



DEBATE PACK

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Social Care in Liverpool

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Summary

The debate, entitled "Social care in Liverpool" and sponsored by Louise Ellman, will take place in Westminster Hall on 7 March at 4.30pm.

The combination of a growing and ageing population, increasingly complex care needs, reductions in funding to local government and increases in core care costs have placed adult social care services in England under increasing financial pressure.

In recognition of the funding pressures, the Government has announced new sources of funding for local authorities with responsibility for social care: a social care precept; improved Better Care Fund; and a new Adult Social Care Support Grant. Whilst stakeholders have welcomed the additional funding, they contend that the funding is insufficient to address the scale of the pressures facing the care system.

Between 2010/11 and 2015/16 Liverpool Council's outturn net expenditure on adult social care rose by 8% in cash prices and 1% in real terms. For 2016/17 the authority predict that they will need to spend around an addition £10 million on social care. Based on the Index of Multiple Deprivation 2015, Liverpool was the 4th most deprived out of 326 district or unitary authorities in England. With one of the highest deprivation scores, the potential amount per head that can be raised from the social care precept in Liverpool is relatively low.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

Adult social care provides personal and practical support to enable adults of all ages (both older people and working age adults) to retain their independence and the best quality of life possible. Adults may be cared for by family, friends or neighbours without payment (informal care), or through services they or their local authority pay for (formal care). Publically funded adult social care is means-tested and primarily funded through local government. It constitutes the biggest area of discretionary spend for local authorities in England.

1.1 Social care funding pressures

The combination of a growing and ageing population, increasingly complex care needs, reductions in funding to local government and increases in core care costs have placed adult social care services under increasing financial pressure.

Local authorities have sought to protect social care budgets and relieve funding pressures through local efficiency initiatives. However, as the scope for savings efficiencies reduces, local authorities are having to manage social care funding pressures by other means, including service reductions, smaller care packages, stricter eligibility criteria, and reducing the prices paid to providers.

Commentators are increasingly concerned that, due to reductions in social care services, more people who need care are not having their care needs met.¹ There is also evidence that care providers are facing quality challenges² and the care provider market is becoming increasingly precarious.³ Furthermore, in some areas a lack of suitable care provision is adding to pressures in the health service.⁴

1.2 Social care budgets and expenditure

Publically funded adult social care is primarily funded through local government. Social care funding is not ring-fenced and local government has autonomy to determine how best to manage its own finances to ensure it delivers the appropriate level of services for its residents.

There is evidence that local authorities' spending on adult social care has fallen. Local authorities' net social care expenditure on adult social care has reduced by around £1.1 billion in real terms between 2010/11 and 2015/16 and around £1.4 billion if we consider planned 2016/17 expenditure.⁵

¹ [Alarming' rise in level of unmet care and support needs'](#), Press Release, *Community Care*, 16 February 2017

² Association of Directors of Adult Social Services, [ADASS Budget Survey 2016](#), July 2016, p.11

³ Care Quality Commission, [The state of health care and adult social care in England 2015/16](#), HC 706, 12 October 2016,

⁴ National Audit Office, [Health and social care integration](#), HC 1011, Session 2016-17, 8 February 2017, Summary, para.8

⁵ DCLG. [Local authority revenue expenditure and financing](#)

In evidence submitted to the Health Select Committee the Association of Directors of Adult Social Services (ADASS) reported that adult social care budgets reduced by some £4.6 billion (31%) from 2010/11 to 2015/16.⁶

The IFS point out that while real terms spending on adult social care has fallen, the population aged 65 and above has increased by around 16% between 2010/11 and 2015/16. They believe this means that the ability of local authorities to maintain 2015/16 levels of social care will depend on how much revenue is raised through council tax, and whether they want and can continue to protect social care relative to other services.⁷

52% of local authorities reported that adult social care is their greatest immediate pressure in response to a survey on local government finance.⁸

1.3 Additional funding for adult social care

In recognition of the funding pressures, the Government has announced three new sources of funding for local authorities with responsibility for social care:

- A new **Social Care Precept**, under which local authorities are able to increase council tax levels by up to 2% (above the referendum threshold) for each year between 2016/17 and 2019/20. In December 2016, the Government announced increased flexibility which will enable local authorities to, if they wish, bring forward the Social Care Precept, by raising council tax by up to 3% in 2017/18 and 2018/19;
- An improved **Better Care Fund** (see section 1.6 below) – which will include additional social care funds for local government, rising to £1.5 billion by 2019/20; and
- A new **Adult Social Care Support Grant** which will provide £240 million to local authorities in 2017/18.

