeman found out through an FOI, some CCGs are not even monitoring their compliance with their statutory duties. What do you think the Government can do to make CCGs more transparent about their decision-making processes?

Helen Whately: Thanks, Paul. This is particularly referring, if I am right, to accessing continuing healthcare, which is part of the system that has evolved, rather than being designed to work the way that it does. I know that the assessment processes are difficult for people to go through. I have seen that, and have handled constituency casework as well where people have been seeking continuing healthcare.

To your point about CCG transparency, we are in a position of moving into integrated care systems, so we are in a changing landscape anyway. This is something where integrated care systems should make sure that there is transparency for those in the population about the way they are operating.

The bigger picture as part of social care reform is that I want it to be an easier system for people to navigate, and for people to feel that, whatever their situation, there is support, and not to have such a stark situation of whether you are able to access continuing healthcare or not. I think we can have a better system that provides support for more people.

Q74 **Paul Bristow:** If there is a difficult decision to be made, I think most people would understand that. I think it is the reasons behind that decision making and the transparency that are lacking. On that theme, we heard earlier from Steve, a previous witness, that there is good practice. There is NICE guidance but quite often it is not followed. What more can we do to ensure that guidance is followed, and good practice adopted?

Helen Whately: Paul, I will have to take that away and look into what we can do, to the extent that there is a gap between the guidance and what is happening in practice, particularly as this is a CCG-level concern and these issues report in to NHS England. I think I can probably work with NHS England to provide you with a written response to that question. I do not think I will be able to give you the fullest possible answer here and now.

Paul Bristow: I would appreciate that. Thank you.

Q75 **Rosie Cooper:** Minister, I thank you for the generous amount of time you give for briefings and to the Health Select Committee, but I must admit that I am worried there is a great use of overarching general words like "ambitious", and we hear very little detail.

Sarah Pickup from the LGA told us that funding needs to be pooled to prevent passing backwards and forwards between health and social care systems. How does the Department intend to address the sharing of responsibility across health and social care? Could you give us a detailed answer that a simple soul like me can really understand? How are you going to do it, please?

Helen Whately: There are two things that I should cover. One is integrated care systems and the way that those are going to help join up health and social care. The other is about our broader social care reforms.

Integrated care systems are being developed and are intended to help join up our system. That is what everybody wants. It is not to have a clear divide between whether something is healthcare or social care. It is not for people to have to repeat their stories to different parts of the system. It is not to be in hospital waiting for social care to be available. One part of that is through integrated care systems, making sure that in those we have local systems coming together, across healthcare, with local authorities, involving the local care sector, to help join up the two systems and, to a significant extent, just get people in the room together. We also have the better care fund, which involves a proportion of the funding for health and social care being pooled together.

To your point about me using language like "ambitious" and "bold", and not setting out all the details of social care reform, what is important at the moment is to say to you and to all those waiting for social care reform that we are going to be ambitious and bold in those reforms, and will set out some of the vision for those reforms and the sorts of things we want to enable people to do, like being confident in the care that they will be able to access, and like being confident that they will be able to live life to the full and live independently behind their own front door for as long as they can. That is what people want. And we want to be clear about our ambition to tackle the funding challenges and catastrophic costs.

Now is the moment to set out some of the ambition. We will be working with all those interested, yourself included, on the detail of those as we come together with a long-term plan for social care. Now is not a moment where I can set out, blow by blow, the details of that plan. We are going to bring forward that plan. In fact, we are working with many of those involved in the sector on some of the things that will go into it.

Rosie Cooper: Minister, I absolutely appreciate that your comments are in good faith, but I think all the people watching this Health Select

Committee will feel that they have been listening to people telling them that they have had those ambitions for 20 or 30 years, and we are not really making much progress. In the last 10 years, we have talked ever more about it, and at times we appear to be going backwards. Thank you.

Chair: We have a question on training from Barbara Keeley.

Q76 **Barbara Keeley:** Minister, you mentioned Skills for Care and the work they do. The funding available for the training of care staff amounts to some £28 per staff member per year, which is a pretty derisory amount. Clearly to retain care staff, which you said you want to focus on, training and development are key issues. Will there be much more funding for the training of care staff, who I think most of us would acknowledge have really stepped up during the pandemic and taken on end-of-life care and some very difficult tasks? I think they deserve that extra funding for training.

Helen Whately: I cannot pre-announce here in the Select Committee future funding that may be allocated for things. That is usually a matter for a spending review. What I can say is that I agree with you on the importance of training so that staff have the skills that they need. It is also part of having progression from an entry-level role in social care to being at a more senior level. Therefore, part of what I want to be in our social care reform for the workforce are indeed proposals for training.

Q77 **Chair:** Thank you. You have been very generous with your time. I have one final question. Not all of these discussions about social care reform are about funding, but a lot of them have a very important funding element. Tom, how are discussions going with the Treasury?

Tom Surrey: Our discussions with the Treasury are always engaged and positive, and we look forward to the spending review. I do not think we could say much more than that at this point, Chair, I am afraid, but thank you for asking.

Q78 **Chair:** Are you an optimist?

Tom Surrey: I am an eternal optimist.

Q79 **Chair:** On this particular issue are you an optimist?

Tom Surrey: I think it is a prerequisite of this post in the civil service that one must be eternally optimistic.

Q80 **Chair:** But are you optimistic on this particular issue?

Tom Surrey: I think there is a long way to go. We have good evidence. As we have heard today, and from your witnesses, there is clearly strong consensus and the Prime Minister has made his position clear; he wants to bring forward a plan. Beyond that, I think I would pass to my Minister for more details.

Q81 **Chair:** Would you like a final word, Minister?

Helen Whately: Yes, I share Tom’s optimism, but there is also determination. Everybody who is here today or listening heard the Prime Minister say that he is determined to address social care. He said that he wants to fix social care. He said, as I have said today, that we are going to bring forward a plan this year for social care reform.

Now is the moment to be bold and ambitious. Now is the point in time to tackle the complexity about the funding of social care for those who face such huge costs. There is also so much more that we can do, whether it is across the workforce, whether it is making sure that we have the housing supply that we need for people to live independently, or whether it is making sure that there is investment in technology.

As I have said, it is shifting both the mindset around social care and the reality, so that people can have what they aspire to, which is to live life to the full with the most independence, whether it is those of working age who need social care or those who are of old age. Now is the time for us to bring this forward and make the once-in-a-generation reforms that we all want to see.

Chair: Thank you. We wish you every success in those negotiations. Thank you for your time this morning. That concludes the session.