The Government expects the additional money to bring total dedicated social care funding to £7.6 billion over the four-year local government finance settlement period.⁹

1.4 Social care funding gap

Whilst stakeholders have welcomed the additional adult social care funding announced by the Government, they contend that the funding is insufficient to address the scale of the pressures facing the care system. Various estimations of the extent of a social care ‘funding gap’,

⁶ Health Select Committee, *The impact of the Spending Review on health and social care finances*, [Written evidence submitted by the Association of Directors of Adult Social Services \(ADASS\) \(CSR0086\)](#)

⁷ IFS, *IFS Green Budget 2017*, February 2017, [Section 5: UK health and social care spending](#)

⁸ Local Government Information Unit, [Report: 2017 State of Local Government Finance survey](#), 10 February 2017

⁹ Department for Communities and Local Government, [Dedicated adult social care funding forms key part of continued long-term funding certainty for councils](#), Press Release, 15 December 2016

between the available resources on the one hand and the demand and cost pressures on the other, have been put forward.

The Local Government Association, for example, has estimated that social care faces a funding shortfall of at least £2.6 billion (by 2019/20), even with the additional funding from the Social Care Precept and the improved Better Care Fund.¹⁰

The health think tanks, the Nuffield Trust, the Health Foundation and the King's Fund report that the social care funding gap is likely to be at least £1.9bn in 2017/18, and £2.3 billion by the end of this Parliament.¹¹

1.5 Sustainability of adult social care funding

It is widely acknowledged that, with an ageing population, the pressures on social care funding are likely to increase further in the longer-term. The Prime Minister has confirmed that the Government is looking at the long-term sustainability of social care funding.¹²

Commentators have called for a comprehensive review, involving key stakeholders, to develop a long-term funding solution.¹³

The Commons Library Briefing Paper: [Adult Social Care funding \(England\) \(CBP07903\)](#) provides further information.

1.6 Better Care Fund

The Better Care Fund is a pooled budget between Clinical Commissioning Groups (CCGs) providing health services and local authorities providing social care services.

The Government provides each local area with a set annual amount, and CCGs and local authorities can choose to pool additional funds if they agree to do so. In 2016/17, £3.9 billion was provided centrally.¹⁴

Additional voluntary pooling took the national Better Care Fund for 2016/17 to approximately £6 billion.

It is intended that the fund will reduce the number of delayed transfers of care and of emergency admissions to hospitals, by better joining-up the health and social care systems.

Government allocations to the Better Care Fund will increase by £1.5 billion by 2019/20, which forms part of its plans to help local authorities meet the increasing costs of social care.¹⁵

¹⁰ Local Government Association Media Release, [£2.6 billion could be needed to fix social care - LGA warns](#), Press Release, 13 October 2016

¹¹ The King's Fund, [The Autumn Statement: joint statement on health and social care](#), November 2016

¹² House of Commons Liaison Committee, [Oral evidence: The Prime Minister](#), HC 833, 20 December 2016, Q119

¹³ See for example: Local Government Association, [LGA responds to the Local Government Finance Settlement](#), Press Release, 15 December 2016; Independent Age, [Calls for Prime Minister to begin cross-party process on health and social care](#), Press Release, 11 January 2017

¹⁴ NHS England [Better Care Fund Allocations 2016/17](#)

¹⁵ DCLG press release, [Dedicated adult social care funding forms key part of continued long-term certainty for councils](#), 15 December 2016

The NAO's 2017 report into [health and social care integration](#) found that in 2015/16, around three quarters of local areas did not reduce delayed transfers or emergency admissions by as much as planned in their Better Care Fund plans.

However, the report did find improvements across other Better Care Fund measures, with a decrease in the number of older people permanently admitted to residential nursing and care homes, and an increase in the proportion of older people still at home 91 days after discharge from hospital receiving reablement or rehabilitation services.

For more information on the Better Care Fund, see the Commons Library Briefing Paper, [Health and Social Care Integration \(England\)](#) (CBP07902).

2. Adult Social Care Funding – Liverpool

2.1 Social care expenditure

The table below shows net current expenditure on social care in Liverpool. Between 2010/11 and 2015/16 outturn net expenditure rose by 8% in cash prices and 1% in real terms. For 2016/17 the authority predict that they will need to spend around an addition £10 million on social care.

Net current expenditure on social care in Liverpool, £millions

	Real terms 2016/17	
	Cash	prices
2010/11	137.8	150.3
2011/12	149.1	160.3
2012/13	146.0	153.5
2013/14	147.9	153.1
2014/15	149.2	152.1
2015/16	149.3	151.6
2016/17 plans	160.3	160.3

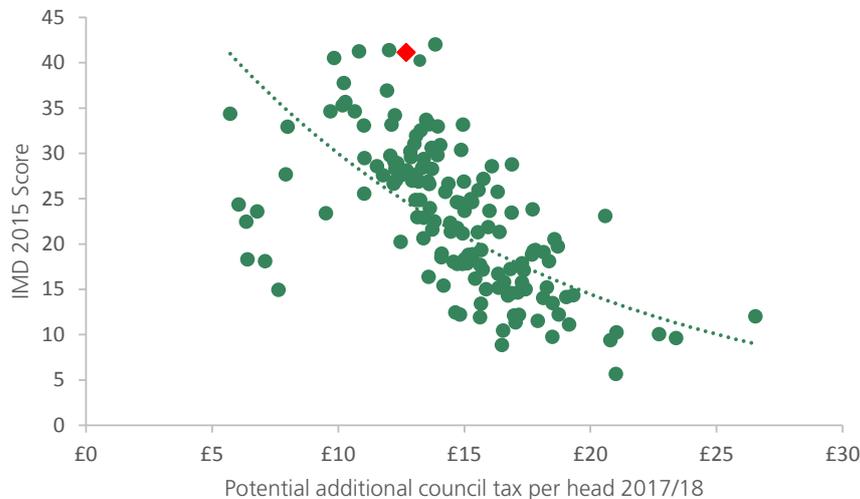
[Source: DCLG Local authority revenue expenditure and financing](#)

2.2 Social care precept

The chart below shows the relationship between the amount of potential additional council tax from the adult social care precept to be raised by local authorities in 2017/18 and the average Index of Multiple Deprivation (IMD) score for each authority.

There is a statistically significant negative correlation between these two variables, meaning that authorities with higher levels of deprivation tend to have a lower potential amount per head to raise from the social care precept. The red diamond shape on the chart highlights Liverpool's position. With one of the highest deprivation scores, their potential amount per head from the social care precept is relatively low (£12.70 per head).

Relationship between deprivation and additional council tax per head



Sources:

[DCLG Provisional local government finance settlement 2017/18](#)

[DCLG: English Indices of Deprivation 2015](#)

2.3 Demographics.

The mid 2015 population of Liverpool was 478,600 of which around 14.6% of people were aged 65 years and over. (Source: [ONS Mid 2015 Population Estimates](#))

The proportion aged 65 year and over is predicted to increase to 16.1% by 2024 and to 18.4% by 2034. (Source: [ONS 2014 based Population Projections](#))

2.4 Better Care Fund

The Government provides each local area with a set annual amount, and CCGs and local authorities can choose to pool additional funds if they agree to do so. In 2016/17, £3.9 billion was provided centrally, of which Liverpool's was allocated £45.8 million.¹⁶

As part of its Better Care Fund plan, Liverpool planned to reduce delayed transfers of care by 1.2% in 2015. NHS England statistics¹⁷ indicate that Liverpool's delayed transfers increased by 61% between January and December 2015. As the chart below shows, the number has fluctuated in 2016 with the overall trend showing a slight reduction of -3% between January and December 2016.

¹⁶ NHS England [Better Care Fund Allocations 2016/17](#)

¹⁷ NHS England [Delayed Transfers of Care Statistics](#)



Source: NHS England [Delayed Transfers of Care Statistics](#)

As of December 2015, Liverpool was on track to meet its 2015/16 reablement target, but was not on track to meet its admissions to residential care target (although it did see improved performance against this measure).¹⁸

2.5 Deprivation in Liverpool

Based on the Index of Multiple Deprivation 2015, Liverpool was the 4th most deprived out of 326 district or unitary authorities in England.¹⁹

The [Index of Multiple Deprivation 2015](#) is published by the Department for Communities and Local Government and ranks small areas in England based on their relative deprivation on a range of indicators. Small areas are “lower level super output areas” (LSOAs), of which there are 32,844 in England and which have an average population of around 1,500. The 2015 Index is largely based on data for 2012/13.

Liverpool City Council has published its [own analysis of the data](#) for the local authority area. The Council reports that a disproportionate number of small areas in Liverpool are in the group of the most deprived small areas nationally: 45% of small areas in Liverpool are in the top 10% most deprived small areas in England.

On the Index of Multiple Deprivation 2015 (IMD 2015):

- Liverpool is ranked the 4th most deprived local authority area on IMD 2015 [out of 326 local authorities in England] and is no longer England’s most deprived local authority [as on the 2010 Index].
- Liverpool has 26 LSOAs in the most deprived 1% nationally, which is 8.6% of the city’s total.
- Liverpool has 134 LSOAs in the most deprived 10% nationally, which is 45% of the city’s total.

¹⁸ NHS England, [Better Care Fund: Quarterly Reporting – Quarter 3 2015/16](#)

¹⁹ Based on the ‘average score’ method for calculating deprivation ranks for local authorities. Other methodologies provide different ranks.

- 10 of the city's 30 wards contain an LSOA within the 1% most deprived nationally.
- The most severe deprivation is found in the "inner core", which encircles the City Centre.
- The greatest concentration of deprivation in Liverpool is in the north of the city.
- There has been a seemingly steady and significant reduction in the extent of deprivation in Liverpool, relative to England, between each version of the Indices since 2004, i.e. the number of Liverpool LSOAs in the most deprived percentiles of 1%, 10% and 20% has reduced in each of the Indices since 2004.²⁰

The overall Index of Multiple Deprivation is based on a variety of indicators which are organised into seven distinct types of deprivation referred to as 'domains'. These relate to income; employment; health deprivation and disability; education, skills and training; crime; barriers to housing and services; and living environment. The analysis by Liverpool City Council finds:

On the Indices of Deprivation 2015:

Health & Disability, Employment, and Income domains have the highest levels of deprivation in Liverpool. On the individual Indices of Deprivation domains, Liverpool is ranked:

- 3rd on the Health Deprivation and Disability domain [out of 326 local authorities]
- 5th on the Income Deprivation domain
- 5th on the Employment Deprivation domain
- 24th on the Living Environment Deprivation domain
- 35th on the Education, Skills and Training domain
- 40th on the Crime domain
- 290th on the barriers to Housing and Services domain²¹

A supplementary index, the Income Deprivation Affecting Older People Index (IDAOPI), measures the proportion of people aged 60 or over who experience income deprivation. On this measure, Liverpool ranked 8th most deprived out of 326 district or unitary authorities in England. **A third of older people in Liverpool (32.7%) were estimated to live in income deprived households** based on the 2015 Indices of Deprivation.²²

Note these deprivation figures are only meaningful in so far as they show whether Liverpool is more or less deprived than some other area. There is not a scale to say *how much* more or less deprived.

²⁰ Liverpool City Council, [The Index of Multiple Deprivation 2015: A Liverpool analysis](#), Executive Summary

²¹ Ibid

²² Department for Communities and Local Government, [The English Indices of Deprivation 2015: Statistical release](#), 30 September 2015, p23, Table 6

Deprivation statistics for parliamentary constituencies

The Library's briefing paper, [Deprivation in English constituencies, 2015](#), provides data for parliamentary constituencies based on the Index of Multiple Deprivation 2015. (The paper also information on how to interpret deprivation statistics more generally.)

A [data table](#) published alongside this paper provides statistics for all constituencies. The Library has also published an [online tool](#) which allows users to see how deprivation varies within their constituency (including by type of deprivation).

Poverty in Liverpool

A Westminster Hall debate on Poverty in the Liverpool City Region was held on 1 March 2017 ([Hansard](#)).

The [Library briefing pack for the debate](#) contained statistics on child poverty in local authorities in Liverpool, along with the 'official' poverty estimates for the North West of England. (The official estimates do not include data by local authority, but HMRC does publish local estimates for child poverty based on benefits and tax credits data.)

Poverty data by country and region of the UK (by age group) are provided in interactive tables published alongside the Library's briefing paper on [Poverty in the UK: statistics](#).

3. Library and POST briefings

- Commons Library Briefing Paper CBP07903, [Adult Social Care Funding \(England\)](#)
- Commons Library Briefing Paper CBP-7902, [Health and Social Care Integration \(England\)](#)
- Commons Library Briefing Paper CBP7463, [The Care Home Market \(England\)](#)
- Commons Library Briefing Paper CBP07913, [Spring Budget 2017: Background briefing](#)
- Commons Library Briefing Paper CBP7265, [Social care: Announcement delaying introduction of funding reform \(including the cap\) and other changes until April 2020 \(England\)](#)
- Commons Library Briefing Paper SN1911, [Social care: paying for care home places and domiciliary care \(England\)](#)
- Parliamentary Office of Science and Technology POST-PN-0532, [Integrating Health and Social Care](#)
- Commons Library Briefing Paper CBP7873, [The Local Government Finance Bill 2016-17](#)
- Commons [Local government finance in England: Social Indicators page](#), 15 December 2016

4. Parliamentary material

Select Committees

Communities and Local Government Committee, [Adult social care: a pre-Budget report](#), HC47, 3 March 2017

Communities and Local Government Committee, [Adult social care inquiry](#), ongoing

Health Committee, [Impact of the Spending Review on health and social care](#), HC139, 2016-17

Public Accounts Committee, [Adult social care in England](#), HC518 2014-15

Written Parliamentary Questions

[Health Services and Social Services: Older People](#)

Asked by: The Marquess of Lothian

To ask Her Majesty's Government what assessment they have made of the Age UK briefing, *The Health and Care of Older People in England*, published in February.

Answering member: Lord O'Shaughnessy | **Department:** Department of Health

Age UK's report highlights potential future demand on health and care services because of demographic pressures.

Social care continues to be a key priority for this Government. The Government recognises it is critical in enabling older people to retain their independence and dignity.

This is why, against the context of tough public sector finances, the Government has taken steps to protect social care services.

However, the Government acknowledges that there is currently an immediate pressure on social care. That is why it has brought forward access to £900 million of additional funding for social care over the next two years through the Social Care Precept and Adult Social Care Support Grant.

Local authorities will have access to £7.6 billion of new money for adult social care by 2019/20 – enough to raise spending in real terms over this Parliament.

In addition, the Government has put in place reforms to reduce demands on care services by helping older people remain healthy and independent for as long as possible.

01 Mar 2017 | Written questions | Answered | House of Lords | HL5518

[Social Services: Finance](#)

Asked by: Lord Ouseley

To ask Her Majesty's Government what assessment they have made of the impact of the increased social care precept on the ability of local authorities to provide adult social care.

Answering member: Lord Bourne of Aberystwyth | **Department:** Department for Communities and Local Government

If all councils make the maximum use of the additional flexibility the Government has offered, this will raise over £1 billion for adult social care in 2017-18. However the social care precept is only one stream of funding for local government which also includes unhypothecated central grant as well as other local taxes and, for 2017-18, the Adult Social Care Support Grant. It is for local government to determine how best to manage its own finances to ensure it delivers the appropriate level of services for its residents.

23 Feb 2017 | Written questions | Answered | House of Lords | HL5404
[Social Services](#)

Asked by: The Marquess of Lothian

To ask Her Majesty's Government how many elderly people in the UK presently require social care; what is their estimate of the increase in the number of elderly people requiring social care over the next 10 years; and what is both their short-term and long-term strategy to address the provision of social care for the elderly.

Answering member: Lord O'Shaughnessy | **Department:** Department of Health

Social care is a means tested service. The Care Act 2014 requires that local authorities must assess any adult who appears to have a care and support need. If a person has eligible care needs and meets the means test criteria the local authority must arrange a package of care.

The latest available data suggests that:

- 200,000 packages of short term care were provided in 2015-16 by local authorities; and
- 400,000 elderly people were receiving long term care funded by their local authority on 31 March 2016.

The Personal Social Services Research Unit estimates that this number will increase to 500,000 by 2025, and 590,000 by 2030. (These demand projections cover long term care only).

NHS Digital publishes a report on the social care activity of Councils with Adult Social Services Responsibilities in England. A copy of *Community Care Statistics, Social Services Activity, England, 2015-16* is attached.

The Care Act received Royal Assent in May 2014. The Act sets out the legislative framework for the most significant and far-reaching programme of reform in adult social care undertaken since 1948. It is having a profound impact on the way the system works, the responsibilities of local government and partners, and the rights, outcomes and experience of people who need care, carers and their families. The first phase of the Care Act implemented, from April 2015,

saw the introduction of a large number of reforms including establishing a new statutory “wellbeing principle” and a national minimum eligibility threshold for care and support.

20 Feb 2017 | Written questions | Answered | House of Lords | HL5374

[Hospital Beds](#)

Asked by: Cunningham, Mr Jim

To ask the Secretary of State for Health, what steps he is taking to reduce the number of bed days lost owing to delayed transfers of care in NHS trusts; and if he will make a statement.

Answering member: David Mowat | **Department:** Department of Health

There has been an increase in delayed transfers of care over the past two years. This has resulted in pressure on the availability of hospital beds. The proportion of occupied bed capacity attributable to social care delays is estimated at 1.8% between April 2016 and November 2016, which is an increase of 0.8 percentage points over the same period in 2014-15. However, there is also a 20-fold difference in social care delays between the 10% best performing and 10% worst performing local authorities but not a 20-fold difference in funding.

The Department, NHS England, NHS Improvement and local government are working together to provide a wide-ranging package of support to help local areas improve transfers out of hospital and reduce delays. This includes the implementation of best practice interventions such as:

- home first or discharge to assess models of care - so patients are discharged quickly and safely to home or to step down care so they no longer need wait unnecessarily for assessments in hospital; and
- trusted assessor models - using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

10 Feb 2017 | Written questions | Answered | House of Commons | 63084

Oral Parliamentary Questions

[Social Care Funding](#) (HC Deb 28 February 2017 cc. 152-3)

Simon Danczuk (Rochdale) (Ind)

What discussions his Department has had with the Department for Communities and Local Government on the potential effect on the economy of the level of social care funding. [908956]

The Chief Secretary to the Treasury (Mr David Gauke)

The Treasury regularly discusses social care funding with the Department of Health and the Department for Communities and Local Government. We have introduced a new social care precept and additional grant funding for social care. Taken together, those provide an additional £7.6 billion of dedicated funding for social care over the

four years of the current settlement. That means that councils can afford to increase spending on social care every year.

Simon Danczuk

The lack of funding for social care is having a devastating impact on people requiring care, carers and workers themselves. The 3% levy raises only £2.8 million for Rochdale. That does not even cover the cost of increasing the minimum wage for care workers. Does the Minister accept that?

Mr Gauke

As I say, it is not just about the council tax precept. We also have the better care fund coming in. We should also accept that this is not just about money. There is very variable performance around the country. It is worth pointing out that 50% of the delayed discharges attributed to social care take place in only 24 local authority areas.

Mr Andrew Turner (Isle of Wight) (Con)

Some areas, including the island, have taken the difficult decision to increase council tax by 3% to protect social care. Would the Chief Secretary to the Treasury consider finding ways of ensuring that councils have done all that they can to help themselves as well as ensuring that any Government support is made available now?

Mr Gauke

My hon. Friend raises an important point. There is a considerable amount of discretion for local authorities in regard to how much they want to prioritise social care, and the Government have given them greater flexibility in relation to the council tax precept.

Oral Parliamentary Questions on Liverpool

Prime Ministers Questions ([HC Deb 8 February 2017 c420](#))

Jeremy Corbyn

Congratulating A&E staff is one thing; paying them properly is another. I hope the Prime Minister managed to see the BBC report on the Royal Blackburn A&E department, which showed that people had to wait up to 13 hours and 52 minutes to be seen. A major cause of the pressure on A&Es is the £4.6 billion cut in the social care budget since 2010. Earlier this week, Liverpool's very esteemed adult social care director, Samih Kalakeche, resigned, saying:

"Frankly I can't see social services surviving after two years. That's the absolute maximum... people are suffering, and we are really only seeing the tip of the iceberg."

What advice do the Government have for the people of Liverpool in this situation?

[...]

The Prime Minister

The right hon. Gentleman referred at an early stage of his question to Blackburn. I am happy to say that compared to 2010 there are 129 more hospital doctors and 413 more nurses in Blackburn's East Lancashire Hospitals NHS Trust. He then went on to talk about waiting times. Waiting times can be an issue. Where is it that you wait a week longer for pneumonia treatment, a week longer for heart disease treatment, seven weeks longer for cataract treatment, 11 weeks longer for hernia treatment, and 21 weeks longer for a hip operation? It is not in England—it is in Wales. Who is in power in Wales? Labour.

Jeremy Corbyn

My question was about the comments from Samih Kalakeche in Liverpool and why the people of Liverpool are having to suffer these great cuts. Liverpool has asked to meet the Government on four occasions.

The crisis is so bad that until yesterday David Hodge, the Conservative leader of Surrey County Council, planned to hold a referendum for a 15% increase in council tax. At the last minute, it was called off. Can the Prime Minister tell the House whether or not a special deal was done for Surrey?

The Prime Minister

The decision as to whether or not to hold a referendum in Surrey is entirely a matter for the local authority in Surrey—Surrey County Council.

The right hon. Gentleman raised the issue of social care, which we have exchanged on across this Dispatch Box before. As I have said before, we do need to find a long-term, sustainable solution for social care in this country. I recognise the short-term pressures. That is why we have enabled local authorities to put more money into social care. We have provided more money. Over the next two years, £900 million more will be available for social care. But we also need to look at ensuring that good practice is spread across the whole country. We can look at places such as Barnsley, North Tyneside, St Helens and Rutland. Towards the end of last year, there were virtually no delayed discharges attributable to social care in those councils. But we also need to look long term. That is why the Cabinet Office is driving a review, with the relevant Departments, to find a sustainable solution, which the Labour party ducked for far too long.

Debates

- [Health and Social Care](#) (HC Deb 27 February 2017 cc79-129)
- [Council Funding and Social Care](#) (HC Deb 22 February 2017 cc378-99WH)
- [NHS and Social Care Funding](#) (HC Deb 11 January 2017 cc335-427)
- [Local Government Finance Settlement](#) (HC Deb 15 December 2016 cc976-94)
- [Social Care Funding](#) (HC Deb 12 December 2016 c502-511)

5. Press articles

[Emergency £1.5bn funding for social care is needed, MPs tell chancellor](#)

Guardian, 4 March 2017

[‘Death tax’ on list of proposals to overhaul social care funding](#)

Financial Times, 1 March 2017

[Council tax to rise while services cut, says LGA](#)

BBC, 20 February 2017

[Tory council’s council tax referendum was bought off with Whitehall cash](#)

Independent, 11 February 2017

[Councils 'at breaking point' due to budget cuts and rising social care bills](#)

Guardian, 10 February 2017

[Council tax increases: Nearly every town hall in the country planning major changes, survey finds](#)

Telegraph, 10 February 2017

[Welsh ministers rule out social care council tax rise](#)

BBC, 8 February 2017

[Reality Check: Who gets social care and who pays for it?](#)

BBC, 8 February 2017

[Ministers move to ‘shift blame for funding cuts to local councils’](#)

Guardian, 5 February 2017

[Directors call for ‘emergency’ social care funding](#)

Community Care, 1 February 2017

5.1 Press articles regarding Liverpool

[Budget 2017: 300 jobs to go, 5% council tax rise and libraries under threat](#)

Liverpool Echo, 16 February 2017

[Corbyn asks PM if Surrey got "special deal" as Liverpool faces cuts](#)

Liverpool Echo, 8 February 2017

[Liverpool social care may not exist in 2019, resigning boss warns](#)

BBC, 6 February 2017

[System is 'close to failure' as PM's council raises tax for social care](#)

Observer, 5 February 2017

[Britain's Local Councils Face Financial Crisis](#)

Economist, 28 January 2017

[Coming face-to-face with the impact of social care cuts you've made: a director's story](#)

Community Care, 11 May 2016

6. Press notices

[Social care reform is coming, Javid pledges as finance settlement confirmed](#)

Public Finance, 21 February 2017

[Finding the money for social care](#)

LocalGov, 21 February 2017

[No sticking-plaster solutions for social care](#)

Public Finance, 13 February 2017

[Report: 2017 State of Local Government Finance survey](#)

Local Government Information Unit, 10 February 2017

[Care Act faces failure - warn councils](#)

Local Government Association, 31 January 2017

[NHS will not be able to cope unless government gets to grip with the social care crisis, warns doctors' leader](#)

British Medical Association, 30 December 2016

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7. Further Reading

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